

The Orthodox Christian Tradition

Religious Beliefs and Healthcare Decisions

By Stanley Samuel Harakas

The Orthodox Christian Church identifies itself with the Church of the first eight centuries of the Christian faith tradition. It considers Pentecost, the descent of the Holy Spirit upon the Apostles (Acts 2), to be its organizational and ecclesial beginning. It attempts to maintain through almost twenty centuries of Church life the beliefs, practices, worship, organization, ethos, and ethical stances of the original revelation in Jesus Christ, the Apostolic tradition, and the mind of the One, Holy, Catholic and Apostolic Church of the ancient Christian Creeds.¹

The sources of its teaching are found in the Old and New Testaments and in what it calls Holy Tradition, the consistent memory and proclamation of revelation in Jesus Christ as they have been lived and experienced throughout history. The Church believes that the Tradition has responded to new questions through the centuries, but always within and by means of “the mind of the Church,” in a way that remains consistent with the original deposit of faith.

Among the authoritative sources for interpreting the teaching of the Church are the Scriptures as understood and interpreted in Holy Tradition. The Ecumenical Council is the highest agency for such interpretation; within the council, the Bishops of the Church meet to address problems and conflicts, providing doctrinal and theological definitions of the faith. Ecumenical Councils (of which seven were held between 325 and 787 A.D.), have, for example, defined the Church’s beliefs regarding the Trinitarian nature of God (Father, Son, and Holy Spirit) and the divine and human natures of the one Person, Jesus

Contents.....

The Individual and the Patient-Caregiver Relationship	3
Family, Sexuality, and Procreation	4
Genetics	6
Organ and Tissue Transplantation	7
Mental Health	7
Medical Experimentation and Research	9
Death and Dying	9
Special Concerns	10



Part of the “Religious Traditions and
Healthcare Decisions” handbook series
published by the Park Ridge Center
for the Study of Health, Faith, and Ethics

Christ. Ecumenical Councils have also issued canons that provide practical guidance regarding Church administrative issues, ethical and moral questions, matters of spiritual discipline, and other challenges facing the Church.

Issues not addressed by Ecumenical Councils are taken up by Church Fathers recognized as holy persons, mostly bishops and monks, whose writings embody “the mind of the Church.” They are perceived as saintly exemplars of the Orthodox faith whose teachings interpret Scripture and Holy Tradition and provide guidance in addressing new issues, such as those raised by new medical technologies.

The one Church of the first eight centuries was divided into Eastern and Western parts in the tenth century, in what is known historically as “the Great Schism.” The Church in the western Mediterranean eventually became known as the Roman Catholic Church, which split again about five hundred years later with the emergence of Protestantism. The Church in the Eastern region eventually became known as the Orthodox Church. For this reason the Orthodox Christian Church is sometimes called the “Eastern Orthodox Church,” which sees itself as distinct from Western expressions of Christianity due to its own documented historical continuity from Apostolic times.

Worship is the centerpiece of Orthodox Church life, and sacramental life is at the core of Orthodox experience, including the sacraments of baptism, Chrismation (confirmation), the Eucharist, marriage, and the healing sacrament of holy unction, though all of Church life is often characterized as “sacramental.”

Organizationally, the Church worldwide is organized into various ecclesial bodies, many of them national in derivation. Some are headed by Patriarchs and thus are called patriarchates. Other Orthodox Church bodies are headed by leaders titled Metropolitans or Archbishops. Persons may belong to Orthodox Churches designated as “Greek,” “Russian,” “Antiochian,” “Serbian,” “Romanian,” “Bulgarian,” and even “Japanese,” “Ugandan,” “American,” and

“English.” The canonical local Orthodox Churches form the Orthodox Church worldwide and are in communion with one another. There are also “noncanonical” Orthodox Christians who are served by priests not in communion with a canonical Church. Many Orthodox Christians tend to be ethically conservative and cautious in the use of technology, but not opposed to it in principle.

The Orthodox Church honors the human effort to understand the created world, acknowledging science and technology as gifts from God but not as exclusive sources of moral and spiritual truths.

FUNDAMENTAL BELIEFS CONCERNING HEALTH CARE

The Orthodox Church regards human life and well-being as gifts from God, who is the creator and sustainer of life as well as the prime source of healing. Concurrently, however, God has endowed humanity with many abilities and talents and the freedom to use them. According to the Church, humanity has sinned by misusing its freedom and violating its appropriate relationship with God, fellow human beings, the self, and the rest of the created world. The Church’s mission is to proclaim and embody God’s forgiveness of sin and to call all people to repentance so that they may avail themselves of that forgiveness and restore their relationship with God. What follows is not instantaneous perfection, but a process of spiritual and moral growth. The means of growth offered by the Church—prayer, worship, sacramental life, spiritual and ascetic practice, philanthropy, love, and mutual forgiveness and support—are considered spiritually therapeutic.²

The Church perceives the healing of physical illness by the medical professional as a God-given art which, when appropriately and properly used, serves God’s purposes and helps restore people to a normal level of human functioning, so that their spiritual and moral growth in com-

munity can continue. The work of the medical professional is honored as long as it does not obviate God's healing and redemptive work.

Thus, when seeking healing, most Orthodox Christians turn to both modern medicine and the spiritual resources of their ancient faith. There is no essential contradiction between them.³

The Orthodox Christian views suffering as a consequence of our broken and sinful condition that comes to human beings in various ways: through human mortality, personal sin, and evil prevalent in society and nature. Orthodoxy calls for efforts to be made to reduce or eliminate mental or physical suffering. However, it also views suffering as potentially redemptive, if understood and accepted in the framework of spiritual growth toward God-likeness. The suffering of Christ, along with that of the saints and martyrs, provides the Orthodox Christian with models of salvific suffering.⁴

ORTHODOX CHRISTIAN MORALITY AND ETHICS

Eastern Orthodox Christian ethical teaching, understood as the "ought" aspect of the

Christian life, is rooted in the affirmations of the faith, understood both as a worldview and as a personal commitment in the community of the Church.

