

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