

# **Begotten or Made?**



OLIVER  
O'DONOVAN

# Begotten or Made?

A NEW EDITION FOR THE 21<sup>ST</sup> CENTURY

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# CONTENTS

<b>Introduction to the Second Edition</b> <i>Matthew Lee Anderson</i>	i
<b>Preface to the First Edition</b>	ix
I. Medicine and the Liberal Revolution	1
II. Sex by Artifice	13
III. Procreation by Donor	27
IV. And Who Is a Person?	43
V. In a Glass Darkly	59
<b>Afterword to the Second Edition</b> <i>Oliver O'Donovan</i>	77

# Preface to the First Edition

WHEN the committee responsible for planning the annual London Lectures in Contemporary Christianity invited me to take a bioethical theme for their 1983 series, it was not difficult to settle on the area of artificial human fertilization. The creation of a Government Committee of Inquiry under the chairmanship of Dame Mary Warnock in 1982 produced a flurry of urgent activity as interested organizations, including the churches and other Christian bodies, formulated their views to submit in evidence to the Committee. The questions surrounding *in vitro* fertilization had not been extensively discussed in the British churches before then (though the British Council of Churches document *Choices in Childlessness* had just anticipated the Warnock rush); artificial insemination by donor, on the other hand, had been the subject of considerable attention two decades earlier, and some of those discussions were now looked at again. Some attention also began to be paid (though, as usual, not enough) to discussions from the other side of the Atlantic Ocean. As I looked through evidence submitted by Christian bodies to the Warnock Committee, and compared them with writings from other Christian sources in the last quarter-century, it seemed to me that a consistent concern emerged. It was expressed as clearly by those who accepted these new techniques as by those who rejected them. It was common to Roman Catholics, Protestants, and Jews. It arose from a caution about the impact of technology (which is, above all, the impact of certain ways of *thinking*) on our self-understanding as human beings. It found common

expression in a distinction that constantly recurred: between the use of technique to assist human procreation and the transformation of human procreation into a technical operation. It was a concern about the capacity of technology to change, not merely the conditions of our human existence, but its essential characteristics.

I ought perhaps to have hesitated before presuming to go over ground which had been covered with such penetrating and economical brevity by Karl Rahner, and with such passionate and detailed thoroughness by Paul Ramsey, both writing in the late sixties.<sup>1</sup> Nevertheless, it became clear to me as I studied discussions from medical and legal sources that the point which churches and theologians wished to make was not being heard, or, if heard, was not being well understood, even by possibly sympathetic listeners. Dr R. G. Edwards, in his Horizon Lecture on the BBC, lamented that he had found only “confusion... indecision... changing ideas and concepts” when he sought “inspiration... advice... and leadership” from religious sources.<sup>2</sup> It seemed all the more necessary, then, to give further expression, in the context of the British debate and addressing an audience of non-theologians, to the central concern on which Christians and Jews seemed to speak with some unity. And this is what I tried to do, developing the theme in my own way and letting it lead me to my own conclusions, but nevertheless concentrating on this theme, which is liable to recur in any Christian, and perhaps any Jewish contribution to the debate. That is why the reader will find so many important matters concerning AID and IVF not touched on, or only alluded to, in the following pages: the long-term freezing of embryos before replacement, for example, the use of cloning techniques, or the selection of donors of sperm or ova. And it explains why I have included a discussion of an issue which is not immediately a matter of human fertilization at all.

It is hardly necessary these days for the theologian to apologize for trespassing in an area traditionally known as ‘medical ethics’. It is clear that the issues are so wide ranging that the medical profession could not, even if it wished to, claim a proprietary interest in them all. We are not

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<sup>1</sup> Karl Rahner, “The Problem of Genetic Manipulation,” in *Theological Investigations*, vol. 9, trans. Graham Harrison (New York: Darton, Longman & Todd, 1970); Paul Ramsey, *Fabricated Man: The Ethics of Genetic Control* (Yale University Press, 1970).

<sup>2</sup> *The Listener*, October 27, 1983, 13.

