

Dear Teacher,

Nearly everyone wants a quick fix for this pandemic, either in terms of a cure or a vaccine or both. But against that wish, we hear warnings about the dangers of taking unproven medications or vaccines that haven't gone through the rigors of scientific testing. Those warnings may remind us of the principle sometimes applied in the medical field that says, "First, do no harm." Not many of us are in a position to comment authoritatively about the medical applications of that statement, but this is a good time to consider how "First, do no harm" is a de facto posture of the religious and spiritual life -- not the only posture, to be sure, but a starting place. So that will be the topic of this installment of *The Wired Word*. May God bless you as you teach the scriptures this week.

The Editorial Team of *The Wired Word*



'First, Do No Harm' Is Not a Simple Principle During a Pandemic

The Wired Word for the Week of April 26, 2020

In the News

Given the death and harm caused by Covid-19, there is a natural tendency among many to pin hope on any treatment that has even a possibility of helping in the fight against the virus, as well as to count on a vaccine against the disease being developed soon.

As an example, consider the rhetoric around the anti-malarial drug hydroxychloroquine. This past March, [a study](#) at the Institut Hospitalo-Universitaire (IHU) Méditerranée Infection in France found that treatment with hydroxychloroquine and azithromycin together was associated with improvement in all but one patient already near death out of 80 patients treated -- 78 of whom had recovered. Physicians in other countries have reported similar findings.

These drugs have a history of use over six decades; their main side effects and drug interactions are well known. Some medical professionals and researchers recommend their use, especially in severe cases, when "what have you got to lose?" becomes the dominant rationale. Even so, there is no *conclusive* evidence that it always will help against the current coronavirus.

At the same time, some others in the scientific community, including Dr. James Phillips, professor of emergency medicine at George Washington University Hospital, said Americans could be risking their health if they took a drug for a condition for which it had not been tested.

A vaccine is a different approach to the pandemic. A vaccine is not a cure after one has the disease, but rather an antigen administered to produce or highly increase immunity to the disease and thus prevent people from getting it in the first place. According to the World Health Organization, there are currently some 40 possible vaccines against Covid-19 in development. The Massachusetts-based firm Moderna, for example, started testing their vaccine on humans in March. But because of the standard protocols, it normally takes years of testing and studies before vaccines are declared safe for widespread usage. Some pathogens actually burn out before the appropriate vaccine is released.

Vaccine researchers say that rushing the process is risky and could result in harm to the recipients, including something known as "enhancement," where a vaccine actually weakens a person's response to a virus when they contract it.

Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Disease and the top infectious diseases adviser to the White House, said it could take 12 to 18 months for such a vaccine to be developed, and some medical experts say even that timeline is overly optimistic.

Because of the obvious urgent need for a vaccine against Covid-19, the Food and Drug Administration, the agency charged with ensuring the safety and efficacy of drugs used in the United States, has indicated that it will be flexible to accommodate approval for a workable vaccine in this case. But even so, it's unclear when or even if a vaccine for the coronavirus will be available.

Gary Kobinger, a virologist at Canada's Laval University, told *New Scientist* magazine: "We could have a vaccine in three weeks, but we can't guarantee its safety or efficacy." While at least one other vaccine inventor said it might not even be possible to create the needed vaccine (see the *Daily Star* article in the links list below), if Kobinger is right, many people whose lives are disrupted by the efforts to stop the spread of the pandemic might willingly try a hastily developed vaccine right now.

And regarding untested medications, some of those with the most severe cases of Covid-19 and facing possible death might take them, based on a "what have I got to lose?" attitude.

But is using untested drugs and vaccines the right move right now? Or is *failing* to use these drugs and vaccines due to a lack of prior exhaustive testing the right move now? Each course of action has risks, and none are certain.