The ethics of the Church are embodied in the Holy Scriptures and Holy Tradition, both of which are understood as witnesses to God's revelation. In particular, these teachings are found in the decisions of Ecumenical Councils and other recognized councils, Church canons, the Church's liturgical and sacramental life, the writings of Church Fathers, the encyclicals of local hierarchs and synods, the theological and ethical teachings of theologians, pastoral guidelines, and the full clergy and lay "consciousness of the Church," when understood as guided by the Holy Spirit. The Father Confessor or spiritual father is an important figure in contributing to moral decision making. Nonetheless, all Orthodox Christians are considered free in making moral choices. The Tradition guides and directs, but does not coerce, though ecclesial consequences can follow what the Church regards as improper decisions.⁵

THE INDIVIDUAL AND THE PATIENT-CAREGIVER RELATIONSHIP

According to the teaching of love and philanthropy that permeates the Gospels, each person, regardless of his or her role, ought to relate to others as one sharing in communion with all others, and with concern for their neighbor's welfare. The Orthodox Church has long applied this teaching to the healing professions.⁶ Medical caregivers are expected to place patients' well-being ahead of personal interests. They are expected to exercise professional integrity and competency with compassion and loving concern.⁷ The patient is seen as a son or

daughter of God whose well-being God has entrusted to the caregiver. Created in God's image and likeness, the patient should be treated with respect and love. Furthermore, as a person endowed with capacities of self-determination, each patient is his or her own healthcare decision maker. The Orthodox Christian patient should be informed regarding his or her condition and alternatives. Together with the healthcare team, pastor and family, the patient should be allowed to choose freely between healthcare alternatives.

CLINICAL ISSUES

Self-determination and informed consent

Generally, the Orthodox Church chooses to speak of “personhood” rather than “individualism.” In therapeutic situations, decisions ought not to be arrived at individualistically.

“Personhood” implies networks of relationships, not self-limited decision making. While each person is responsible for his or her own decisions, many considerations need to be taken into account in medical decision making. Depending on the circumstances of a person’s life (age, maturity, ability to comprehend and/or to deal with various medical options), patients should be provided with as much spiritual, religious, ethical, and medical information as possible so that the patient, in the context of family, pastoral counsel, and concerned medical staff, may make proper and enlightened self-determined decisions.⁸ Wherever possible and to whatever extent needed, then, healthcare providers should assist patients in understanding the circumstances and choices about their treatment plan.

Truth telling and confidentiality

In this larger context, medical professionals, religious/ethical advisers and family members should exercise their obligations of truth telling

and confidentiality. Informing patients of their medical condition, however, depends in large part on the personal circumstances mentioned above. These circumstances may also play a role in maintaining appropriate confidentiality.

Proxy decision making

The Orthodox Church teaches that preparing for death is primarily a spiritual responsibility.⁹ The Church’s daily services guide the prayers of the faithful: “That we may complete the remaining time of our life in peace and repentance, let us ask of the Lord.” Worshipers also pray: “For a Christian ending to our life, painless, blameless, peaceful and a good defense before the fearful judgment seat of Christ, let us ask.”¹⁰ It is not surprising, then, that with the rise of extraordinary methods of prolonging life, the Orthodox have developed their own forms of advance directives. These directives usually stipulate that in the case of incapacity, a close relative may make medical decisions on behalf of the patient. The directives may also indicate that when the patient’s condition is terminal, they have been spiritually prepared for death through the sacraments of Holy Confession and Holy Communion, and all reasonable hope for recovery is exhausted, the person may properly ask to be allowed to die.¹¹

FAMILY, SEXUALITY, AND PROCREATION

The Orthodox Church considers marriage a sacrament. Just as the celibate or monastic life is a high calling for those called to it, so is married life. The purposes of marriage reflect the Church’s theology of communion. The multiple purposes of marriage include spousal love and mutual support, the meeting of sexual needs as an expression of love, the procreation and nurture of children, the creation of family life and character development, and the cultivation of Christian virtues. The marriage sacrament,

which combines these values in a stable relationship, asks that the newly married couple live in unity so that “they may see their children’s children round about their table like a newly planted olive orchard.” Should the couple not be able to have children, the Church emphasizes the values of unity, love, and growth toward holy God-likeness by the spouses.¹²

CLINICAL ISSUES AND PROCEDURES

Contraception

While Orthodox Christians hold differing views on contraception, the majority in the United States view it as an acceptable practice on the condition that spouses use it to postpone or space the birth of children. The form used, however, should not produce an abortion.¹³ Married couples who deliberately refuse to procreate not because of health issues but for hedonistic reasons are understood to violate one of the major purposes of marriage.

Sterilization

Sterilization—other than for documented health reasons—is also considered morally unacceptable. Orthodox literature treats sterilization as a moral equivalent to self-murder, in that life is negated.¹⁴

New reproductive technologies

The Holy Tradition of the Orthodox Church does not, of course, refer directly to new reproductive technologies. Nevertheless, a number of Orthodox writers have addressed them. These authorities generally maintain a powerful respect for life as a gift from God, leading to the almost absolute opposition throughout Orthodox history to abortion. They furthermore support the Orthodox Church's view of procreation within marriage as the proper expression not only of their physical sexual relationship, but also of whole spiritual, familial, and social relationships.¹⁵

The cases of Artificial Insemination by Husband (AIH), Artificial Insemination by Donor (AID), and various forms of postmortem conception serve to illustrate how the wholeness of faith and life in the marital relationship inform bioethical decision making. Generally speaking, the Orthodox Church views AIH as contributing to the fulfillment of the purpose of procreation in marriage.¹⁶ Similarly, in vitro fertilization procedures and Gamete Intrauterine Fallopian Transfer (GIFT) procedures using

spousal ovum and sperm would also be acceptable means to aid in procreating, provided that all fertilized ova be used in implantation.¹⁷

On the other hand, any form of AID is perceived as an unwarranted intrusion in the spiritual, moral, psychological, and physical unity of the married couple by a third, unrelated party.¹⁸ Similarly, since death ends the personal physical relationship of spouses, the Church does not condone continuing physical relationships through various methods of postmortem conception (for example, the implantation of frozen fertilized ova).¹⁹ One reason given for this prohibition is the moral, relational, social, and spiritual confusion that such practices provoke. For similar reasons, the Orthodox Christian Church also fundamentally opposes all forms of surrogate motherhood.