## PREFACE

now engaged in the traditional ‘casuistry’ of a professional ethic—“What is the doctor to do when...”—but with questions of how society as a whole is to respond to developments which affect us all. New issues no longer arise primarily from clinical practice, but from research in the laboratory. For this reason the neologism ‘bioethics’ which the Americans have forged to describe our whole field of discussion is necessary, if ugly. These are not matters which belong to one profession any more but matters of the broadest social policy. Yet it would be a mistake to think of ‘bioethics’ as a new intellectual discipline in which there will be a new set of trained experts—and even more of a mistake to pretend that theologians could be those experts. It is an unfinished discussion among representatives of many disciplines and none. To this discussion the theologian has a contribution to make, a contribution which will point in certain directions and make certain challenges. Yet what I had to say in these lectures was conceived as a *contribution* to the discussion, however sharply I may have thought it necessary from time to time to do the pointing and the challenging.

The medical profession, far from being excluded by this widening of the discussion, is likely to be helped by it. Like other moralists who enjoy the privilege of professional exchanges with medical practitioners, I often find them ready to admit both perplexity and discouragement about the moral aspects of their work. But what depresses them is not a multitude of difficult conscientious decisions, but an elusive sense that they have *no* decisions to make any more, that their work has been transformed by vast social changes, so that they are expected to act on the basis of presuppositions which are in tension with their traditional self-understanding but which they cannot challenge. In response to this the moralist has to adopt a more adventurous and wide-ranging approach to the discussion. He has to do more than analyze difficult ‘cases of conscience’; his argument must aim at more than demonstrating that this or that practice is legitimate or illegitimate. He has to become an interpreter, who can explain how and why these decisions now come to us in these forms and present these difficulties. He has to place medical practice in its cultural setting, so that the doctor can see where his perplexity arises from and what it is really about.

The theologian has very much to gain from the exchange in his turn. In accepting the honor done to me by the invitation to deliver these lectures, I was drawn by the promise, which was made good, of an audience containing

thoughtful medical people, many of them specialists in these fields. For in their profession there is still preserved a practical memory of a way of thinking about things that is not our modern way. Medicine, with its tradition of humility before the workings of the natural order and of altruistic devotion to fostering strength and health in the weak and sick, is a kind of shrine in which banished gods still claim their secret homage, the homage of a non-manipulative approach to human nature. A theologian knows, then, that medical people still guard, however uncomfortably, a tradition which should enable them to understand him. Indeed, he should recognize that it is they, rather than he, who have been its guardians through past generations of our civilization. He brings to them what is their own, an understanding of care for persons in sickness which was fashioned by practical Christian obedience. He brings it to them mediated through his own theological analysis of contemporary problems, in the hope that they will be able to repossess it and call upon it in need. If in some medical circles (not those that so courteously attended to these lectures) the theologian is regarded as the enemy, that can only be a sign that medicine is at enmity with itself; for the theologian knows nothing in this area that the Christian tradition of medicine has not itself first taught him, in practice if not in theory.

I owe an additional word of thanks to colleagues from the Church of England Board for Social Responsibility with whom I have been able to discuss these issues in the course of work under the Board's auspices. I have learned much from them. But they are not responsible for what I may have failed to learn; nor may my views be taken as an indication of what the Board may wish to contribute to the debate at a later stage.

*Oliver O'Donovan*  
*Christ Church, Oxford*  
*February 1984*

# I. Medicine and the Liberal Revolution

WHEN the fathers of the Council of Nicaea declared, in words familiar to every Christian who recites their creed, that the only Son of God the Father was “begotten, not made,” they intended to make a simple point. The Son was “of one being with the Father.” He was God, just as God the Father was God. And to emphasize the point they used an analogy, based upon our twofold human experience of forming things other than ourselves. That which we beget is *like* ourselves. (I shall use the word “beget,” as the ancients did, to speak of the whole human activity of procreation, and not in the modern way, meaning especially the male side of the activity.) Our offspring are human beings, who share with us one common human nature, one common human experience and one common human destiny. We do not determine what our offspring is, except by ourselves being that very thing which our offspring is to become. Just so, the Fathers said, the eternal Son of God who was not made, was of the Father’s *being*, not his *will*. But that which we make is *unlike* ourselves. Whether it is made of matter, like a wooden table, or of words like a lecture, or of sounds like a symphony, or of colors and shapes like a picture, or of images like an idea, it is the product of our own free determination. We have stamped the decisions of our will upon the material which the world has offered us, to form it in this way and not in that. What we “make,” then, is alien from our humanity. In that it has a human maker, it has come to existence as a human project, its being