More on this story can be found at these links:

[Fauci Said It Will Take 12 to 18 Months to Get a Coronavirus Vaccine in the U.S. Experts Say a Quick Approval Could Be Risky. *Business Insider*](#)
[Covid-19: Vaccine May Be Ready by Fall and Other Reasons for Hope. *MedicalNewsToday*](#)
[Coronavirus Vaccine May Never Be Developed, Warns Expert -- But It Could Burn Out. *Daily Star*](#)

Applying the News Story

The concerns about possible harm from taking medications not tested for the virus and using vaccines not fully vetted would seem to parallel the "First, do no harm" principle that many assume is in the Hippocratic Oath physicians take. On the other hand, the French IHU study specifically cites the Hippocratic Oath as a reason for *not* withholding the treatment from some. Withholding a treatment, they would say, would "do harm."

Either way, the exact phrase "First, do no harm," is not in the Hippocratic Oath. It comes from another work of the ancient Greek physician Hippocrates, called "Of the Epidemics." There, the statement reads, "The physician must ... have two special objects in view with regard to disease, namely, to do good or to do no harm."

The Hippocratic Oath does contain a different statement of "do no harm" principle, however: "I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous."

We have also learned that while some medical schools ask their graduates to abide by the Hippocratic Oath, others use a different pledge, and some use none at all. What's more, sometimes a doctor might need to do some harm (such as an amputation), but with the goal to save a patient's life, and thus, overall, do that patient good.

Dr. Robert H. Shmerling, senior faculty editor of *Harvard Health Publishing*, said that the modern interpretation of the 'first, do no harm' principle is "doctors should help their patients as much as they can by recommending tests or treatments for which the potential benefits outweigh the risks of harm." (For more on this, see Shmerling's article, "[First, Do No Harm.](#)")

Nonetheless, shortening Shmerling's definition to "do no harm" is a useful way to crystallize decisions about when to recommend the use of unproven drugs and vaccines in desperate times.

While it is not our intention in this installment of *The Wired Word* to offer an opinion on such medical decisions, we are taking this opportunity to examine the religious and spiritual applications of "First, do no harm."

The Big Questions

1. In terms of the practice of our Christian faith, should "First, do no harm" be thought of as a bare minimum or as the main thing? Explain your answer.
2. In teaching children to "be good," how should we deal with the fact that the not-so-good stuff often seems more interesting and alluring? How do you deal with that reality yourself? Where's the thrill in being good?
3. Suppose someone tells you that a married couple you know is going through a rough patch in their relationship. What would be a good way to apply the first-do-no-harm principle to that information?
4. If "do no harm" should come first spiritually speaking, what, if anything, should come right on its heels as second?
5. In all too many cases, "do no harm" doesn't help: Both action *and* a lack of action may potentially "do harm" while, at the same time, each may provide a benefit. After a crisis or event in which you sought to do no harm, how do you measure whether your response was the right one or, rather, one you wish you hadn't tried? How does our knowledge that God will forgive our mistakes help us in situations where a decision is required, and no decision looks completely risk-free of harm?

Confronting the News With Scripture and Hope

Here are some Bible verses to guide your discussion:

Leviticus 19:2, 11-14

... You shall be holy, for I the LORD your God am holy. ... You shall not steal; you shall not deal falsely; and you shall not lie to one another. And you shall not swear falsely by my name, profaning the name of your God: I am the LORD. You shall not defraud your neighbor; you shall not steal; and you shall not keep for yourself the wages of a laborer until morning. You shall not revile the deaf or put a stumbling block before the blind; you shall fear your God: I am the LORD. (For context, read 19:1-18.)

The commands in Leviticus 19 are part of the holiness code of ancient Israel. At the beginning of the chapter, God commands the people to be holy as he is holy, and then God goes on to spell out some of what being holy means, and a good bit of it fits into the category of doing no harm:

Do not steal
Do not deal falsely
Do not lie
Do not defraud your workers
Do not create problems for the handicapped
Do not render false judgments
Do not slander
Do not take vengeance

It's not all doing no harm, of course, and in verses 9-10, God commands some good that they should do: "When you reap the harvest of your land, you shall not reap to the very edges of your field, or gather the gleanings of your harvest. You shall not strip your vineyard bare, or gather the fallen grapes of your vineyard; you shall leave them for the poor and the alien: I am the LORD your God."

