

Social responsibility for health as a global bioethical principle – a Protestant participation in the discussion with UNESCO

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Abstract

The fact that the Protestant faith tradition was not involved in the discourse during the development of the Universal Declaration of Bioethics of Human Rights (UDBHR) of the United Nations Educational, Scientific and Cultural Organization (UNESCO) has made the universality of the declaration and specific article 14 (social responsibility in health) a point of contention and hampered full support of the document by the Protestant faith tradition. This study has shown, however, that the broad Protestant faith tradition may support the UDBHR and specific article 14 in its call to social responsibility to health because this global appeal can be grounded on the Bible. This discussion also gives a preliminary ethical perspective on the *Life Esidimeni* tragedy.

Key words

Health; social responsibility; UNESCO; Trinity; Kingdom of God; Life Esidimeni

1. Introduction

In 2015–2016, more or less 146 psychiatric patients died of hunger and neglect after the Gauteng Department of Health (Gauteng is a province in South Africa) had moved them from a private hospital (*Life Esidimeni*) to several substandard NGO facilities with the purpose of saving costs. This tragic event is described as the biggest human rights transgression in the history of democratic South Africa. A report by the health ombudsperson names amongst others the violation of the following human rights: the right to human dignity, the right to a good environment, the right to access to health services and the right to food and water. It is generally accepted

that the Gauteng Minister of Health (MEC Qedani Dorothy Mahlangu) has to be held responsible for these human rights abuses (Treatment Action Campaign, 2018). However, is she the only one to be held responsible?

In 2005, the United Nations Education, Science and Cultural Organization (hereafter UNESCO) accepted the universal bioethical principle and human right of article 14 (and 14 other principles) of the Universal Declaration of Bioethics and Human Rights (hereafter UDBHR or Declaration). Article 14 has the title “Social responsibility and health” and is articulated as follows (UNESCO 2006):

1. The promotion of health and social development for their people is a central purpose of governments that all sectors of society share.
2. Taking into account that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, progress in science and technology should advance:
 - (a) access to quality health care and essential medicines, especially for the health of women and children, because health is essential to life itself and must be considered to be a social and human good;
 - (b) access to adequate nutrition and water;
 - (c) improvement of living conditions and the environment;
 - (d) elimination of the marginalization and the exclusion of persons on the basis of any grounds;
 - (e) reduction of poverty and illiteracy.

The UDBHR is an especially important declaration, as the text was accepted by all member states in 2005 (IBC 2008; Ten Have & Jean 2009), which means the declaration with its 15 bioethical principles is the first in the history of bioethics and currently the only bioethical (political) text to which all governments in the world, including South Africa, have committed themselves (UNESCO 2006).

The research problem is of a dual nature.

First, a UNESCO bioethicist Tham (2014) points out that during the development process of the Declaration there was only one short meeting where religions could make an official contribution; however, only Islam, Confucianism, Buddhism, Hinduism, Roman Catholicism and the Jewish faith tradition were present (IBC 2004; Ten Have & Jean 2009; Gallagher

2014). Tham indicates further that no contribution was made by the broad Protestant tradition to the development of the UDBHR. Ten Have (2016), previous director of the Division of Ethics of Science and Technology at UNESCO, confirms the dilemma:

It is clear that given the short time frame for drafting the declaration (2003–2005), the development of the text and the resulting consensus has been vulnerable to criticism since not all relevant actors could be consulted while others did not feel represented by the experts involved.

In order for a declaration to be truly credible and representative, a specific religious discourse and support cannot exclusively serve as permission for global bioethics. From a UNESCO perspective, it is important to engage in a dialogue with the Protestant faith tradition, which could render the UDBHR (and art. 14) more representative and thus broaden the claim to universality.

Second, from a Protestant perspective, it has to be kept in mind that the UDBHR, according to the Foreword, regards itself as “universal principles based on shared ethical values” (UNESCO 2006), also known as “common morality”, which forms an independent meta-theory. Briefly, *common morality or shared ethical values* mean that people with different life and world views, or “reasonable doctrines”, according to Rawls (1993), could agree with each other about universal values or “overlapping consensus”. In contrast, people with ethical arguments based on a specific religious tradition might be regarded as showing partiality, thus preventing cooperation. Universal values have their own presuppositions as regards human needs and the common goals of society. Religious citizens have to accept these presuppositions *prima facie* and therefore common morality or shared ethical values are not self-evident or simple matters. The fact that UNESCO involved so many faith traditions at the outset of the discourse on the development of the UDBHR confirms the truth that many faith traditions are extremely uncomfortable with accepting moral principles that do not come forth from their life and world view (Padela 2017). It has to be accepted that there are different moral foundations for moral principles. In this regard, Padela (2017) writes the following from a Muslim perspective:

Recognizing different bases for moral obligations is critical to deliberations about international law in general, and to discussions about the applicability of the United Nations Educational, Scientific and Cultural Organization's (UNESCO) Declaration on Bioethics and Human Rights to Muslim societies in specific.