at the disposal of mankind. It is not fit to take its place alongside mankind in fellowship, for it has no place beside him on which to stand: man's will is the law of its being. That which we beget can be, and should be, our companion; but the product of our art—whatever immeasurable satisfaction and enjoyment there may be both in making it and in cherishing it—can never have the independence to be that “other I,” equal to us and differentiate from us, which we acknowledge in those who are begotten of human seed.

In making this contrast with reference to the eternal Son of God the Nicene fathers used an analogy. Like all analogies, it has its limitations. We cannot speak of “begetting” in the divine being without making it clear what aspects of the analogy are not applicable to the life of godhead. At the same time, we cannot say that any human beings are “begotten, not made” in the same absolute sense that we can say it of the Son of God. For all human beings begotten of other human beings are, at the same time, “made” by God. Of no human being can it be said that he is simply “not made,” that he is at nobody's disposal, that no higher will acts as the law of his being. God's will is such a law for every human being, and every human being is at the disposal of God. Human beings, begotten of human seed, are also made; even Jesus Christ, considered simply as a human being is a “creature” of God. Nevertheless, the ground of the analogy holds. A being who is the “maker” of any other being is alienated from that which he has made, transcending it by his will and acting as the law of its being. To speak of “begetting” is to speak of quite another possibility than this: the possibility that one may form another being who will share one's own nature, and with whom one will enjoy a fellowship based on radical equality.

In this book we have to speak of “begetting”—not the eternal begetting of the godhead, but the temporal begetting of one creature by another. We have to consider the position of this human “begetting” in a culture which has been overwhelmed by “making” —that is to say, in a technological culture. And here we must stress a point that is often made by those who have taught us how to think about our technological culture—we may mention George Grant's *Technology and Empire*<sup>1</sup> and Jacques Ellul's *The Technological Society*<sup>2</sup>—that what marks this culture out most importantly, is not

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<sup>1</sup> George Grant, *Technology and Empire: Perspective on North America* (Toronto: House of Anansi Press, 1969).

<sup>2</sup> Jacques Ellul, *The Technological Society*, trans. J. Wilkinson (London: Jonathan Cape,

anything that it does, but what it thinks. It is not “technological” because its instruments of making are extraordinarily sophisticated (though that is evidently the case), but because it thinks of everything it does as a form of instrumental making. Politics (which should surely be the most non-instrumental of activities) is talked of as “making a better world”; love is “building a successful relationship.” There is no place for simply *doing*. The fate of a society which sees, wherever it looks, nothing but the products of the human will, is that it fails, when it does see some aspect of human activity which is not a matter of construction, to recognize the significance of what it sees and to think about it appropriately. This blindness in the realm of thought is the heart of what it is to be a technological culture.

Nevertheless, though thought comes first, there are implications in the realm of practice too. Such a society is incapable of acknowledging the inappropriateness of technical intervention in certain types of activity. When every activity is understood as making, then every situation into which we act is seen as a raw material, waiting to have something made out of it. If there is no category in thought for an action which is not artifactual, then there is no restraint in action which can preserve phenomena which are not artificial. This imperils not only, or even primarily, the “environment” (as we patronizingly describe the world of things which are not human); it imperils what it is to be human, for it deprives human existence itself of certain spontaneities of being and doing, spontaneities which depend upon the reality of a world which we have not made or imagined, but which simply confronts us to evoke our love, fear, and worship. Human life, then, becomes mechanized because we cannot comprehend what it means that some human activity is ‘natural’. Politics becomes controlled by media of mass communication, love by analytical or counselling techniques. And begetting children becomes subject to the medical and surgical interventions which are the theme of this book. Let us consider a platitude which we encounter at every turn. It presents itself as a truism, so obvious that it could hardly be questioned; yet, at the same time, it presents itself as an illumination, which will banish hesitations and doubts and clear up problems. This paradoxical double aspect marks it out as the axiom of a pervasive pattern of thought. When Dr. R. G. Edwards in his recent Horizon Lecture on *in vitro* fertilization gave utterance to this platitude, the editor of *The*

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1965).

