

Letters

Let's Not Underestimate the Complexities of Sin and Sickness

I appreciated Madueme and Cho's article on the theology of medicine (Hans Madueme and Joel Cho, "Every Square Inch: A Brief Theology of Medicine," *PSCF* 77, no. 4 [2025]: 246–56), particularly their reminders about the Christian roots of medicine and the goodness of creation, and their "big picture" approach demonstrating compatibility and integration of faith and science. There is no arguing their point that sickness and suffering should not be accepted and that we should work to alleviate it. However, I do question their assumption that "all diseases and ... death itself ... result from the fall of Adam and Eve." I also wonder if they pay insufficient attention to the complexities of disease in both medicine and theology.

First, although none question the ubiquity and inevitability of sin in the world, the concept of an original and dramatic fall from perfection is being increasingly questioned in theological discourse (which the authors briefly acknowledge in an endnote). The Hebrew term translated "good" is usually interpreted as functional goodness rather than something akin to Western perfectionism. "Death" is often interpreted as spiritual, not physical (evidenced by the continued existence of Adam and Eve outside the presence of the Lord). It is also likely that the first humans suffered as a result of the goodness of creation—they might have fallen from a height, injured themselves and experienced pain and suffering (gravity and pain both being good but having unwelcome side effects).

Furthermore, the concept of sin in the Bible is complex, with references to communal as well as individual sin, and conceptual intertwining of sin and its consequences and of sin and demonization. Although there are some associations between sin and sickness in the Bible, these are inconsistent. Indeed, Jesus does not explain why people are unwell, he simply heals them. On occasion he points out that sin is not a cause of disease (John 9:3); quite often he notes that evil spirits are a cause of disease (Matt. 9:33, 17:15–18). Given Jesus's teaching on compassionate care for one's neighbor, one does not need a doctrine of the fall to validate medical care.

From a scientific perspective, disease, disorder, disability, illness, and injury are all complex, and it is helpful to distinguish between them, especially in academic discussions. Not all such conditions are bad: fever aids healing, pain reminds us of a need to rest, allergies are a protective response exaggerated in some people, and anxiety reminds us of our need to give our burdens to

Christ. Most disorders have subjective as well as objective elements, and I appreciate the article's support of holistic approaches. Interestingly, the authors, despite claiming that all disability is due to the fall, suggest that not all "should be treated," implying, as is common in disability studies (especially the social model), that some disabilities may be a result of creational diversity (e.g., ADHD, autism, deafness) or societal limitations. However, they then confusingly state that not all disabilities should be treated because medicine has its limits; this is a capacity rather than a moral/ethical statement.

Although the article's title acknowledges its "theology of medicine" is "brief," I do think it is helpful to emphasize the multifactorial nature of disease in both medical and biblical teaching. We can appreciate the complexity of God's good creation and care for it without assuming all problems are a result of the "fall."

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Authors Respond to Janet Warren

We're grateful to Janet Warren for taking the time to read and comment on our brief theology of medicine (Hans Madueme and Joel Cho, "Every Square Inch: A Brief Theology of Medicine," *PSCF* 77, no. 4 [2025]: 246–56). While we will be clarifying some misunderstandings and areas of disagreement, we appreciate this opportunity to engage with a fellow physician, theologian, and sister in Christ in the spirit of cordial dialogue. What follows is our attempt to address some of Warren's concerns.

First, Warren writes: "the concept of an original and dramatic fall from perfection is being increasingly questioned in theological discourse." That's true, but we disagree with such theologians and hold to the historic doctrine of the fall. In our opinion, modern scholars who reject a historical fall seem to be driven more by scientific metanarratives than by the text of Scripture (for discussion, see Hans Madueme, *Defending Sin: A Response to the Challenges of Evolution and the Natural Sciences* [Baker Academic, 2024]). In addition, we purposely avoided "perfection" language in our article, preferring to emphasize the absence of sin in the prelapsarian state.

Incidentally, although Augustine is usually the one in the crosshairs, it is worth recalling his belief that the prelapsarian situation had ample room for growth—after all, Augustine held that glorified saints will be unconditionally immortal and incapable of sinning, neither of which was true of Adam and Eve before they fell. In other words, even if Augustine sometimes used

“perfection” language, his actual theology was more nuanced.