The desirability and necessity of a methodology of theological (religious) development of own reasons (grounding) for the UNESCO universal bioethical principles are globally recognised and applied by UNESCO itself in the book series *Religious Perspectives* (see Tham 2014; Tham, Kwan & Garcia 2017; Tham 2018). According to Rawls (1993), consensus on universal values is only possible if such values can be motivated “from its own point of view”, which means that universal values such as those of article 14 has to be grounded on certain own faith traditions. The UNESCO bioethicist and text interpreter Martínez–Palomo (2009) supports this point of departure when he contends “... people need ... defining social responsibility for health in their own terms, so that there is collective ownership”, an assumption that is supported by Tham (2018), also a UNESCO bioethicist. Rawls (1993) is of the opinion that if citizens cannot offer reasons from their own religious or philosophical tradition to support bioethical shared values, these shared values would have no validity and the social order would disintegrate.

From about 2014, there has been a new development in Protestant theology and ethics that focusing on the grounding of universal bioethical principles and was introduced by the publication of two intensive studies, namely *Covenantal Biomedical Ethics for Contemporary Medicine. An Alternative to Principles-Based Ethics* by Rusthoven (2014) and *The New Testament and Bioethics. Theology and Basic Bioethics Principles* by Macaleer (2014). It is remarkable that a similar development is also found in Roman Catholic theology (see Clark 2014), the Muslim faith tradition (see Padela 2017) and Daoism (Nie 2013). The theological question is formulated as follows by Vorster (2017), a Protestant theologian:

A Christian ethical approach should start with the main question, and that is the question of the theological foundation for human rights and the responsibilities they impose on man.

Macaleer (2014) clearly shows that no Protestant has truly given in-depth attention to a theological grounding of modern global bioethical principles and his book deals with a Protestant theological grounding of four universal bioethical principles described by Beauchamp and Childress (autonomy, beneficence, maleficence and justice). Macaleer (2014) summarises these as follows:

As outlined by Beauchamp and Childress, these principles are based on what they call the common morality. Thus, the principles have no specific theological foundation; this book attempts to give those principles a Scriptural foundation.

The lack of a theological grounding brings the research question to the fore: Can the universal value of article 14 of the UDBHR be motivated on the base of a broad Protestant perspective and thus be accepted as a universally shared value? The present article serves as a discourse by and with the broad Protestant tradition with the aim, on the one hand, of making the UDBHR more representative, and on the other hand, to offer own (theological) reasons with a view to counteract possible alienation, to strengthen the validity of the declaration and to affect a stronger impact in this way. The central theoretical statement of this discourse is that there are sufficient own reasons within the broad Protestant theology to accept article 14 of the UDBHR and therefore promoting the principle can be seen as part of the calling of the Christian community.

What is meant by *Protestant*? Relevant to the theme of social ethics, Matz (2017) writes the following:

For Protestants, Scripture is the ultimate authority for faith, life, and doctrine, and this is no less true in the field of social ethics ... Scripture is foundational for Protestant social ethics ...” (see also Pauls & Hutchinson 2008; Van Leeuwen 2014).

In his probing study on natural law, Vorster (2015) concludes that Protestantism in general does not respond negatively to the founding of global bioethics in natural law, but that it connects the Bible with shared values (therefore this study broadly contrasts the Catholic tradition which predominantly focuses on natural law as foundation for global bioethics). He continues by contending that the second commandment (Exod 20:4–6)

poses knowledge of and living according to the Bible as a duty and states the following:

Hiermee word ten diepste ’n belangrike fundering vir Christelike morele handeling geelê. Uiteindelik bied die geskrewe Woord die beginsels vir die etiek en is dit ook die toetssteen van alle etiese kodes en handeling [With this, at the very base, an important foundation for Christian moral actions is laid. Ultimately, the written Word provides the principles of ethics and it is also the touchstone for all ethical codes and acts.] (see also Witmer 1953; Rusthoven 2014).