*Listener*, with a journalist's flair for what commands immediate attention and consent, singled the sentence out for prominent display: "To do nothing is just as much an ethical decision to be defended as to introduce new methods of therapy." And, of course, read in one way the point is undeniable. Any decision is *ipso facto* a decision "to be defended." Moral reasoning and thought are required for all our decisions, the decision to lift our hand as well as the decision to keep it in our bosom. But read in another way it says something which previous generations of Western thinkers would have denied. A decision to do nothing is not to be justified *on the same grounds* as a decision to act. A decision to do nothing is not merely a disguised decision to act by other means. There can be a *presumption* in favor of letting alone—a rebuttable presumption, certainly, but one which still acknowledges the difference between action and non-action. In medical ethics this presumption has always played a large part. *Primum non nocere*: the doctor's first obligation was *not* to act, where there was normal life and health which his action might hurt. When Dr. Edwards laid the "onus of proof" back on to those who "wish to maintain the status quo," he apparently intended to refuse the burden of proof which traditional moral thought about medicine would have laid upon the practitioner who would intervene.

For what remains of this chapter, then, let me attempt to say something of a very general character about the position of medicine and its concern in the midst of our technological culture. These remarks, though sketchy, will provide some kind of context for the more focused discussions in future chapters of particular technical undertakings which promise to transform our human begetting into making.

The relation of human beings to their own bodies, we might say, is the last frontier of nature. However much we may surround ourselves with our artifacts, banish every bird from the sky and every fish from the river, tidy every blade of grass into a park with concrete paths and iron railings, however blind we may become to the givenness of the natural order on which our culture is erected, nevertheless, when we take off our clothes to have a bath, we confront something as natural, as given, as completely non-artifactual as anything in this universe: we confront our own bodily existence. And we learn there, if nowhere else, that to enjoy any freedom of spirit, to realize our possibilities for action of any kind, we must cherish nature in this place where we encounter it, we must defer to its immanent laws, and we must

plan our activities in cooperation with them. It was the office of medicine to teach us this lesson in ages when the limitations of technique gave it virtually no other office. Human freedom has a natural substrate, a presupposition. Before we can evoke and create new beings which conform to the laws we lay down for them by our making, we have to accept this being according to its own laws which we have not laid down. If, by refusing its laws and imposing our freedom wantonly upon it, we cause it to break down, our freedom breaks down with it. This is in fact the law of our relations with all nature, with the climate, the soil, the animal world. But in this particular case it is forced upon our attention, one might think inescapably. "No man hates his own flesh" says Saint Paul, "but nourishes it and cherishes it" (Eph. 5:29). To hate one's own flesh is the limit of self-contradiction to which our freedom tends, it is the point at which our assertion of ourselves against nature becomes an attack upon ourselves; and so it is equally true to say both that no man ever hates his own flesh, and that this self-hatred is the term to which our proud self-assertion is inevitably drawn, just as the worshippers of Baal on Mount Carmel, according to the prophetic history, were impelled to cut themselves with knives.

What is it that draws us on to this self-contradiction? We have spoken of a tendency of "freedom." And in our title we speak of a "liberal revolution," which is to say, a revolution which has at the center of its concern the maintenance and extension of freedoms, understood in the modern and misleading sense as the abolition of limits which constrain and direct us. Technology derives its social significance from the fact that by it man has discovered new freedoms from necessity. The technological transformation of the modern age has gone hand in hand with the social and political quest of Western man to free himself from the necessities imposed upon him by religion, society, and nature. Without this social quest the development of technology would have been unthinkable; without technology the liberal society as we know it would be unworkable.

