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Secularization of Healthcare: A Žižekian Model

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Abstract: In *The Sublime Object of Ideology*, Slavoj Žižek tells a story about Buddhist prayer wheels in Tibet as a model of secularization: a belief machine. When routine actions are being performed, the animating principles or belief are no longer foregrounded in the process. While the developers of the scientific method were mostly devout Christians and believed in God's direct involvement in the affairs of earth, carefully repeating situations through controlled experiments convinced them any potential variance in the processes they investigated could be ignored. Applied generally, through the process of secularization, religious acts are automated so that people can go about their business without requiring constant awareness of God's presence. While the foundations of science and innovations in healthcare have many connections with religion, the professionalization of medicine acts as a superstructure supporting the belief. A Christian hospital today is like a prayer flag in the wind: operating automatically through set policies but actualizing theology through its repetition of care.

Keywords: Secularization; Žižek; Healthcare

In his book, *The Sublime Object of Ideology,*[1] Slovenian philosopher Slavoj Žižek tells a story about Buddhist prayer wheels in Tibet as a model of secularization: a belief machine. The Buddhist monks write their prayers on little pieces of paper, then they place the paper into a closed wheel and turn it. The prayer becomes materialized, and the action of turning the wheel performs the prayer whether the monks are thinking about it or not. The prayer becomes mechanical. The extreme end of this metaphor is to attach the prayer wheel to a motor so that it is fully automatic. Another illustration – also found in Tibet – comes from prayer flags. Prayers are written on flags, and when the wind blows, the wind spreads the prayers and enacts them.

The crucial observation here is that when a person is actually doing an action, belief is no longer the focus. You do not have to laugh if a TV show's laugh track laughs for you. As Žižek states, "Do you believe too much, too directly?... Then kneel down, act as if you believe, and *you will get rid of your belief* – you will no longer have to believe yourself; your belief will already exist objectified in the act of praying!"[2] Through action, faith is no longer necessary. The action of faith actualizes the motive.[3]

Building on Žižek's explanation of belief, I develop a theory of secularization which can be applied to anything, but which I apply to healthcare specifically in this paper. Applied generally, through the process of secularization, religious acts are automated so that people can go about their business without requiring constant awareness of God's presence. This is seen clearly in the development of science and its applications today.

But this essay is specifically about the Christian role in the development of healthcare in the United States. A Christian hospital today is like a prayer flag in the

[1] Slavoj Žižek, *The Sublime Object of Ideology*, Nachdr., The essential Žižek (London: Verso, 2008), 34.

[2] Slavoj Žižek, *The Parallax View*, Short circuits (Cambridge, Mass. London: MIT, 2009), 353.

[3] There is much more to the idea of practice effectively replacing belief that I do not have time to go in-depth about here. But fuller arguments are found in more detail in *The Parallax View,* pages 346 – 354 and in *The Sublime Object of Ideology*, pages 31 – 42.

wind: operating automatically through set policies but actualizing theology through its repetition of care. Repetition is the key in how experimental science was set-up by Christians, how drugs and medical devices are developed, and the way the medical professional analyzes and categorizes a patient through a carefully trained gaze. Repetition is the way that a diagnosis becomes a prognosis. Repetition is the process by which care is quantified and assessed. Repetition is how a hospital as an organism is regulated by the secular state.

As a sociologist, Peter Berger defines secularization primarily on a social level – religious institutions and symbols are losing their power.[4] One area of pushback is that Berger cites the economy as the "the original 'locale' of secularization",[5] while I believe that a secular economy came into existence as a result of the scientific method. Scientists like Francis Bacon (1561 – 1626), developed experimental theory, and others like Robert Boyle and Robert Hooke would uses these repeatable experiments to deduce the ideal gas laws, created the systems of knowledge that allowed for the design of the machines – like the combustion engine. These were the machines that would drive the industrial revolution in the 1700's.

This essay begins with a description of the creation of the scientific method and how it achieved acceptance through its reproducibility. Focusing specifically on the application of the scientific method to healthcare and its reception in the United States, I then argue that repetition of stated values is the key thread in all elements of patient care and hospital operations. Finally, I apply Cécile Laborde's methodology in her book *Liberalism's Religion*[6] to the secular state's relationship with Christian hospitals, looking at how Christian hospitals remain in tension with demands for full repetition. I conclude with a plea that the religious origins of experimental science still be seen and appreciated in the current practices of medicine.

[4] Peter Berger, *The Sacred Canopy: Elements of a Sociological Theory of Religion* (New York: Anchor Books, 1969), 107.

[5] Ibid., 129.