Disease treatment of pregnant women / abortion

A pregnant woman who becomes ill should be treated for her illness, with concern for the well-being of her developing child. Since the Orthodox consider the implanted embryo already human from its conception, the issue of therapeutic abortion is a weighty one.²⁰ Under normal circumstances, the Orthodox Church teaches that abortion is wrong and should be avoided. However, in the case of a genuine threat to the life of the mother or an ectopic pregnancy, the Church makes room for some choice, advising a prudence in consultation with all parties involved. Serious consideration, however, should be given to the preservation of life.

Prenatal diagnosis and treatment

The Church encourages prenatal diagnosis and treatment of the fetus where this would improve the health and life potential of the child to be born.

Care of severely handicapped newborns

Aborting a developing child because of physical abnormality is not approved by the Orthodox Church. Rather it views such exceptional chil-

dren as human beings in their own right, deserving care and love. Abortions of “convenience”—those performed for hedonistic or social

reasons—are considered to be murder and are therefore proscribed.

GENETICS

Orthodox theological anthropology holds the dignity, integrity, and uniqueness of each human person in very high regard. According to Scripture, human beings are created in the “image and likeness of God.” Some thinkers in the Eastern Christian patristic tradition distinguish the terms “image” and “likeness.” The former refers to all that distinguishes humanity from the balance of creation, including intellect, creativity, language, moral sense, and personal self-determination. The latter is understood as the developmental potential of fallen human beings to grow in communion with God (divine grace or *theia charis*), toward God-likeness (the doctrine of divinization or *Theosis*). Thus, each human being is not only free, but also called to become fully human through a life of repentance, renewal, spiritual struggle, and growth. In this calling, humanity reflects the cosmos as a microcosm, in which the spiritual and material dimensions coalesce to give human beings a priest-like identity with the potential to manifest the fullness and goodness of God’s creation.

The Orthodox Church believes that people should never be treated merely as objects. Medical science should do its work with caution and respect for the patient’s psychosomatic personhood. The main criterion guiding medical practice in forming the dividing line between what is ethically acceptable and what is not is the therapeutic intent and use of medical technology for the person under treatment.²¹

CLINICAL ISSUES AND PROCEDURES

Genetic testing and counseling

Genetic testing and counseling consequently properly take place when it is determined that conception may result in fetal defects arising from genetic causes. Among Mediterranean Orthodox peoples, for example, the blood disease thalassemia afflicts significant numbers of the population. The Church thus counsels people in high-risk groups to be tested so that marriage choices can be influenced by the presence or absence of thalassemia traits. Should treatment be available to provide therapy for a fetus in the womb—treatment that would not be unduly threatening to the life of the mother or fetus—the therapeutic rule would allow but not require such treatment.²²

Sex selection and selective abortion

Sex selection violates the integrity of the conceived person. Males and females, though different according to gender, are considered spiritually and morally equal before God. Given the stance of the Orthodox Church on abortion, selective abortion for purposes such as gender selection or to eliminate multiple conceptions is also considered morally unacceptable.

Gene therapy

Gene therapy remains a problematic issue within the Orthodox Church. Procedures that correct disabilities or illnesses, such as diabetes, as well as therapies that help people conceive, are acceptable. The problem lies in the lack of medical knowledge, particularly regarding germ line experimentation. Such experimentation should

not take place for the purpose of gene therapy until much more is known about the consequences. The Orthodox Church advises extreme caution on this matter. Furthermore, only in the case of truly therapeutic purposes can gene ther-

apy be considered acceptable. Eugenic purposes—creating “superior beings” or animal/human chimeras—are morally repulsive and should never be practiced.²³

ORGAN AND TISSUE TRANSPLANTATION

In light of the Orthodox Church’s position on the wholeness of human beings, the church teaches that the human body should be respected and honored. Three doctrines affirm this position: creation of the body by God; the incarnation of Jesus Christ; and the expectation of the body’s resurrection at the Second Coming. Together, they underscore the integrity of a person’s bodily life. The resulting moral requirements include the prohibition of murder and care for the health and well-being of each person’s physical existence.

An Orthodox Christian should not be pressured to violate personal convictions if they do not wish to donate an organ or receive an organ transplant, following the provision of adequate information. Nevertheless, Orthodox Christians may legitimately accept the donation of a duplicated organ if the motivations of love and concern for the welfare of the donor are genuine and the decision is not coerced. Certain organs may be transplanted at death, so long as the body remains intact for Orthodox burial rites. In some predominantly Orthodox nations, the Church has supported organizations that foster the practice of organ transplantation as an expression of philanthropy and Christian love.

gibility for transplants. Among the ethical criteria are fair procedures that address the complex issues related to greater need and waiting time—procedures that do not involve judgments of “greater worth” of one person over the other. The development of such procedures should be coupled with education to increase the number of potential donors, and implantable devices limiting the need for transplanted organs. The Orthodox Church views the commercialization of transplantable organs as a grave and unacceptable danger.

Donor issues

Orthodox ethical teachings caution that medical professionals should reduce risks to willing organ donors. Cadaver donations should respect the integrity of the human body for burial purposes. As for obtaining organs from aborted fetuses or from anencephalic newborns, the Church requires that people, including aborted newborns, should be valued in their full humanity, not merely as sources of body parts. The Church warns against the use of organs or tissue supplied by the most helpless and vulnerable of the human race. Decisions on this matter should be weighed with utmost sensitivity.

CLINICAL ISSUES AND PROCEDURES

Recipient issues

Ethical and scientific criteria (e.g., tissue matching and organ rejection determinations) must be adhered to when making decisions regarding eli-

MENTAL HEALTH

Orthodox tradition understands humans to be in a state of brokenness. Human beings are created in the image of God but are also in a fallen and sinful condition of separation and broken relationship with God, neighbor, self, and environment. All are, in some measure, “less than fully human.” Compared to the Roman Catholic Church, the Orthodox Church speaks less of guilt and more of darkened intellect, distorted emotions, weakened will, and the unredeemed condition of human existence. With such brokenness come physical illnesses, social disruptions, and mental imbalances.