Second, Warren points out that most OT scholars interpret “good” (Gen. 1:10, 12, 18, 21, and 25) and “very good” (1:31) as “functional goodness.” However, our argument does not hinge on the exegesis of the Hebrew word *tov* alone. Rather, our claim that original creation was without sin or evil flows seamlessly from the doctrine of *creatio ex nihilo* (creation from nothing). Since God created the world from nothing (Gen. 1:1; John 1:3; Rom. 4:17; Heb. 11:3), the original creation must have been sinless because it necessarily reflected his holy character. Hence, the Christian tradition historically insisted that the causal origin of sin lies in the creature rather than the creator (the presence of the serpent points to the reality of the devil, but that’s a separate issue—sin entered the world because of Adam’s sin, not the angelic fall).

All this is crucial for a theology of medicine: if we say that pathology and disease are built into creation from the outset, then sickness would simply be part of how God made the world from the beginning. If that’s the case, then we are implying that the Eternal Son created pathology as part of the goodness of creation and then turned around in the incarnation to heal those same pathologies he instigated—pitting Jesus the Creator against Jesus the Healer! Affirming the historicity of the fall avoids such theological incoherence.

Third, Warren’s argument that “death” in Genesis 2 and 3 is spiritual, not physical, is common in evangelical literature on science and faith. Exegetically, however, we believe that “death” was both spiritual and physical. Moreover, Paul writes in Romans 5:12 that “sin came into the world through one man [Adam], and death through sin”—and from the context of vv. 12–21, death is meant primarily in the physical sense (though spiritual death is implied too). Paul removes any ambiguity in 1 Corinthians 15:21 when he contrasts Adam’s death with Christ’s resurrection: note, crucially, that both are physical.

Fourth, Warren suggests that Adam and Eve “likely suffered as a result of the goodness of creation.” While Scripture is not explicit, there is experiential and exegetical evidence against the presence of any prelapsarian suffering or illness. In our view, accidental injury or death would have been impossible in the world of Genesis 1–2, where Adam and Eve existed in perpetual shalom (injuries and illness clearly disrupt shalom). We do not know how God would have maintained such a state of being, but the fact that everyone East of Eden dreads illnesses and injuries implicitly harks back to a time of shalom when there was no sin. Exegetically, too, Scripture promises an eschatological future when

we will live forever in the new heavens and new earth where “death shall be no more, neither shall there be mourning, nor crying, nor pain anymore, for the former things have passed away” (Rev. 21:4; cf. Isa. 25:8). Why would God make such promises if illness and injury were part of the original goodness of creation?

Fifth, we agree that the Bible’s teaching on sin is multifaceted. Warren states that, “Given Jesus’s teaching on compassionate care for one’s neighbor, one does not need a doctrine of the fall to validate medical care.” We take her point, but we respectfully suggest that this perspective is incomplete. Once we recognize Adam’s fall and its implications, patient care becomes that much more poignant, its significance even more glorious. Medicine is eschatologically charged, a fight against the effects of Adam’s sin, waiting for Jesus to return in glory. This distinctive contribution of a Christian theology of medicine is lost if we jettison a historical fall.

Sixth, Warren is correct that we could have stated our position on treating disabilities more clearly. Here’s Take 2: We do not hold the view that disabilities such as autism and deafness ought to be accepted merely as “creational diversity.” Autism and other such disabilities result from the fall; it is therefore a worthwhile endeavor to advance medical technology and to actively pursue efforts to treat all such disabilities. However, while we are open to the possibility that certain “official” medical diagnoses are simply misclassifications of creational diversity, we firmly hold the principle that all disabilities originated from the fall. Our position also recognizes our creaturely and technological limitations, cautioning against a treatment-at-all-cost mentality that can have unintended consequences and cross ethical boundaries (e.g., experimenting with the embryonic stem cell treatment of autism).

In conclusion, while we recognize that our position on the fall is controversial in modern academia (as we acknowledged in the article), we maintain that this historic and biblical position is vital to a Christian theology of medicine. Herman Bavinck remarked, “The two truths or facts by which all of Christian dogmatics is governed are (1) the fall of Adam and (2) the resurrection of Christ.”¹ Just so. Although it may be tempting in the Western intellectual milieu to downplay or deny the role of the fall in medicine, we demur. The cure is worse than the disease.

Note

¹Herman Bavinck, *Reformed Dogmatics*, ed. John Bolt, trans. John Vriend, vol. 3, *Sin and Salvation in Christ* (Baker Academic, 2006), 38.

Respectfully,

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