Medical technique, too, has been shaped and developed with the intention of fulfilling aspirations for freedom, freedom in this case from the necessities imposed upon us by our bodily nature. But not until recently (and this fact more than anything else bears witness to the importance of Christian influence upon medical practice) has society ventured to think that medical technique ought to be used to overcome not only the necessities of disease but also necessities of health (such as pregnancy). Although liberal

political thought has been a mark of Western civilization for centuries, it has taken until very recently for a radically liberal concept of freedom to challenge outright the Christian understanding of freedom which was expressed in medicine. A medicine which differentiated sharply between interfering in a healthy body and curing a sick one, as Western Christian medicine used to do, preserved an understanding of freedom which respected the constraints of health. But now the challenge is explicit. Of all the arguments which ensured the victory of liberal abortion policy in Western societies none, I think, was so influential than the one which many of us who wrote about the subject thought too crude to be taken seriously: the woman's right to self-determination in respect of her own body. The appeal to this right (conceived to be effective irrespective of whether the woman's body is healthy or sick) evoked subliminal consent even from those who professed to find it rationally empty, for it gave voice to the profoundest political commitments which underlie liberal society in the West.

Yet when we consider the abortion example we immediately face a paradox. The freedom of self-determination which was accorded to the mother was won at the cost of the physician's freedom. The attempt to entrench the physician's right of dissent in the "conscience clause" of the 1967 Abortion Act was a notorious failure, and for rather obvious reasons. The organization of mass medicine requires predictability of performance. A hospital schedule cannot be planned around individuals who may, or may not, when it comes to it, assist at an abortion. The rule must be that if they can't stand the heat they must get out of the kitchen, and the best that can be said for the conscience clause is that it has sometimes provided a graceful mode of exit. This loss of freedom on the physician's part points us to a contradiction which lies at the heart of the phenomenon of a liberal *revolution*.

My use of this word is by no means rhetorical, merely suggesting that our period is a period of great change. Great change can happen for all kinds of reasons; but revolution happens for only one reason, and that is that a community seeks to act together *en masse* in such a way as to fashion its own future. Consider what is expressed by the phrase "fashioning the future," and how it differs from the simple conception of "acting together." An action is an event which has a beginning and an end; and when one completes what one is doing, one launches it, as it were, upon the stream of history. What happens to it then is out of one's own control. *Something*

will happen to it, certainly, and it will make *some* impact upon the future, because deeds have extended repercussions through their chain of consequences. Yet one cannot *perform* the consequences as one performs the deed itself. They are, as it were, a cargo of unexplored possibilities when one lets the deed slip out from under one's hand, and one must simply entrust one's bark to a course of events which one cannot rule. To act well, then, requires faith in divine providence, because one must hope (without the possibility of calculative proof) that what one has done will be used for the service of others rather than their hurt. But to "fashion the future" is to refuse to let one's act go. It is to strive to extend one's control even to directing the stream of history, diverting it, if need be, to ensure that one's bark never strikes a rock. It is to assume a totalistic responsibility for what will happen, to treat the whole course of events as an artifact which one can mold in one's hands. 'Revolution' is a word which speaks of this assumption of responsibility by a community over its total future—a word which never entered the vocabulary of the West until faith in divine providence was weakening. The extraordinary burden which such a responsibility must impose upon one's actions is the reason why so many revolutions have been carried through with violent and crude actions. But this is not an essential feature of a revolution. Our technological revolution is in some ways more truly a revolution than any that has yet been, for it not only expresses a mass desire to mold the future in a new shape, but it has the technique which makes that project practicable.