The impulse toward human self-determination may intensify these conditions of brokenness. Choice is sinful inasmuch as human choice accentuates the development of illness. Abuse of alcohol or other mind-altering drugs is likewise sinful. Decision making about such behaviors reflects a spiritual struggle against the human sinful condition as well as the exercise of virtue in growth toward God-likeness (theosis). However, choice and self-determination cannot in themselves control a situation that has become addictive. A tendency or propensity toward alcoholism is a case in point.

Similarly, mental illness can be understood as an expression of brokenness. In such cases, the Church teaches that the God-given arts of therapy ought to be applied.²⁴ While treatment of mental illness is viewed as a legitimate dimension of the healing arts, the Church does not endorse any particular psychological theory. In many cases, such theories are in stark contrast with the theological and spiritual presuppositions of Orthodox Christianity, and are often rejected by the patient or the patient’s family.

As always, the Church prays for the restoration of health to the mentally ill and offers sacramental life to those seeking healing. Nevertheless, in the face of intractable symptoms of mental illness, the Orthodox Church encourages family members to seek the aid of psychologists, psychiatrists, and other mental

health caregivers, so long as these professionals respect the religious and moral integrity of their patients.²⁵

CLINICAL ISSUES AND PROCEDURES

Involuntary commitment

Given the nature of mental illness in which self-understanding and self-knowledge may be severely distorted, every effort should be made to help the patient accept therapy. Only in extreme cases and only within a range of pre-defined conditions biased toward the protection of the mentally ill should medical caregivers resort to involuntary commitment. The approval of a parent, guardian, or other person whose primary concern is the welfare of the patient is called for.

Psychotherapy and behavior modification

All therapy should strive for maximum cooperation by the patient in the healing process. Thus, methods used by psychotherapy and behavior modification regimens should strive for the patients’ conscious and willed participation.

Psychopharmacology

Many illnesses, such as those caused by chemical imbalances in the brain, can only be treated pharmacologically. Even in these cases, the assent, response, concerns, and self-assessments of the patient should be respected within the framework of the professional responsibilities of the mental healthcare provider.

Electroshock and stimulation

Radical invasive therapies such as electroshock should be discussed with the patient and family only as a last resort. The impact of such therapies is powerful, bypasses much of the individual’s self-determination, and may have lasting harmful consequences.

MEDICAL EXPERIMENTATION AND RESEARCH

The Church may approve medical experimentation on humans if the experiment is a last therapeutic resort and is applicable to the health and well-being of the patient.²⁶

When experimentation involves populations other than the individual, for example through blind testing, those involved must be informed of the nature of the experiment and the risks involved. The interests of the researcher are subordinate, especially when the subjects' health and well being are in danger.

CLINICAL ISSUES AND PROCEDURES

Orthodox tradition understands that developing medications and procedures often requires experimentation, and sanctions it in accordance

with the above criteria.

However, the Church considers experimentation or research on embryos, fetuses, and children to be inappropriate because informed consent cannot be obtained. In such cases, the subject is treated as an object.

Only people capable of choosing to participate in experiments after being fully informed of potential consequences should be allowed to participate. Though the use of deceased fetal tissue may be acceptable, Church doctrine suggests that the preservation and display of dead human embryos violates proper respect for the dead.

Animal experimentation is not prohibited as long as the experiments are necessary to test drugs, surgical procedures, or other medical protocols. Animal experiments should be conducted humanely and designed to minimize pain.

DEATH AND DYING

Orthodox Christian faith is rooted in the redemptive and saving work of Jesus Christ's incarnation, teaching, healing, and—most important—in His death and resurrection. Death is understood to be a consequence of the fallen and broken condition of creation. Still this condition does not minimize the tragedy and burden of death.²⁷

On the other hand, Christ's death and resurrection are seen less as a juridical payment for human sin than as a victory over the power of sin and death. Much of the Church's liturgical life is inspired by the resurrection of Christ and celebrates its renewing, hope-giving and redemptive power.

The Orthodox believe that when a person dies, he or she enters into a condition known as "Partial Judgment"—a foretaste of one's future in eternity. The Second Coming of Christ will coincide with a General Judgment in which each

person will experience the life of Heaven or Hell as communion with, or separation from, God in eternity. The Orthodox approach to death is illumined by the centrality of the resurrection of Jesus Christ in worship. The chief Orthodox Easter hymn proclaims "Christ is risen from the dead, by His death destroying Death, and to those in the tombs, He gives life!"

Physical death, then, is not so fearsome as spiritual death. That physical death should be properly opposed through a healthy lifestyle is reflected in the oft-repeated blessing: "Many Years!" But when death approaches, Orthodox Christians live "in the hope of the resurrection."

CLINICAL ISSUES AND PROCEDURES

Determining death

Orthodox Christians once determined death by

the cessation of heart activity and breathing. Recent Orthodox thinkers do not object to defining physical death in terms of brain death. Generally, the Orthodox recognize death as the cessation of higher human capacities concurrent with the demise of the cerebral cortex, even though lower brain stem activities may remain.²⁸

Opinions differ regarding the continuation of food and hydration. Food and water should be offered to patients as long as they can take it by mouth. Some feel that unconscious, dying persons should be fed intravenously; others do not. In any case, hydration should be continued so that pain control medications can also be administered.

Suicide, assisted suicide, and euthanasia

Since the earliest years of the Christian tradition, suicide has been defined as a sin; ethically, it is understood as self-murder. The Church views renewed acceptance of suicide in western European culture as a return to values and world views contrary to Christian teaching. All forms of assisted suicide are understood as the unjust taking of human life.

Euthanasia is similarly considered a form of murder.²⁹ On the other hand, long-standing liturgical practice in the “Rite At The Tearing Away of the Soul” actually prays for God to release a suffering terminal patient into death. The Church, then, distinguishes between taking a life and allowing a person to die.³⁰

Autopsy and postmortem care

The dead body is treated with respect and honored as a “temple of Lord.” Autopsies should be performed only when the family is given a clear reason and freely accepts it. Family members may object to routine autopsies in order that their loved ones may rest in peace but when a clear reason is given for the autopsy, most clergy and families will allow it. Most Orthodox Christians in the United States do not object to embalming procedures.