[6] Cécile Laborde, *Liberalism's Religion* (Cambridge, Massachusetts: Harvard University Press, 2017).

Science

In telling the story of the rise of science in Christendom, this essay takes a longer view than is usually examined. Highlighting key points in Peter Harrison's book, *The Fall of Man and the Foundations of Science*, I describe how science emerged as a secular field within a Christian controlled Europe. Through the field of astronomy, physics was one of the first fields to be formalized, but the field of medicine would follow.

Brilliant minds throughout history have noticed a relationship between longevity and knowledge although the explanations for this relationship have changed. Pre-modern theologians started with the Biblical origin story of the fall of man in the Garden of Eden, where health and wisdom were originally God-given gifts presented to Adam and Eve in much larger quantities than we possess now. Adam died after 930 years on Earth and his son, Seth died at 912. Noah's Grandfather, Methuselah was the oldest person recorded, living to be 969 years old, and as tradition says, dying seven days before the flood. Originally, people explained these old ages by citing Adam's encyclopedic knowledge of medicine. "The legend of Seth postulated the existence of an 'oil of mercy' capable of relieving suffering and bringing renewed vitality."[7] Two separate writings, *Apocalypse of Moses* and *Vita Adae et Evae* both tell the story of Seth setting out on a quest for this 'Oil of Mercy'. "It is also Seth who plays the central role in transmitting the 'secrets' or 'mysteries' known to his parents, to posterity."[8] Those two writings also tell a story about Eve calling Seth and all of his sixty siblings to her on her deathbed. She instructs them to record everything that they have 'heard or seen' their parents say or do so that they would be preserved through time. These tablets were believed to contain medical knowledge, which some people reasoned was the cause of the old ages in the first chapters of Genesis.

The pre-modern European Christians were pessimistic about human knowledge, viewing it as in steady decline since the fall. Harrison focuses specifically on one of the

[7] Peter Harrison, *The Fall of Man and the Foundations of Science* (Cambridge, UK ; New York: Cambridge University Press, 2007), 164.
[8] Ibid., 20.

many possible mechanisms for this phenomenon: the potential loss of knowledge because of poor communication. Beginning with the story of the Tower of Babel, where the tower's construction was stopped "by the imposition of a 'second curse', the confusion of tongues. In the biblical history of the world, then, the basic causes of the decay of learning were clearly set out."[9] Human knowledge would not simply accumulate over time as various revelations were added together, knowledge would be lost between generations.

The rise of the scientific method and the dawn of modernism changed how people considered the relationship between longevity and knowledge. While people used to think that knowledge was a function of longevity, the field of medicine established that longevity could be a function of medical knowledge. This shift in cause and effect reasoning mirrors a secularzing process of epistemological emphasis between supernatural origins of knowledge and natural origins of knowledge in the seventeenth century. This is a transition between human knowledge being acquired through Godly revelation or through the scientific method.

If knowledge were primarily a function of longevity, it would follow that a person would have more divine experiences if a lifetime were longer and the increase of knowledge would be out of that person's control. However, if longevity were a function of knowledge, with everyone agreeing that longevity is desirable, then humanity's pursuit of knowledge would also be widely encouraged. This encouragement of man's ability to increase his own knowledge, without the requirement of direct divine intervention has led to the recent explosion of scientific knowledge. This debate has drastic epistemological consequences.

If the longevity of the patriarchs was not a result of their knowledge, then a different source of longevity had to be theorized, and the extra-Biblical stories that were told about creation changed their emphasis as this transition happened. A few writers contended that the world was just a healthier, fresher place before the deluge dramatically polluted the natural fountains of youth.

[9] Ibid., 168.

17th century anti-Catholic clergyman, George Hakewill "suggested that before the Flood, food was 'more wholesome and nutritive, and the Plants more medicinall'. The prevailing meteorological conditions, moreover, were thought to have been kinder to these first inhabitants of the world."[10] Nehemiah Grew "the father of plant anatomy" followed similar lines of logic when he claimed that the long lives were a result of a temperate climate and a simple diet that was corrupted during the flood.[11] These quotes all demonstrate the prevailing view during the lifetimes of Bacon, Luther, and Descartes: that longevity was a gift from God, and there was very little humans could do to impact their own life spans.