We have to do, then, with a mass movement. The quest for freedom from natural limits is not the private campaign of a small technocratic elite. It may be true, as C. S. Lewis warned us somberly in *The Abolition of Man*, that the so-called mastery of man over himself can only turn out to mean the mastery of some men over other men.<sup>3</sup> But that does not mean that the project of human self-mastery *began* as a conspiracy by a few men to master others. A criticism that might possibly be made against Lewis's famous cautionary fable about the totalitarian pretensions of technology, *That Hideous Strength*, is that it embraces too readily the myth of the mad scientist. The mad scientist, as we all know, sits in his laboratory developing the ultimate weapon to blow up the world or the ultimate superman to rule it, and is set apart from the ordinary sane multitudes who go about their

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<sup>3</sup> C. S. Lewis, *The Abolition of Man* (London: Macmillan, 1947).

business innocuous and unsuspecting. Other cultures than our own might properly express their criticism of the sin of *curiositas* in this way; but our own culture is one in which *curiositas* has become a sin of the masses. All the innovations in medical technique which we have to discuss have been surrounded by a high level of publicity; none has been met with public anger, and one at least has encountered unaffected public satisfaction. The liberal revolution arose, and will continue to evolve, in answer to a mass desire of Western civilization, in which we all participate, and not at the behest of a few scientists. The pioneers of research give authentic expression to our society's soul, and we cannot be permitted to disown them.

The medical practitioner, then, finds himself an agent in the midst of a mass activity, and of course he can have no independence of action to speak of. If a certain medical technology has been developed, it is expected by society that he will facilitate his patients' access to it. To act in this sphere is to participate with the community's common action, which has very well defined and unnegotiable purposes. The paradox is that the community's goal is freedom; but such freedom clearly cannot include freedom of action which might frustrate communal action. It follows that we conceive our freedom passively, as a freedom not to suffer, not to be imposed upon. It is the freedom of consumers, rather than participants. It is a freedom to exist unmolested and unthreatened in the private realm, without interference in one's family, one's sexual relations, one's religion, one's eating and drinking—and, of course, the expression of one's opinion, for in a society in which politics is managed by technique, opinions are no longer potent in the public realm. The freedom of conscience on which liberal society prides itself is only a private freedom. As soon as one intends to act in public, by being a physician, a lawyer, or a journalist, one is constrained. To presume to exercise freedom of conscience in one's *public* dealings is, as we say, "thrusting your private convictions down other people's throats," that is to say, bringing them out of the private realm into the public forum where they might challenge community policy. We call ourselves, self-deprecatingly, a "consumer society," and chide ourselves for the greed which makes it so. Even the practice of medicine, it is often said, is seen increasingly as a kind of retail trade, marketing health-care to consumers. I do not think that this shift of perspective has primarily to do with an increase of greed or selfishness (though no doubt these are implied by it), but with our cultural

conception of freedom as the freedom not to suffer. From such a conception it must follow that the freedom is all the patient's and the responsibility all the doctor's, and that is what evokes the analogy with the retail trades. The old conception of medicine as a collaborative enterprise, in which doctor and patient each have freedoms and responsibilities, can no longer be sustained.

All this, of course, has not come to pass without the encouragement of moralists. Modern moral philosophy is a diverse phenomenon; yet there are certain predominant features which mark the thinking of the last two centuries and which invite us to undertake the task of a general critique. (Alasdair MacIntyre's *After Virtue* is a welcome sign that philosophers may now at last be ready to take up the invitation.)<sup>4</sup> We could characterize these features in a number of ways: for example, in terms of its orientation to consequences or its preoccupation with the fact-value distinction. For the purpose of this discussion I am selecting only one which is especially relevant to medicine: the exclusive importance of compassion among the virtues. Compassion is the virtue of being moved to action by the sight of suffering—that is to say, by the infringement of passive freedoms. It is a virtue that circumvents thought, since it prompts us immediately to action. It is a virtue that presupposes that an answer has already been found to the question “What needs to be done?,” a virtue of motivation rather than of reasoning. As such it is the appropriate virtue for a liberal revolution, which requires no independent thinking about the object of morality, only a very strong motivation to its practice.

Sometimes the philosophy of an age is epitomized in a work of art; and to my mind the modern program for morality was never better expressed than at the very beginning of the modern period, in Beethoven's opera *Fidelio*, surely the greatest of all artistic tributes to the French Revolution. It appeared in 1805, fourteen years after Mozart's *The Magic Flute*; the difference between the two is the difference between two worlds. The journey from darkness to light which is charted in Mozart's masterpiece is presided over by the priest-king, Sarastro, who represents wisdom. In Beethoven's program for enlightenment (I ascribe to him for convenience the ideas he found in the *libretto* by J. N. Bouilly) there is no place for a Sarastro, nor could there be. The story tells of a devoted wife, Leonora, who, in order to rescue her husband, Florestan, who has been imprisoned in the dungeons of the tyrant,

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<sup>4</sup> Alasdair MacIntyre, *After Virtue* (London: Duckworth, 1981).