Last rites, burial, and mourning traditions

Orthodox last rites consist of sacramental reconciliation (Holy Confession and/or Holy Communion). The priest should be called to perform them before the patient loses consciousness. Cremation is prohibited; however, should a non-Orthodox spouse or relative plan cremation for the deceased, family members and the parish priest should be apprised, discussions and decisions should be made before death. An Orthodox funeral may be prohibited if cremation is planned, depending upon the jurisdiction to which the deceased belonged.

Most Orthodox expect a Church funeral emphasizing the vanity of this world, the importance of eternal life with God, and the expectation of resurrection at the Second Coming in a spirit of hope and peace.³¹ Burial in Church-owned cemeteries or in Orthodox sections of larger cemeteries is standard procedure.

Memorial services are usually conducted in Churches on the fortieth day following death and on the sixth month and annual anniversaries thereafter.

SPECIAL CONCERNS

Dietary concerns, use of drugs, blood transfusions

The Orthodox Church maintains a strict standard of fasting (i.e., abstinence from various

kinds of foods) on a weekly (Wednesdays and Fridays) or periodical basis (Advent Lent of forty days before Christmas, and Great Lent and Holy Week before Pascha of about fifty days).

Abstinence may range from simply not eating meat to avoiding fish, eggs, dairy products, or oil. Individual Orthodox Christians follow these dietary rules or not, according to their own judgment. In any case, the Church relaxes fasting rules in cases of illness. Nevertheless, some Orthodox may insist on fasting even when hospitalized.³²

The Church raises no objections in principle to using prescription drugs or blood transfusions as therapeutic measures.

AIDS

Behaviors that lead to AIDS, such as drug use and promiscuous sex, are judged immoral both in themselves and in reference to their consequences by the Orthodox Church. There are also cases where no such behavior has caused the transmission of the illness, such as HIV transmission from mother to child, in which the infected person is morally innocent. In any case, people suffering from HIV infection or the AIDS condition should be treated with the compassion and care due all persons suffering from illness. Thus, care for AIDS patients is counseled by the Church; several diocesan-based, Orthodox-sponsored organizations provide education and support to people with AIDS and their families.

Personal piety

Icons are revered in the Orthodox Church as "Windows on Heaven" and are considered means through which the believer may commune with the person or event represented on it by praying before it, touching it, or kissing it reverently. Icons may represent Christ, the Theotokos (Mary, the Mother of God), or a patron saint. Orthodox patients may bring holy icons to be placed near their hospital beds, and they should be handled respectfully. Some Orthodox may also bring prayer books or cards with them for daily prayers. Prayer times should be left uninterrupted except in unusual circumstances.³³

Liturgical and pastoral concerns

At the birth of a child, the Church offers special prayers for mother and child. Often the priest will visit the new mother and child soon after they are allowed visitors. In cases when a newborn is in danger of death, not only the priest but any Orthodox Christian—for that matter, any other person—may baptize the child with the words, "The servant of God [name of child] is baptized in the name of the Father and the Son and the Holy Spirit. Amen." Should the child live, a priest conducts the rest of the baptismal service at a later date.

Pain control and palliative care

In nearly every clinical situation, efforts should be made to control pain for suffering patients. In the case of dying patients with no hope of improvement, the ministry of a parish priest is encouraged. This usually includes prayer, administration of the sacraments of Holy Confession and the Holy Eucharist, and the cultivation of a climate of mutual forgiveness and love. The patient must be conscious for this to take place. Afterward, the dying patient should be provided palliative care with high levels of pain control.

Foregoing life-sustaining treatment

As long as there is reasonable hope that medical treatment can be in some measure therapeutic, the Orthodox Church supports vigorous medical intervention. However, when no therapeutic outcome can be expected, the next goal is palliative care. As long as the patient can sustain life with minimal mechanical means, providing comfort is the indicated course of treatment. Only when all reasonable hope of self-sustaining life is lost and the dying process has been definitively diagnosed can the ongoing life-sustaining mechanical treatment be reduced or discontinued.

An Orthodox priest may visit the hospital to offer prayers for health and well being of the patient. One of the sacraments of the Church is Holy Unction, a healing sacrament that may be conducted in abbreviated form at the bedside.

When the priest comes to the hospital to hear a confession and/or to administer Holy Communion, a table is useful and privacy appreciated.

In some parishes, the family will request that the body not be moved until the priest arrives to conduct a brief bedside prayer service. This is a time of prayer and spiritual comfort. Privacy should be respected.