With few exceptions, people throughout time have agreed that a long life is good. In one of the more assertive examples in his *Discourse on the Method*, Descartes claimed that the maintenance of health is 'the chief good and the foundation of all the other goods in this life'."[12] Physician Philip Barrrow, author of *Methode of Phisicke,* which was one of the first Western medical textbooks, said that the chief 'secret of nature' was the means to lengthen life. Francis Bacon also agreed with this point of view writing about extending life as the ultimate scientific goal.[13]

The scientific method caused models of nature to change from enchantment to mechanical systems, which involves a secularization of worldview. In the 1500's people believed that all knowledge came primarily through divine revelation. Revelation was prioritized over experience. But if human sciences did begin somewhere, it would start in the heavens with astronomy and then move to medicine. These fields of knowledge could accommodate the pre-modern worldview, and then they would subvert it.

Martin Luther was clearly skeptical of humanity's potential to discover knowledge for themselves, and he did not fully trust human observation. He wrote in *Table Talk* that "Before Noah's flood the world was highly learned, by reason men lived a long time,

[10] Ibid., 166.

[11] Nehemiah Grew, *Cosmologia Sacra: Or a Discourse of the Universe as It Is the Creature and Kingdom of God* (London, 1701).

[12] As cited in Harrison, *The Fall of Man and the Foundations of Science*, 167.

[13] Ibid., 169.

and so attained great experience and wisdom."[14] He reasoned that Adam and Eve had the best knowledge of astronomy because they must have had perfect vision before the fall corrupted their senses, but he would make exceptions for astronomy. Harrison says that "When Luther asserts, for example, that 'here below' everything is incomprehensible, this particular phrase was not necessarily intended in a merely figurative sense. It is likely that it was Luther's conscious intention to exclude the celestial regions from the scope of his general skepticism."[15] Pre-modern Christians believed that the earth had been corrupted by sin, and therefore could not be trusted to follow consistent laws all the time, but the heavens were perfect and knowledge about it was expected to be known with certainty.

Francis Bacon was one of the first to apply mathematical formulas to knowledge gained by experiment – humans manipulating nature by controlling for certain variables. But even he wrote about epistemology as an act of direct revelation. "Bacon suggests that among the chief impediments to learning are 'shortness of life, ill conjunction of labours, [and] ill tradition of knowledge over from hand to hand'."[16] Revelation and experimental science were not in tension for him. Similarly, "Descartes also regarded 'brevity of life' as an obstacle to the acquisition and transmission of knowledge."[17] If knowledge were gained by revelation, then it followed that the longer one lived, the more opportunities they would have for truths to be revealed to them.

When Gallileo had created his first telescopes and was trying to prove the validity of the instrument to a group of pre-modern thinkers, he had to speak in pre-modern terms. Instead emphasizing that he has used math to determine the placement and curvature of lenses, he said that the idea for the telescope came "after first being illuminated by divine grace."[18] He did not have to make a scientific argument, because people were not yet familiar with that rhetorical system. He – and other early

[14] Martin Luther, *The Table Talk of Martin Luther*, trans. William Hazlitt, Bohn's Standard Library (London: George Bell and Sons, n.d.), CLX.

[15] Harrison, *The Fall of Man and the Foundations of Science*, 95.

[16] Ibid., 168.

[17] Ibid.

[18] Gallileo Galilei, "The Starry Messenger," in *Dialogue Concerning the Two Chief World Systems* (Doubleday, 1957), 28.

instrumentalists – needed to make theological arguments from revelation in favor of their instruments.

When pre-modern people encountered instruments for the first time, they understood them as tools for compensating for the corruption of the fall of humanity. As mentioned above, Martin Luther saw all human senses as being distorted in contrast to Adam, who was presumed to have had perfect perception. Joseph Glanvill, a Puritan philosopher, wrote about five instruments compensating for abilities that Adam would have had: the telescope, microscope, barometer, thermometer, and air pump.[19] The same arguments were made by Galileo, Robert Hooke, Blaise Pascal and Robert Boyle.[20]

There was still a major jump to be made from statements of personal opinion to generalizable statements of knowledge. The power of instruments came from their repeatability. When Galileo would demonstrate his telescope to people (for example showing them Jupiter's moons) people were still suspicious that a demon was making them see the images. Repeated public demonstrations, including demonstrations to religious leaders who people thought might be less likely to be deceived by demons were necessary for this fear to be allayed.