Leviticus 19 is also where the statement about loving one's neighbor as oneself first appears (v. 18), a statement that was one of the two great commandments Jesus affirmed (Matthew 22:36-40). That's a command to do good, but in the Leviticus context, part of loving our neighbors is doing them no harm.

Questions: If part of loving our neighbors is doing them no harm, what are some ways we can best do them no harm in these days of the pandemic? What are some examples during these days of the pandemic of doing good for one's neighbors?

Matthew 5:39

But if anyone strikes you on the right cheek, turn the other also ... (For context, read 5:38-42.)

This is a first-do-no-harm command from Jesus in that he is talking about *pulling our punches*, of not using all the power at our disposal. Many people find it counterintuitive. It perhaps leaves us feeling that while we have the ability to be Floyd Mayweather, we come off like Chicken Little.

Nonetheless, Jesus practiced what he preached: "When he was abused, he did not return abuse; when he suffered, he did not threaten; but he entrusted himself to the one who judges justly" (1 Peter 2:23).

TWW team member Frank Ramirez, a Church of the Brethren pastor, comments, "This is an essential text for the Historic Peace Churches (Mennonite/Amish, Brethren, Friends) when it comes to biblical nonresistance, but I believe it could be badly misinterpreted if some people were to use this as a proof text for doing nothing in the face of Covid-19, simply going about their business and ignoring regulations and good sense. That seems to be what some people are doing or suggesting we do. This highlights the need for group interpretation rather than individual interpretation. The consensus of the science and medical communities and sensible leadership seems to be that we resist in more positive fashion -- wearing masks, practicing social distancing, isolating, and opening portions of society in a restrained and cautious manner, rather than simply opening schools and the economic community and accepting the deaths that will occur. (These are usually assumed to be other people's deaths). Whereas nonviolent resistance was an essential element of the Civil Rights movement, which was meant to change hearts and not just laws, I wonder if the same methods would backfire against circumstances where no heart or law is involved?"

Questions: When Jesus spoke about cheek-turning, do you think he was using a provocative image to make a point, and if so, what is the point? Or did Jesus mean this literally? Explain.

Luke 6:31

Do to others as you would have them do to you. (For context, read 6:27-36.)

These are the words of Jesus commonly referred to as the "Golden Rule." As it stands, it encourages positive action toward others, but if stated in the flip-side version, it would be "Don't do to others as you wouldn't have them do to you." In that form, it's a first-do-no-harm command, but still in keeping with the intention of the Golden Rule.

Often, to behave as followers of Jesus in our interactions with others we need to apply both the positive statement of the command as well as the flip side: First, do no harm to the other person and second, do what is helpful. Martin Luther in his *Small Catechism* does this with each of the commandments. For example, the commandment "You shall not murder" means that "We should fear and love God so that we do not hurt or harm our neighbor in his body, but help and support him in every physical need." There's a parallel to this in medicine as well, as this quote from *Harrison's Principles of Internal Medicine*, indicates:

The goal of cancer treatment is first to eradicate the cancer ... The dictum [first, do no harm] is not necessarily the guiding principle of cancer therapy. When cure of cancer is possible, cancer treatments may be undertaken despite the certainty of severe and perhaps life-threatening toxicities.

Every cancer treatment has the potential to cause harm, and treatment may be given that produces toxicity with no benefit. ... and most treatments are given to the point of toxicity. ... Irrespective of the clinical scenario, the guiding principle of cancer treatment should be ... "first hasten to help."

Question: When in your interactions with others should "First, do no harm," be overridden by "First, hasten to help"? Can you think of a circumstance in your experience where more harm was done by doing than might have occurred by not doing?