Pizarro, disguises herself as a young man, Fidelio, and becomes an assistant to the jailer. At the point of crisis, when Pizarro is about to slay Florestan, she withstands him, and, as it were by a preordained fate, at that very moment the king's minister arrives to release the prisoners (all of them, it appears, political prisoners) and overthrow Pizarro's power. The message of the plot is simple: the revolution which will bring brotherhood in place of oppression is accomplished, not by the traditionally masculine virtue of wisdom, but by the traditionally feminine virtue of compassion, which must, however, clothe itself in the masculine attributes of "*Mut und Macht*," resolution and might. When such an emotion assumes such a resolution, and is driven to say a decisive "No" to tyranny, tyranny must fall before it. But how does it say "No?" The crisis takes this form: Pizarro rushes at Florestan to strike him down with a *knife*, and Leonora-Fidelio interposes herself and stops the tyrant in his tracks with a *gun*. One can object that the moment is dramatically embarrassing: gunpowder is a *deus ex machina* for which the audience has not been properly prepared. But one would be wiser to think that it says exactly what Beethoven wished to say. Compassion, when it is driven to it, will arm itself with superior technique. Its strength over the enemy lies not, like Sarastro's, in its ability to appeal to nature, the way of wisdom, but in its ability to resort to artifice, the way of progress. In that moment on the stage the modern program announced itself. Everything that we have to discuss in these lectures was promised to us then.

We live not at the seedtime but at the harvest of the modern age, when we have the privilege of seeing what is its true character more clearly than those who have gone before us. And we have to think of the next seedtime, if one is given to us, and ask what we shall sow. In conclusion I wish to speak confessionally of how Christians should speak and think at this stock-taking point in our culture.

Christians should at this juncture confess their faith in the natural order as the good creation of God. To do this is to acknowledge that there are limits to the employment of technique and limits to the appropriateness of our "making." These limits will not be taught us by compassion, but only by the understanding of what God has made, and by a discovery that it is complete, whole, and satisfying. We must learn again the original meaning of that great symbolic observance of Old Testament faith, the Sabbath, on which we lay aside our making and acting and doing in order to celebrate the completeness and integrity of God's making and acting and doing, in the light

of which we can dare to undertake another week of work. Technique, too, must have its Sabbath rest.

Secondly, Christians should at this juncture confess their faith in the providence of God as the ruling power of history. To do this is to acknowledge that there are limits to man's responsibility with regard to the future, to deny that it can be an artifact which we can mold in its totality. This would be to recover the possibility of "acting well," of contributing to the course of events a deed, which, whatever may become of it, is fashioned rightly in response to the reality which actually confronts the agent as he acts.

Thirdly, Christians should at this juncture confess their faith in the transcendent ground of human brotherhood. The equal partnership of one with another springs from a common standing before one heavenly Father. In our time the notion of brotherhood has broken up into two inadequate substitutes: on the one hand, the notion of bearing responsibility for someone, which implies care for the other's freedom without mutuality of action, and on the other the notion of association in a common project, which implies mutuality of action without care for the other's freedom. If we are to recover the mutual responsibility between doctor and patient, we need to think of their equality as co-operating human agents, in ways that only the Christian confession can open up to us.

Fourthly, Christians should at this juncture confess their faith in the Word which was from the beginning with God and without which nothing came to be, the Word which was made flesh for us in the person of Jesus. The understanding upon which we discern how to act, whether in medicine or in any other context, is not a matter of private conscience, nor of mass consensus. It is a public and publishable understanding that claims all mankind, whether or not it comprehends it. A Christianity which will bear witness to God's Word in Jesus will be a speaking, thinking, arguing, debating Christianity, which will not be afraid to engage in intellectual and philosophical contest with the prevailing dogmas of its day