Executing the aim of this article consists of two facets. In the first place, in order to indicate satisfactory own reasons, it is important to investigate and construe the denotation of article 14 of the Declaration as UNESCO would understand it. With a view of construing a “UNESCO perspective”, the focus in the investigation will be solely be on official material of UNESCO and interpretations of the Declaration by commentators. In the second place, having acquired sufficient understanding of article 14, a theological evaluation and grounding will be undertaken. This methodological approach takes place following the above-mentioned *Religious Perspectives* series of UNESCO.

2. The concept

To execute the aim of the study, the discussion now proceeds to investigate and construe the denotation of article 14. The UNESCO Declaration formulates the title of article 14 as “Social responsibility and health” (UNESCO 2006), which is an indication of what this human right and universal bioethical principle deals with essentially, namely social responsibility for health. The specific meaning of article 14 will now be analysed according to its different aspects.

The *first aspect* deduced from the title is that this principle deals with responsibility. *Responsibility* indicates a moral duty to do something and accept liability when the duty is not performed. It is precisely the meaning of the statement that article 14.2 deals with the fundamental right of every human being. It means, according to UNESCO (2008), that an onerous moral duty or responsibility rests on everyone to execute article 14 and to

accept liability when the duty is not performed (UNESCO 2008; Martínez-Palomo 2009).

The *second aspect* indicated by the title is that *social* responsibility exists. The word “social” is opposed to “individual” and refers to the coexistence of people. The UDBHR distinguishes between individual (art. 5) and social responsibility (art. 14). Article 5 reads as follows:

The autonomy of persons to make decisions, while taking responsibility for those decisions and respecting the autonomy of others, is to be respected.

Included in *autonomy* as concept is the right to define, prioritise and strive for own interests (Ten Have & Jean 2009). Historical evidence of human existence, however, indicates that humans coexisting has not always recognised and lived up to a responsibility for each other. Coexistence, of which the family is a special example, spontaneously brings a realisation of duty to the fore (IBC 2010). Article 14.1 connects with this historical reality by using the concept “their people”, where the possessive pronoun “their” indicates that people who live together are connected to each other, and recognising their connectedness they live up to it. People thus recognise each other as “their people” and should therefore not focus on their own interests only, but they have a responsibility towards each other (Semplici 2014; Gefenas 2009).

The *third aspect* indicates there is an *express social responsibility as regards health*. This aspect concerns three matters indicated by article 14.1: *first*, how health has to be promoted (art. 14.1); *second*, on which *specific matters* development has to focus (art. 14.2 a–e); and *third*, reasons *why social responsibility in respect of health are so important* (art. 14.2).

First, health has to be promoted by means of social development. According to the IBC (2010), ascertaining the meaning of social development is not a simple task at all, because a variety of definitions of both the concepts of *social* and *development* exists; however, the IBC presents the following broad explanation of the concept of *social development*:

Any social change that improves one of the areas mentioned here (access to quality health care and essential medicines; access to adequate nutrition and water; improvement of living conditions

and the environment; elimination of the marginalization and the exclusion of persons on the basis of any grounds; reduction of poverty and illiteracy) is in itself a social development that should be promoted by governments and all sectors in society.

Also Semplici (2016) circumscribes social development as the improvement of social determinants of health. It concerns the improvement of “access” to matters promoting health. According to the *Bioethics Core Curriculum* (Section 1), social development implies the reduction of social economic factors that have a negative influence on health, e.g. poverty (UNESCO, 2008). This statement connects with article 14.2, which states, however, that social development, through the application of science and technology, has to lead to “advance” where improvement and progression are particularly necessary. It is clear that certain weaknesses have to be changed so that improvement can be effected. Social development, improvement and progression can be brought about by several methods and approaches, for example by good policy, initiatives aimed at the health of the public and the population, transnational cooperation, well-functioning national bioethical committees, quality assurance, focus on global health risks and the media, to name a few (IBC 2010; UNESCO 2008). Article 14.2, however, highlights two matters, namely “science and technology”, which have to be employed in particular to bring about improvement and progression. The combination of science and technology are already mentioned in the Foreword of the UDBHR (2006):

Considering the desirability of developing new approaches to social responsibility to ensure that progress in science and technology contributes to justice, equity and to the interest of humanity.

An example is the use of science, research and resultant technology to improve the very necessary vaccines or to develop new ones (Martínez-Palomo 2009, Semplici 2014). Scientific progression through research increases the availability of more effective therapies, surgical techniques, medicines and technical instruments for diagnosis and treatment (IBC 2010; Semplici 2014).