Thomas Locke also wrote his most famous work on the connection between knowledge and morality, *Essay Concerning Human Understanding*.[21] Locke wrote about how human nature had to be considered in claims about human-sourced knowledge, but he admitted that instruments – being non-human objects – could be exempt from some of the limitations of humanity. The key to knowledge from instruments was repeatability of results, but there was still plenty of which to be cautious. He wrote that instruments still did not always acknowledge the limits of reason, and knowledge gathered from them "require demonstration, and demand certainty, where probability is only to be had."[22] Just because a person looked through

[19] Joseph Glanvill, *Essays on Several Important Subjects in Philosophy and Religion* (London, 1676), 23.
[20] Harrison, *The Fall of Man and the Foundations of Science*, 203.
[21] John Locke, *Essay Concerning Human Understanding*, ed. A.C. Fraser (New York, 1959). Originally published in 1690.
[22] Ibid., chap. Introduction, 4.

a telescope 100 times, what was the probability that it would work again on the 101st time? Francis Bacon's Ideal Gas Laws seemed to work consistently, but would they still work tomorrow? The key was to continue reproducing the scientific results so many times that the skepticism would disappear. As results could be continuously repeated and independently verified, the probability of an error in measurement would approach zero, and eventually people would stop seeing experimental-based knowledge as second-tier. This was the epistemic change that allowed for a de-mythologized worldview in Europe.

After the scientific method was developed, our species' ability to acquire knowledge exploded exponentially, and it became ubiquitous through utilitarian arguments. However, even after the successes of present-day experimentalism, people are reluctant to fully embrace modern science and have maintained a skepticism that it will be unable to answer the questions that it has not yet answered. Although the scientific method uses skepticism to ensure its accuracy, skepticism in the method itself is not encouraged. Harrison shows that before the scientific method became widely used, the general consensus was that human longevity was primarily a gift from God and that there was very little that humans would be able to do to change this. However, the sentiment that experimentalism cannot answer some scientific questions persists.

Scientific Method Applied to Medicine

Cases for medicine would be made following the same theological pattern. Increasing health and lengthening life would help bring humanity closer to its pre-fall state, and if results were consistently positive, then people would eventually grow to trust the process that seemed to be creating the knowledge. Repetition was how views of causality would change.

Of course, changes in the field of medicine happened slowly. Since knowledge was still connected with morality, medical diagnoses through the 1800's often were intrinsically linked with moral judgements, so common diagnoses included "timidity,

irritability, mental laziness, and apathy."[23] Common treatments included giving people arsenic or mercury, shocking them with electricity, or recommending that they spend time in a warmer climate.[24] Hypnotism, and prayer were also seen as valid options, and although there was vigorous discussion about all of these methods, there was no singularly recognized technique for analyzing the effectiveness of various treatments.

During this wild-west period of medical history, there were frequent arguments about the validity of medicine in treating sick people. For many the worry was that medicine might treat a problem that came to exist for moral reasons – people might recover without experiencing full repentance for whatever got them sick. There was also moral value and character-building to be had by experiencing pain.

One interesting active discussion at this time was about if women should be given pain-killers during childbirth. The practice of "etherizing" women in labor was developed at Harvard by the dean of the medical school, Dr. Walter Channing.[25] Published in 1848, his 400-page book on the topic was titled, *A Treatise on Etherization in Childbirth Illustrated by Five-Hundred and Eighty-One Cases*.[26] His argument was that the use of chloroform and ether was safe for both mother and child, but and he included feedback from others about the morality of the procedure in his book. There were many critics of the procedure, arguing that the medication prevented the woman from being able to fully participate in the child-birthing process, which was said to be the highest love a mother could show for their child. Preachers argued that the procedure violated scriptural commands in Genesis 3:16, "Unto the woman he said… In sorrow

[23] Claire Badaracco, *Prescribing Faith: Medicine, Media, and Religion in American Culture* (Waco, Tex: Baylor University Press, 2007), 18.

[24] Ibid.

[25] Dr. Walter Channing was a fascinating person. He worked to develop the etherizing process after his wife delivered a stillborn son and died because of hemorrhaging during a 14-hour labor process. Walter was the one helping his wife to deliver the baby, and his experience convinced him that some births simply could not happen by fully natural means. He would publish his book on etherization ten years after his wife's death.

[26] Walter Channing, *A Treatise on Etherization in Childbirth Illustrated by Five-Hundred and Eighty-One Cases* (Boston: Ticknor & Fields, 1848).

thou shalt bring forth children."[27] Channing argued against this verse by claiming that the "sorrow" would come from the pain of misbehaving children as they grew up.

Medicine through this time period (1780 – 1850) was often summarized as "heroic". By performing actions that would shock the body, practitioners believed that they were attacking the disease and addressing imbalances.[28] Eventually these styles of treatment would lose favor as safer placebos were developed and the French medical school models became more popular in the U.S. Homeopathy, heroic medicine, and self-help medicine directly led to the creation of the American Medical Association (AMA) in 1847.[29]

The American Medical Association was the medical group in the U.S. that was intentionally secular in its methodology. The AMA was critical of homeopathy, grouping it together with non-American medicine and "volunteer missionaries."[30] Working to be distinct from spiritual methods the AMA mentioned "metaphysical causality" as being specifically irrelevant to their work.[31] The AMA would focus on chemistry and "evidence-based outcomes" over spirituality.