James 2:14-17

What good is it, my brothers and sisters, if you say you have faith but do not have works? Can faith save you? If a brother or sister is naked and lacks daily food, and one of you says to them, "Go in peace; keep warm and eat your fill," and yet you do not supply their bodily needs, what is the good of that? So faith by itself, if it has no works, is dead. (For context, read 2:14-26.)

Questions: What are some other terms for "works"? After reading these verses, what do you think James' view of "First, do no harm" would be? Why?

For Further Discussion

1. Respond to this, from Reuben Job, from his book *Three Simple Rules*: "Each of us knows of groups that are locked in conflict, sometimes over profound issues and sometimes over issues that are just plain silly. But the conflict is real, the divisions deep, and the consequences can often be devastating. If, however, all who are involved can agree to do no harm, the *climate* in which the conflict is going on is immediately changed. How is it changed? Well, if I am to do no harm, I can no longer *gossip* about the conflict. I can no longer *speak disparagingly* about those involved in the conflict. I can no longer *manipulate the facts* of the conflict. I can no longer *diminish* those who do not agree with me and must honor each as a child of God. *I will guard my lips, my mind and my heart so that my language will not disparage, injure or wound another child of God. I must do no harm, even while I seek a common good.*"

2. During this pandemic, the first-do-no-harm principle is being [applied in some hospitals](#) not only to patients, but also front-line medical-care workers. Steps are being taken to especially protect three groups of workers:

- teammates who are over 65 because they are at greater risk of poor outcomes with this virus.
- employees that are immunocompromised may have challenges with normal disease and thus, this virus is substantially more challenging than average.
- pregnant employees.

Here are some of the questions being considered:

- Is it helpful to place this employee into the risky environment?
- Is there truly nobody who does not fit an at-risk category who can perform the job?
- Is this employee taking on additional risk because of some other reason?

What spiritual parallels might there be to these concerns?

3. Consider this: In 1739, a small group of people in London approached Rev. John Wesley asking for his guidance for living spiritually upright lives. He organized them into a group to meet weekly for the purpose of spiritual growth and moral examination, and he gave them three general rules to guide their behavior. The second and third of these were, respectively, do good and practice the spiritual disciplines (attending worship, pray, study the scriptures, fast, tithe, visit the sick, etc.). Those two might well have been expected advice for spiritual development. But before mentioning those, Wesley stated his first principle: Do no harm.

4. With the first-do-no-harm principle in mind, comment on this: In the mid-1990s, Bill Moyers had a TV special featuring theologians, novelists and others talking together about the book of Genesis. When they got to the Cain and Abel story, they all agreed that Cain was the bad guy, but they also said that from the story angle, he was the more interesting character. Abel, who does all the right things and is approved by God, didn't generate nearly as much discussion or interest as did Cain. One of the writers even said that without Cain, there wouldn't have been the conflict necessary for creating a good story.

To what degree should "good story" or excitement quotient be a measure of how we should serve God?

5. A well-known -- but anonymous -- political commentator has stated: "The cost of politicizing the disease is it locks people into positions. In fact, dealing with an epidemic is an exercise in adaptation." This sort of politicization may have arguably come into play, when, after (Republican) President Trump noted that hydroxychloroquine may be useful for treating the Wuhan virus infection, the (Democrat) governors of Nevada and Michigan banned its use in such treatments. (Both have since backed off and stated that they were only trying to prevent a run on the drugs.) None of these are medical experts -- and, arguably, the government has no authority to interfere in medical treatment -- yet each made comments or authorized the use of force on one side or the other.

What are some actions you can take to avoid getting locked into a political position and to be open and adaptive?

6. Some people are turned off by the condemning comments of some Christians, comments which the hearer perceives as "doing harm" by judging them or their views. How do we speak the love of God to others without conveying judgmentalism?

Responding to the News

This is a good time to look at troubled relationships. You may have to consider how you can apply the first-do-no-harm principle. Also pray for God to enable you to see where you should first do something else.

Prayer

Help me to do no harm, O Lord, and also to do good. But in those circumstances when I am unsure which action is best and I make the wrong choice, please forgive me. In Jesus' name. Amen.