56 William F. May, *Testing the Medical Covenant*, 69, 70.
57 Hessel Bouma III, Douglas Diekema, Edward Langerak, Theodore Rottman, and Allen Verhey, *Christian Faith, Health, and Medical Practice* (Grand Rapids, MI: Wm. B. Eerdmans Publishing, 1989), 83–94. It should be mentioned that these authors seem to define “inclusive” differently from Allen and May. Bouma et al. speak of the inclusive covenant as Christians in covenant with God and with all of creation. Allen, in most of his writing, speaks of all living things within the inclusive covenant in that their value as God’s creatures is affirmed in such a concept (see Allen, *Love and Conflict*, 39). Like Bouma et al., May seems to refer to the mandate of the New Covenant to spread the message of Christ to all of humankind (see May, *Testing the Medical Covenant*, 53; May, *The Physician’s Covenant*, chap. 4).
58 Ibid, 94.
60 Spykman, *Reformational Theology*, 359.
63 For more on these cultural differences and changes to these practices in recent years, see M. Costantini, G. Morasso, M. Montella et al., “Diagnosis and Prognosis Disclosure among Cancer Patients. Results from an Italian Mortality Follow-Back Survey,” *Annals of Oncology* 17 (2006): 853–9; James Hallenbeck and Robert Arnold, “A Request for Nondisclosure: Don’t Tell Mother,” *Journal of Clinical Oncology* 31 (2007): 5030–4; Kerry W. Bowman, “Cultural Pluralism in Health Care: A South African-Canadian Comparison,” *Annals of the Royal College of Physicians and Surgeons of Canada* 35 (2002): 114–6. It should also be noted, however, that some Christians believe that paternalism, withholding the full truth, and outright deceit may be justified in medical settings if motivated by a desire to help the afflicted achieve ultimate union with God. This position has been articulated by the Eastern Orthodox bioethicist H. Tristram Engelhardt Jr. in *The Foundations of Christian Bioethics* (Lisse: Swets and Zeitlinger, 2000).
67 Ibid, 72.
69 Romans 8:26b.