But the AMA did have solid competition, although often the reasoning may have been convoluted and was based on the field of healthcare being very broad. Samuel Thompson wrote *Botanic Family Physician* in 1822, and it sold thousands of copies.[32] Arguing for eating plants that people had grown themselves, this book would likely fit more within the category of nutrition today. Hydropathy – salted baths and wet sheets – offered another alternative to medical treatments, and a university was formed specifically for the discipline.[33] In a time when people did not bathe regularly, major

[27] Ibid., 142. One sermon was semi-creatively titled "Deliver Us from Evil".

[28] "English Caricature: Heroic Medicine--Bloodletting, Emetics, and Laxatives," *"Very Ill!" The Many Faces of Medical Caricature in Nineteenth-Century England & France*, n.d., accessed December 12, 2019, http://exhibits.hsl.virginia.edu/caricatures/en2-heroic/.

[29] Robert Fuller, *Alternative Medicine and American Religious Life* (New York: Oxford University Press, 1989), 23.

[30] Natalie Robins, *Copeland's Cure: Homeopathy and the War Between Conventional and Alternative Medicine* (New York: Alfred A. Knopf, 2005), 15.

[31] Ibid., 18.

[32] Badaracco, *Prescribing Faith*, 27.

[33] Fuller, *Alternative Medicine and American Religious Life*.

health improvements are likely to have occurred from these practices. Although since germ theory had not developed the cause-and-effect relationships between health and water were presumed to be very abstract. There were also numerous "temperance lecturers" who advocated for reducing consumption of alcohol as well as food. One lecturer, a Presbyterian minister named Sylvester Graham, also argued for general cleanliness as a spiritual practice.[34] All of these treatment systems likely had measurable health effects that can be causally explained with current scientific theory although they would be categorized as preventative medicine today.

Medical Processes

Initially focusing on the insane, American hospitals were an import from France, but their establishment was tied to the training of the medical doctors at Harvard Medical School, which led the field. Aligning with the AMA, the standardized environment of the clinic was beneficial to the new methods of medicine. The technique in the hospital was to diagnose a disease and then treat it instead of attacking it (as heroic medicine had done). One tool that became popular was the stethoscope, which was invented in the 1800's and gave doctors direct feedback about processes internal to the patient.

Under the leadership of Walter Channing, the AMA helped develop a unified system of medical education and spread their system globally.[35] The training system included standardized diagnoses and procedures with encouragement for researchers to meticulously document their results. The AMA's system quickly grew in popularity, becoming the largest system in American medical schools.

The next large step in American medical education was the Flexner Report. At the start of the 20th Century, there were 155 American medical schools, but they had wide variance in curricula.[36] Published in 1910 on behalf of the Carnegie Foundation,

[34] Badaracco, *Prescribing Faith*, 28.

[35] Ibid., 26.

[36] Hans Karle, "How Do We Define a Medical School?," *Sultan Qaboos University Medical Journal* 10, no. 2 (August 2010): 160–168.

and written by Abraham Flexner, the Flexner Report exposed Americans to the best practices in European medical schools and emphasized rationality in the care of patients.[37] It recommended practical education in addition to lectures, rigorous admissions criteria was established, all programs were set to four years, medical schools were required to have association with undergraduate universities, and evidence-based medicine was required to be taught.[38]

The standardization of the Flexner Report had the effect of making education difficult at schools that did not have the resources to make the required changes. This affected rural medical schools and schools working with marginalized populations the most. "As an aftermath, shortly after 1910, ten million American blacks were left with only two medical schools to produce essentially all of the black medical practitioners for the next 25 years."[39] If something positive could be said about other forms of medicine and healing, it would be that they were at least less expensive and more democratic.

The largest singular effect of the Flexner Report was that it standardized medical care in the United States and made the barriers to entry higher at the beginning of the 20th century. Around the same time – and with many of the same effects – the U.S. Department of Agriculture was assigned responsibility of enforcing the 1906 Pure Food and Drugs Act, which required food and drugs to be labeled accurately.[40] As the amount of work required for the enforcement of this act expanded, a separate branch called the Food and Drug Administration was established in 1930,[41] and drug approvals on the basis of "adequate and well-controlled studies" have been in effect since 1962.[42]

[37] Thomas P. Duffy, "The Flexner Report — 100 Years Later," *The Yale Journal of Biology and Medicine* 84, no. 3 (September 2011): 269–276.

