

Reaffirming the Nature of Medicine in a Society that Too Often Rejects It

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Our society has lost its understanding of what medicine is and what it is for. Worse yet, medical professionals and hospitals who remain committed to life-affirming care are increasingly being pressured to throw off the “old ways” and to embrace a “new vision,” one that turns the Hippocratic Oath upside down. What happened?

We live in an unprecedented time that is fundamentally shaped by two phenomena. The first is anthropological. We are witnessing the systematic rejection of human nature. Who is the human person? Is human dignity intrinsic, or is it contingent on external factors? Are maleness and femaleness an objective reality, or merely two components of an indefinite spectrum? Is the marital union of one man and one woman a unique and exclusive bond ordered towards begetting and raising children, or is it a malleable contract that requires nothing more than consent? Tragically, the once clear answer to these questions has been distorted by a society that has forgotten the Creator.

The second is cultural. It is the rotten fruit of the anthropological crisis in which we find ourselves. Remember, the aim of the medical profession is to heal, not harm; to care for, not kill. That is what is sworn in the [Hippocratic Oath](#): “I will...benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them.” Tragically, the anthropological crisis of our time has infiltrated the noble art of medicine and the public policy that guides it. Objective truths are now routinely abandoned, resulting in dreadful consequences. When human nature is rejected, people will claim abortion is permissible. When intrinsic human dignity is diminished, they will remark that physician-assisted suicide is merciful. And when the reality of maleness and femaleness is denied, they will declare “gender transition” procedures are therapy. We don’t need to look very hard to find proof of the pervasiveness of abortion, physician-assisted suicide, and “gender transition” procedures in our culture.

Yet, there is tremendous hope. Countless medical students and health care professionals embrace the objective truths that others have neglected or rejected. They know who the human person is, defend intrinsic human dignity, and attest to the reality of maleness and femaleness. They practice according to the Hippocratic model of medicine by administering life-affirming care and resolving to do no harm, even when doing so requires great sacrifice. The [case of Valerie Kloosterman](#) is one example of such a sacrifice. Kloosterman is a physician assistant in Michigan who was fired from her job of 17 years because she refused to deny her deeply held religious convictions and the objective biological reality of males and females. She knew in her heart that she couldn’t use pronouns that were not founded in reality, nor refer patients for procedures that

conflicted with her best medical judgment. Rather than acquiescing, she chose conscientious practice over succumbing to coercion.

The [Religious Freedom Institute](#) strives to serve health care professionals like Kloosterman. Through RFI's [Medical Conscience Rights Initiative](#), we provide educational resources on matters pertaining to the conscientious practice of medicine. We also partner with [Alliance Defending Freedom](#) and [Christ Medicus Foundation](#) to educate state-level policy makers about the importance of protecting health care professionals from mandates to perform procedures that violate their conscience. Arkansas, Ohio, South Carolina, Montana, and Florida have already enacted protective legislation. RFI looks forward to increasing its commitment to medical conscience in 2024.

There will likely be many challenges in the coming year facing those who provide life-affirming care. But RFI is committed to supporting health care professionals who heal, not harm, who care for, not kill. We will stand with them.

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