NOTES

1. For general introductions to the Orthodox Church, in increasing order of detail, see Anthony Coniaris, *Introducing the Orthodox Church; Its Faith and Life*. (Minneapolis, MN: Light and Life Publishing Co., 1982); Thomas FitzGerald, *The Orthodox Church*. (Westport, CT: Greenwood Press, 1995); Kallistos Ware, *The Orthodox Church*. (New York: Penguin Books, 1993).
2. In addition to the above, see Vladimir Lossky, *Orthodox Theology* (Crestwood, NY: St. Vladimir's Seminary Press, 1978); John Karmiris, *Synopsis of the Dogmatic Theology of the Orthodox Catholic Church*, tr. George Dimopoulos, (Scranton, PA.: Christian Orthodox Editions, 1973); Vladimir Lossky, *The Mystical Theology of the Eastern Church*. (London: James Clarke and Co., 1957). John Zizioulas, *Being as Communion* (Crestwood, NY: St. Vladimir's Seminary Press, 1985). Jaroslav Pelikan, "The Spirit of Eastern Christendom (600-1700) vol. 2 of *The Christian Tradition: History of the Development of Doctrine*, (Chicago: The University Chicago Press, 1974). The theological and ethical implications of Christian love are addressed fully by Vigen Guroian, *Incarnate Love: Essays in Orthodox Ethics*. (Notre Dame, IN: University of Notre Dame Press, 1988). The ecclesial dimensions of teaching and church life for ethics are dealt with by Guroian in his book *Ethics After Christendom: Toward An Ecclesial Christian Ethic*. (Grand Rapids, MI: Eerdmans Publishing Co., 1994).
3. Stanley Samuel Harakas, *Health and Medicine in the Eastern Orthodox Tradition*. (New York: Crossroad Publishing Co, 1990). Reprint edition, Minneapolis, MN: Light and Life Publishing Co., 1996.
4. *Ibid.*, pp. 45-56.
5. For a foundational treatment of Eastern Orthodox ethics see Stanley Samuel Harakas, *Toward Transfigured Life: The Theoria of Eastern Orthodox Ethics*. (Minneapolis, MN: Light and Life Publishing Co., 1983). Orthodox ethical life and decision making is inseparable from the cultivation of the spiritual life. Two introductions are: Lev Gillet, *A Monk of the Eastern Church, Orthodox Spirituality*. (Crestwood, NY: St. Vladimir's Seminary Press), and Hierotheos Vlachos, *Orthodox Spirituality: Birth of Theotokos Monastery* (Levadia, Greece: 1993). A collection of writings on Orthodox monastic spirituality beginning in the fourth century and extending to the nineteenth century is *The Philokalia: The Complete Text Compiled by St. Nikodemos of the Holy Mountain and St. Makarios of Corinth*. G.E.H. Palmer, Philip Sherrard, Kallistos Ware, eds. and trans. (London: Faber & Faber, 1979), vol. I; 1986, vols. II, III; and 1995, vol. 4.
6. Some examples can be found in Demetrios J. Constantelos, *Byzantine Philanthropy and Social Welfare*. New Brunswick, NJ.: Rutgers University Press, 1968. See also his articles: "Physician-Priests in the Medieval Greek Church" *Greek Orthodox Theological*

- Review*, vol. xii, 1966-1967, 141-153 and "The Interface of Medicine and Religion in the Greek and the Christian Greek Orthodox Tradition," *Greek Orthodox Theological Review*, vol. xxxiii, 1988, pp. 1-18. Also, Timothy Miller, *The Birth of the Hospital in the Byzantine Empire*. Baltimore, MD: Johns Hopkins University Press, 1985; and *Dumbarton Oaks Papers*, Number Thirty-Eight, 1984, Symposium on Byzantine Medicine, ed. John Scarborough. Washington, DC: Dumbarton Oaks Research Library and Collection, 1985.
7. Harakas, *Health and Medicine*, *ibid.*, sec. 6, "Human Dignity in Caring and Curing."
 8. John T. Chirban, *Personhood: Orthodox Christianity and the Connection Between Body, Mind and Soul*. (Westport, CT: Bergin & Garvey Publishing Co., 1996); Harakas, *Toward Transfigured Life*, *ibid.*, ch. 9, "Ethical Decision Making."
 9. Nicholas P. Vassiliadis, *Mystery of Death*, tr. Peter Chamberas. (Athens, Greece: O Sotir Publishing House, 1993).
 10. *The Divine Liturgy of Saint John Chrysostom: A New Translation by Members of the Faculty of Hellenic College/Holy Cross Greek Orthodox School of Theology (With Greek Text)*. (Brookline, MA: Holy Cross Orthodox Press, 1985), "The Petitions" pp. 14-16.
 11. Stanley Samuel Harakas, *Living the Faith: The Praxis of Eastern Orthodox Ethics*. (Minneapolis, MN: Light and Life Publishing Co., 1992), pp. 129-130.
 12. Demetrios J. Constantelos, *Marriage, Sexuality and Celibacy: A Greek Orthodox Perspective*. (Minneapolis, MN: Light and Life Publishing Co., 1975); John Meyendorff, *Marriage: An Orthodox Perspective*. (St. Vladimir's Seminary Press, Crestwood, NY: 1984).
 13. See John Breck's insightful chapter, "Procreation and the Beginning of Life," Ch. 3 of *The Sacred Gift of Life: Orthodox Christianity and Bioethics*. (Crestwood, NY: St. Vladimir's Seminary Press, 1998).
 14. Harakas, *Living the Faith*, *ibid.*, p. 134.
 15. Breck, *The Sacred Gift of Life*, *ibid.*, pp. 175-202.
 16. Harakas, *Health and Medicine*, *ibid.*, pp. 141-142.
 17. Breck, *The Sacred Gift of Life*, *ibid.*, p. 182.
 18. Stanley Samuel Harakas, "Embryo Fertilization Outside the Womb," *Contemporary Moral Issues Facing the Orthodox Christian*. (Minneapolis, MN: Light and Life Publishing Co., 1982), pp. 88-92.
 19. Breck, in his *The Sacred Gift of Life*, *ibid.*, provides the best treatment among Orthodox ethicists on the issues related to post-mortem conception, pp. 179-180.
 20. John Kowalczyk, *An Orthodox View of Abortion*. (Minneapolis, MN: Light and Life Publishing Co., 1977).
 21. Panagiotes Nellas, *Deification in Christ: The Nature of the Human Person*. (Crestwood, NY: St. Vladimir's Seminary Press, 1987); Vladimir Lossky, *In the Image and Likeness of God*. (Crestwood, NY: St. Vladimir's Seminary Press, 1975).
 22. John T. Chirban, *Thalassemia: An Interdisciplinary Approach*. (Lanham, MD: University Press of America, 1986).
 23. The best Orthodox treatment of gene therapy to date is found in John Breck's section "Genetic Engineering and Procreation: The Manipulation of Human Life," in *The Sacred Gift of Life*, *ibid.*, pp. 190-202.
 24. Aspects of mental health as they address moral, theological, and psychological concerns are treated in an interdisciplinary fashion from an Orthodox Christian perspective in John T. Chirban, ed., *Healing: Orthodox Christian Perspectives in Medicine, Psychology and Religion*. (Brookline, MA: Holy Cross Orthodox Press, 1991), and John T. Chirban, ed., *Health and Faith: Medical, Psychological and Religious Dimensions*. (University Press of America, Lanham, MD., 1991).
 25. Vlachos, *Illness and Cure of the Soul in the Orthodox Tradition*. E. Mavromichali, trans. Levadia, Greece: 1993; Philotheos Faros, "Mental Patients and Verbal Communication of the Religious Message," *Theologia*, vol. 42, 1972, pp. 603-606. Stanley Samuel Harakas, *For the Health of Body and Soul*. (Brookline, MA: Holy Cross Orthodox Press, 1980), pp. 32-33.
 26. Harakas, *Living the Faith*, *ibid.*, p.127.
 27. Vigen Guroian has provided a contemporary approach to the issues of death and dying that is rooted in the traditions of Orthodox Christianity in his book, *Life's Living Toward Dying: A Theological and Medical-Ethical Study*. (Grand Rapids, MI: William B. Eerdmans Publishing Co., 1996). Of particular value for this discussion is chapter five, "Caring For the Dying in the Christian Faith."
 28. G. A. Larue, ed., *Euthanasia and Religion: A Survey of the Attitudes of World Religions to the Right to Die*. (Los Angeles: The Hemlock Society, 1985). Includes two articles by Orthodox authors Thomas Hopko and Stanley Harakas on Euthanasia.
 29. Harakas, "Health and Medicine," *Ibid.*, p. 157.