[38] Karle, "How Do We Define a Medical School?"

[39] G. A. Johnston, "The Flexner Report and Black Medical Schools.," *Journal of the National Medical Association* 76, no. 3 (March 1984): 223–225.

[40] Office of the Commissioner, "The History of FDA's Fight for Consumer Protection and Public Health," *FDA*, last modified June 25, 2019, accessed December 12, 2019, http://www.fda.gov/about-fda/history-fdas-fight-consumer-protection-and-public-health.

[41] Ibid.

[42] Vanessa Burrows, "FDA and Clinical Drug Trials: A Short History" (n.d.): 21.

Today, every medical device or drug is a product of detailed testing accounting for a multiplicity of variables.

A chapter by John H. Evans, titled "After the Fall: Attempts to Establish an Explicitly Theological Voice in Debates over Science and Medicine after 1960",[43] discusses secularization of healthcare in the United States, specifically looking at events in the 1960's. This chapter discusses a three-part framework about how health was publicly discussed in the US: (1) in explicitly religious terms, (2) in secular terms that were translations of religiously stated ends, and (3) in debates over ends that were secularly stated and assumed. Applying the method of secularization as repetition, this three-step process in the public discussion can be viewed as effect of this. First the ends were stated in religious language. Then methods for best repeating these ends were developed with their religious origins generally forgotten. Finally, as diverse populations examine the ends, they notice contradictions and question the ends, but they frequently do not have the theological vocabulary to do so effectively.

In the 1950's and 1960's theological language was still common in medicine. Princeton professor of religion, Paul Ramsey, used the phrase "playing God" to describe the aspirations of some scientists at a 1965 conference.[44] Similar quotes were given after the first heart transplant and other major technological jumps.[45] The key is that scientific actions were commonly described in theological terms, and these still resonated with a public that was not entirely Christian. Evans's analysis does not stretch back far enough to see the obvious parallels in his framing and how 17th century scientists argued for acceptance of their developments. Once something becomes routine, the claims of "playing God" no longer feel relevant to most people.

Evans locates a hostility toward theology from the medical community starting in the 1970's. Public ethical discussions of medical ethics were less likely to involve explicit theological claims, and when theologians did speak, they were not often

[43] John H. Evans, "After the Fall: Attempts to Establish an Explicitly Theological Voice in Debates over Science and Medicine after 1960," in *The Secularar Revolution: Power, Interests, and Conflict in the Secularization of American Public Life* (Berkeley: University of California Press, 2003), 434–461.
[44] Ibid., 438.
[45] Ibid., 439–440.

received well.[46] Theological camps generally had decreased resources,[47] and there was a large divide between Evangelical and liberal Christians, which prevented them from preventing a unified case.[48] If dependability and reproducibility convinced people about the scientific method, Christians in the 70's were very diverse in their ideas, failing to produce or maintain consistent positions.

As explicit theological language about medicine lost favor in the eyes of the public, Christian bioethicists had to re-articulate their main claims. While Joseph Fletcher had argued in favor of maximizing *agape* in the 1960's, he argued in favor of maximizing happiness in the 1970's.[49] Ramsey had also made agape the basis of his ethical system, but he began arguing in favor of autonomy by emphasizing the importance of consent, which was an argument he found to be coherent for more contexts.[50] "Interest in religious traditions moved from the center to the margins of scholarly attention."[51] Previously religious conversations were translated into a purely secular vocabulary.

There are a few nuances to add to Evans's three-part story of the secularization of healthcare in the United States that come from fitting it in a longer narrative. First, the secularization of healthcare followed the general secularization of the "harder" (generally defined as more mathematical) sciences since the 1600's. This makes Evans's argument about secularization being just one of many possible outcomes[52] less clear, because there are more cultural forces that need to be explained away within a longer narrative. Second, he claims that "It reveals that the strategy of trying to speak to a collective public by translating to secular ends was probably the beginning of the end for the theologians' influence in this debate."[53] But he provides little evidence for

[46] Ibid., 443–444.
[47] Ibid., 446–447.
[48] Ibid., 447.
[49] Ibid., 448.
[50] Ibid., 448–449.
[51] Allen Verhey and Stephen E. Lammers, *Theological Voices in Bioethics* (Grand Rapids, MI: Eerdmans, 1993), 3.
[52] Evans, "After the Fall: Attempts to Establish an Explicitly Theological Voice in Debates over Science and Medicine after 1960," 457.
[53] Ibid.

this statement. Certainly, theologians were losing influence generally at the same time (with pluralism being a cited cause[54]) that they started making arguments based on secular ends, but the loss of influence was described by Evans in many places as the leading cause[55] with the change in vocabulary following.[56]

John H. Evans does quote H. Tristram Englehardt who argues a conventional secularization thesis about healthcare, specifically referring to it as an inevitable process.