30. Harakas, "Health and Medicine," *Ibid.*, p. 157.
31. Marangos, "Shared Christian Praxis: Approaching the Orthodox Funeral Service," *Greek Orthodox Theological Review*, vol. 29, 1984, p. 195-206.
32. Archimandrite Akakios, *Fasting in the Orthodox Church: Theological, Pastoral and Social Implications*. (Etna, CA: Center for Traditionalist Orthodox Studies, 1990).
33. Non-Orthodox Christians might find Henri J.M. Nouwen's *Behold the Beauty of the Lord: Praying With Icons*, (Notre Dame, IN: Ave Maria Press, 1987), of interest. A similar book, written by an Orthodox Christian, James Forest, is *Praying With Icons*. (Maryknoll, NY: Orbis Books, 1997).

BIBLIOGRAPHY

- Archimandrite Akakios, *Fasting in the Orthodox Church: Theological, Pastoral and Social Implications*. Etna, CA: Center for Traditionalist Orthodox Studies, 1990.
- John Breck, *The Sacred Gift of Life: Orthodox Christianity and Bioethics*. Crestwood, NY: St. Vladimir's Seminary Press, 1998.
- John T. Chirban, *Personhood: Orthodox Christianity and the Connection Between Body, Mind and Soul*. Westport, CT: Bergin & Garvey Publishing Co., 1996.
- John T. Chirban, ed., *Thalassemia: An Interdisciplinary Approach*. Lanham, MD: University Press of America, 1986.
- John T. Chirban, ed., *Healing: Orthodox Christian Perspectives in Medicine, Psychology and Religion*. Brookline, MA: Holy Cross Orthodox Press, 1991.
- John T. Chirban, ed., *Health and Faith: Medical, Psychological and Religious Dimensions*. Lanham, MD: University Press of America, 1991.
- Anthony Coniaris, *Introducing the Orthodox Church: Its Faith and Life*. Minneapolis, MN: Light and Life Publishing Co., 1982.
- Anthony Coniaris, *The Philokalia: The Bible of Orthodox Spirituality—Addressing Orthodox Spirituality to the Average Lay Person*. Minneapolis, MN: Light and Life Publishing Co., 1998.
- Demetrios J. Constantelos, "Physician-Priests in the Medieval Greek Church," *Greek Orthodox Theological Review*, vol. xii, 1966-1967.
- Demetrios J. Constantelos, *Byzantine Philanthropy and Social Welfare*. New Brunswick, NJ: Rutgers University Press, 1968.
- Demetrios J. Constantelos, "The Interface of Medicine and Religion in the Greek and the Christian Greek Orthodox Tradition," *Greek Orthodox Theological Review*, vol. xxxiii, 1988.
- Demetrios J. Constantelos, *Marriage, Sexuality and Celibacy: A Greek Orthodox Perspective*. Minneapolis, MN: Light and Life Publishing Co., 1975.
- Philotheos Faros, "Mental Patients and verbal Communication of the Religious Message," *Theologia*, vol. 42, 1972.
- Thomas FitzGerald, *The Orthodox Church*. Westport, CT: Greenwood Press, 1995.
- James Forest, *Praying With Icons*. Maryknoll, NY: Orbis Books, 1997.
- Vigen Guroian, *Incarnate Love: Essays in Orthodox Ethics*. Notre Dame, IN: University of Notre Dame Press, 1988.
- Vigen Guroian, *Ethics After Christendom: Toward An Ecclesial Christian Ethic*. Grand Rapids, MI: William B. Eerdmans Publishing Co., 1994.
- Vigen Guroian, *Life's Living Toward Dying: A Theological and Medical-Ethical Study*. Grand Rapids, MI: William B. Eerdmans Publishing Co., 1996.
- Stanley Samuel Harakas, *For the Health of Body and Soul*. Brookline, MA: Holy Cross Orthodox Press, 1980.
- Stanley Samuel Harakas, *Contemporary Moral Issues Facing the Orthodox Christian*. Minneapolis, Light and Life Publishing Co., 1982.
- Stanley Samuel Harakas, *Toward Transfigured Life: The Theoria of Eastern Orthodox Ethics*. Minneapolis, MN: Light and Life Publishing Co., 1983.
- Stanley Samuel Harakas, *Health and Medicine in the Eastern Orthodox Tradition*. New York: Crossroad Publishing Co, 1990. Reprint edition, Minneapolis, MN: Light and Life Publishing Co., 1996.