> "The history of bioethics over the last two decades has been the story of the development of a secular ethic. Initially, individuals working from within particular religious traditions held the center of bioethical discussions. However, this focus was replaced by analyses that span traditions, including particular secular traditions. As a result, a special secular tradition that attempts to frame answers in terms of no particular tradition, but rather in ways open to rational individuals has emerged. Bioethics is an element of secular culture and the great-grandchild of the Enlightenment. Because the 1980s have been marked in Iran, the United States, and elsewhere by attempts to return to traditional values and the certainties of religious beliefs, one must wonder what this augurs for bioethics in this special secular sense. However, because the world does not appear on the brink of embracing a particular orthodoxy, and if orthodoxy is not imposed, as say in Iran or the Soviet Union, bioethics will inevitably develop as a secular fabric of rationality in an era of uncertainty. That is, the existence of open peaceable discussion among divergent groups, such as atheists, Catholics, Jews, Protestants, Marxists, heterosexuals and homosexuals about public policy issues bearing on health care, will press unavoidably for a neutral common language. Bioethics is developing as the lingua franca of a world concerned with health care, but not possessing a common ethical viewpoint."[57]

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[54] Ibid., 444.

[55] Ibid., 443.

[56] Ibid., 448–449.

[57] H. Tristram Englehardt, *The Foundations of Bioethics* (New York: Oxford University Press, n.d.), 5.

Evans does make a great point in arguing against Englehardt here, saying that just because a Christian ethicist is clear about their position as a Christian, and even if they continue to use theological terms, they are still doing better than a secular ethicist by stating their position and views clearly.[58] The secular medical ethicist claims to speak as a sort of "common denominator" but they are still smuggling religion into the discussions in the form of values latent in their vocabulary and assumptions.

In today's global capitalist world, medicine is also becoming a globalized, capitalist force. The book *Prescribing Faith*, by Claire Hoertz Badaracco, describes how medicine is often marketed in similar ways to religion. Badaracco talks about how medical discoveries are presented as news, even though the reporters do not often have the scientific background to produce nuanced headlines about the materials they are covering. "The American search for a healing presence today occurs in an electronic petri dish where private enterprise and the imagination of disease multiply in symbiotic relationships, creating a climate of hope through pseudo-events and branded promotion."[59] Americans are 5% of the global population but are 50% of the global prescription drug market.[60] The same free-market system also applies to hospitals.

The history of hospitals as institutions also follows John H. Evans's three-part history of theology in medical discussions. When many hospitals were founded, they had explicitly Christian missions that used Christian language. Now they generally use secularized terms, expressing their Christian values with language that would not be universally recognized as Christian, and their ends are currently being re-evaluated usually in secular terms. The branded marketing aspects are separated from the hospital to maintain the hospital's appearance of not being corrupted by the capitalist system, and overt religious connections may further this appearance, but the hospital can never escape the forces it exists within. It has to make enough money to continue its existence. Julie Livingston calls US biomedicine "highly capitalized" in contrast to

[58] Evans, "After the Fall: Attempts to Establish an Explicitly Theological Voice in Debates over Science and Medicine after 1960," 455.

[59] Badaracco, *Prescribing Faith*, 155.

[60] Greg Critser, *Generation Rx: How Prescription Drugs Are Altering American Lives, Minds, and Bodies* (Boston: Mariner Books, 2007).

"improvising medicine" in most African hospitals.[61] Because of their repeatability, this means that American hospitals are easier to secularize than in some other places.

There are still gaps, where religion is still widely seen to have a purpose. Chaplains are usually hired to fill in the gaps of the system of repeatability. When pain is not overcome, or when a desired end is not repeated, chaplains have to deal with the chaos. However, many of the things that hospital chaplains have been doing are increasingly seen as unprofessional, especially tasks including repentance, right belief, or right worship.[62]

Today, hospitals are tightly regulated by the state government and private agencies, which have become the arbiter of the secular ends of hospitals. This includes: continuing standardized educational systems, multiple required licensing systems for the hospital and its staff, and required board structures with responsibilities described by state law.[63] Insurance systems are also major determining factors in what exactly a hospital can afford to treat and what a patient can afford to get treated. Both Medicare and separate private regulatory systems (The Joint Commission being the largest) have their own sets of requirements for all hospitals. For example, Medicare requires that hospital Boards: approve medical staff credentials and bylaws, choose a hospital CEO, ensuring quality patient care, develop an institutional budget and operational plan, oversee contractors, and maintain emergency services. If either Medicare or The Joint Commission determines that a hospital is not doing everything to their standards, then they can effectively force a hospital out of business. The power of The Joint Commission is entirely unregulated.