- Stanley Samuel Harakas, *Living the Faith: The Praxis of Eastern Orthodox Ethics*. Minneapolis, MN: Light and Life Publishing Co., 1992.
- Stanley Samuel Harakas, "Eastern Orthodox Christianity" entry in Warren Thomas Reich, Ed., *Encyclopedia of Bioethics*, Rev. Ed. New York: Macmillan Library Reference/Simon & Schuster Macmillan, 1995.
- John Karmiris, *Synopsis of the Dogmatic Theology of the Orthodox Catholic Church*, tr. George Dimopoulos, Scranton, PA: Christian Orthodox Editions, 1973.
- John Kowalczyk, 1977, *An Orthodox View of Abortion*. Minneapolis, MN: Light and Life Publishing Co., 1977.
- Larue, G. A., et al *Euthanasia and Religion: A Survey of the Attitudes of World Religions to the Right to Die*. Los Angeles: The Hemlock Society, 1985.
- Vladimir Lossky, *The Mystical Theology of the Eastern Church*. London: James Clarke and Co., 1957.
- Vladimir Lossky, *Orthodox Theology*. Crestwood, NY: St. Vladimir's Seminary Press, 1978.
- Vladimir Lossky, *In the Image and Likeness of God*. Crestwood, NY: St. Vladimir's Seminary Press, 1975.
- Frank Marangos, "Shared Christian Praxis: Approaching the Orthodox Funeral Service," *Greek Orthodox Theological Review*, vol. 29, 1984.
- John Meyendorff, *Marriage: An Orthodox Perspective*. St. Vladimir's Seminary Press, Crestwood, NY: 1984 (third edition).
- Timothy Miller, *The Birth of the Hospital in the Byzantine Empire*. Baltimore, MD: Johns Hopkins University Press.
- Panagiotis Nellas, *Deification in Christ: The Nature of the Human Person*. Crestwood, NY: St. Vladimir's Seminary Press, 1987.
- Henri J.M. Nouwen, *Behold the Beauty of the Lord: Praying With Icons*. Notre Dame, IN: Ave Maria Press, 1987.
- Philokalia: The Complete Text Compiled by St. Nikodimos of the Holy Mountain and St. Makarios of Corinth*. Translated from the Greek and edited by G.E.H. Palmer, Philip Sherrard, Kallistos Ware. London: Faber & Faber, 1979, vol. I; 1986, vols. II, III; and 1995, vol. 4.
- Jaroslav Pelikan, "The Spirit of Eastern Christendom (600-1700)" Vol. 2 of *The Christian Tradition: History of the Development of Doctrine*. Chicago: The University Chicago Press, 1971, 1974
- Nicholas P. Vassiliadis, *Mystery of Death*, tr. Peter Chamberas. Brookline, MA: Holy Cross Orthodox Press, 1993.
- Hierotheos Vlachos, *Orthodox Spirituality: Birth of the Theotokos Monastery*. Levadia, Greece, 1993.
- Hierotheos Vlachos, *Illness and Cure of the Soul in the Orthodox Tradition*, tr. E. Mavromichali.
- Kallistos Ware, *The Orthodox Church*. New York: Penguin Books, 1993.
- John Zizioulas, *Being as Communion*. Crestwood, NY: St. Vladimir's Seminary Press, 1985.
- A Monk of the Eastern Church (Lev Gillet), *Orthodox Spirituality*. Crestwood, NY: St. Vladimir's Seminary Press, 1978.
- Bioethics Yearbook: Volume 1: Theological Developments in Bioethics: 1988-1990; Ed. Andrew Lustig, et. al.. Dordrecht: Kluwer Academic Publishers, 1991.
- Bioethics Yearbook: Volume 3: Theological Developments in Bioethics: 1990-1992, Ed. Andrew Lustig, et. al.. Dordrecht: Kluwer Academic Publishers,
- The Divine Liturgy of Saint John Chrysostom: A New Translation by Members of the Faculty of Hellenic College/Holy Cross Greek Orthodox School of Theology (With Greek Text)*. Brookline, MA: Holy Cross Orthodox Press, 1985.
- Dumbarton Oaks Papers, Number Thirty-Eight, 1984 Symposium on Byzantine Medicine, ed. John Scarborough. Washington, DC: Dumbarton Oaks Research Library and Collection, 1985.

Introduction to the series

Religious beliefs provide meaning for people confronting illness and seeking health, particularly during times of crisis. Increasingly, health care workers face the challenge of providing appropriate care and services to people of different religious backgrounds. Unfortunately, many healthcare workers are unfamiliar with the religious beliefs and moral positions of traditions other than their own. This booklet is one of a series that aims to provide accessible and practical information about the values and beliefs of different religious traditions. It should assist nurses, physicians, chaplains, social workers, and administrators in their decision making and care giving. It can also serve as a reference for believers who desire to learn more about their own traditions.

Each booklet gives an introduction to the history of the tradition, including its perspectives on health and illness. Each also covers the tradition's positions on a variety of clinical issues, with attention to the points at which moral dilemmas often arise in the clinical setting. Finally, each booklet offers information on special concerns relevant to the particular tradition.

The editors have tried to be succinct, objective, and informative. Wherever possible, we have included the tradition's positions as reflected in official statements by a governing or other formal body, or by reference to positions formulated by authorities within the tradition. Bear in mind that within any religious tradition, there may be more than one denomination or sect that holds views in opposition to mainstream positions, or groups that maintain different emphases.

The editors also recognize that the beliefs and values of individuals within a tradition may vary from the so-called official positions of their tradition. In fact, some traditions leave moral decisions about clinical issues to individual conscience. We would therefore caution the reader against generalizing too readily.

The guidelines in these booklets should not

substitute for discussion of patients' own religious views on clinical issues. Rather, they should be used to supplement information coming directly from patients and families, and used as a primary source only when such firsthand information is not available.

We hope that these booklets will help practitioners see that religious backgrounds and beliefs play a part in the way patients deal with pain, illness, and the decisions that arise in the course of treatment. Greater understanding of religious traditions on the part of care providers, we believe, will increase the quality of care received by the patient.



THE PARK RIDGE CENTER
FOR THE STUDY OF HEALTH, FAITH, AND ETHICS

211 E. Ontario • Suite 800 • Chicago, Illinois 60611-3215
<http://www.prchfe.org>

The Park Ridge Center explores and enhances the interaction of health, faith, and ethics through research, education, and consultation to improve the lives of individuals and communities.