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[61] Julie Livingston, *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic* (Durham & London: Duke University Press, 2012).

[62] H. Tristram Engelhardt, "The DeChristianization of Christian Hospital Chaplaincy: Some Bioethics Reflections on Professionalization, Ecumenization, and Secularization," *Christian Bioethics* 9, no. 1 (April 2003): 139–160.

[63] John D. Blum, "The Quagmire of Hospital Governance: Finding Mission in a Revised Licensure Model," *Journal of Legal Medicine*, no. Issue 1 (2010): 35.

One effect of all of these levels of regulation is that many hospitals are merging to reduce the fraction of their costs devoted to licensing.[64] Multiple branches of the same hospital is another form or repetition.

How the State sees the Hospital

A case study that can be used to examine the conflict of the ethical systems of religion and the secular state is the fraught nature of religious legal exemptions. Neither an absolute religion or an absolute good can be established, so tension remains. So on what basis can a secular state acknowledge that there should be religious exemptions? There are four options identified by Cécile Laborde in her 2017 book *Liberalism's Religion*, but none of them are satisfactory, and this comes from the issue that religion really cannot be simplified just to secularly stated values.

The first option that Laborde presents is called "Dissolving strategy". Developed by Ronald Dworkin, the dissolving strategy rejects religious exemptions out of hand because no coherent distinction can be drawn between the categories of religious and non-religious. When everything is defined as the product of human behavior, there are simply encouraged human behaviors and discouraged human behaviors.

The second option that Laborde presents is called "Mainstreaming". Argued by Christopher Eisgruber and Lawrence Sagar, mainstreaming groups religious exemptions with other protection categories like disability or vulnerable identities. The strength of this system is that the secular state can both acknowledge exemptions based on identity while not requiring that authority be ceded to it. Of course, people with religious identity are usually not happy with this categorization.

The third option that Laborde presents is called "Narrowing". Supported by Charles Taylor and Jocelyn Maclure, narrowing says that religion has a specific set of conscientious duties, for example maintaining community identity and fostering

[64] Theodosia Stavroulaki, "Integrating Healthcare Quality Concerns into the US Hospital Merger Cases, a Mission Impossible," *World Competition*, no. Issue 4 (2016): 593.

creativity. Within this view, religious identity is fully a subject of the state, and religious legal exemptions should only be granted if they will support the state. Within this model, a religious belief toward non-violence would not be grounds for a person to avoid a military draft, and bans on contraception would not be allowed if a country was overpopulated.

Synthesizing the three major views, Cécile Laborde argues that each of these justifications for religious exemption is based on a different model of religion. Because religious identity (and even Christian identity) is pluriform, various models should be used in different cases to justify the granting or rejection of religious exemptions. However, because all of these views maintain religion in complete subjection to the secular state, they are not fully satisfying.

Conclusion

As stated at the beginning of this essay, I believe that secularization is repetition. Secularization of repetition is not value neutral – repetition is just more predictable: easier to regulate and control. The value, whether good or bad, comes from what exactly is being repeated. If a self-sustaining system of care could be created (as some might think a hospital to be), then that would be positive. But if a hospital runs in a purely mechanical way where the professionals resent the patients and their responsibility to them, then care is not actually being repeated.

When the pre-modern people would look through a telescope, they thought it was a miracle every time they were able to see something. The worship of God animated the discoveries of Galileo, Newton, Bacon, and many of the other founders of the modern sciences. Secularization comes about when a miracle is repeated so many times that one forgets a miracle is occurring.

In some ways, this is a pre-modern argument: every time someone is healed through the work of a good doctor or a medication that has been tested thousands of times cures one more, a miracle is occurring. But this view is also an encouragement to

not be afraid of technological developments. They do not actually get rid of miracles, they repeat them.

In the metaphor of the prayer wheel praying when it rotates, repeated miracles are still opportunities that can glorify God. People may look at prayer flags in Tibet and just see nice flags, but they are still prayers if they were created to be that and if God sees them that way. If this essay is an argument for anything, it is advocating for an appreciation of everyday miracles, especially in medicine.

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