Second, the above quotation from the study of the IBC (2010) refers to the five matters (art. 14.2a–e) on which social development has to concentrate with a view to promote health. These five matters are closely connected

with health and therefore they are known as health determinants, also described as socio-economic or social determinants of health, which have a big influence on health (Martínez-Palomo 2009). The IBC (2010; see also Martínez-Palomo, 2009; Semplici 2014) states the following in this regard:

The context of people's lives determines their health, not less than their genetic inheritance and their personal choices and way of life. The greatest share of health problems is attributable to the social conditions in which people live and work.

Article 14.2 (a–e) mentions the following five matters as the main objectives of development (Semplici 2014) :

- Access to quality health care and essential medicine
- Access to sufficient food and water
- Improvement of living conditions and the environment
- Elimination of marginalising and excluding people on any grounds
- Reduction of poverty and illiteracy

Third, reasons are briefly given *why* the promotion of health is regarded as a universal duty or what the basis is on which the call to the promotion of health is grounded (see Semplici 2014). The *first reason* is found in article 14.2, which states explicitly "... that the enjoyment of ... health is one of the fundamental rights of every human being ..." By "fundamental right" is meant that the right to health has to be accepted as a positive right, which implies that it is not enough to prevent harm to health, but that something positive has to be done actively such as the use of new medicines or building a new school (Semplici 2014). The *second reason* is found in article 14.2a, namely that "... health is essential to life itself ... and human good". Health is regarded "as an end in itself" and not merely as a means to an end. It means that the promotion of health should not only be seen as a public and social good, as health gives expression to the human dignity of the individual, even before health attains any social value. Health contributes to individual wellness, joy of life and social participation. It goes hand in hand with an action-theoretical idea of health as biological and mental features that enable the individual to pursue his or her goals in life (IBC 2010). The *third reason*, according to 14.2a, states that health "must be considered to be a social ... good".

The reasons are, according to the IBC (2010),

... the strong links between health, welfare and social participation
... There is no doubt that having healthy citizens is a benefit to society and that health is a social or public good. The health of individuals contributes positively to general social conditions.

The *fourth aspect* suggests that social responsibility for health is a command directed at a national as well as international level. The concept “their people”, according to the International Bioethics Committee of UNESCO (hereafter IBC 2010), indicates the following: “Governments have a first and primary obligation to the people for whom they are directly responsible”, namely the citizens of the State (UNESCO 2008). Although the primary responsibility of the State and all sectors is “their people”, this article cannot be interpreted in such a way that responsibility does not have a global scope. Article 14.2 states that “health is one of the fundamental rights of every human being”, which indicates people outside the borders of a specific State (see articles 22 and 24 of the UDBHR). The IBC (2010) summarises the right as follows:

... there is an obligation to help other countries, which is increased in so far as more resources are available and the governments abroad lack the means to protect the health of their people’ (see also Semplici 2016).

The *fifth aspect* refers to responsibility for health as a *shared* activity, which lays down the principle that everyone in society has a responsibility for the health of the other. Nobody in society can deny responsibility for the health of the other (IBC 2010). It is clear that article 14.1 assigns a social responsibility to the State. The State has the most powerful means to its disposal, namely legislation and taxation (Semplici 2014). It is not only the State, however, that has a social responsibility, but according to article 14.1, the rest of society “share[s]” this social responsibility with the State (Semplici 2014). Article 14.1 refers to “all sectors” in society and in the context of the UDBHR, it could be stated that according to article 2.1, “all sectors” in society could include individuals, groups, communities, institutions and organisations in the public and private sectors. According to the IBC (2010), the “groups” in article 1.2 also refers to religious groups:

“The stakeholders are numerous ... communities identified, for example, by religious beliefs ... and others”.

The *sixth aspect* refers to the fact that social responsibility has to be a *central goal* of the State and all sectors in society. This aspect is deduced from the fact that article 14.1 declares that the social responsibility to promote health should be “a central purpose” of the State and all sectors of society, which means that health should be regarded as more important than other responsibilities and therefore ought to be prioritised.

There is, however, realism built into this fundamental right in the sense that promotion of health should achieve the “highest attainable standard of health”. It means realising this right is contextually defined, which means that there will be limits and challenges (Semplici 2014). The concept of *the highest attainable standard of health* refers to what is attainable now but can change to a new achievable and improved standard (Semplici 2016).

To sum up, UNESCO, and therefore the global community, recognises promotion of health as a social duty, not only of the State, but also of everyone in society, including the church. This principle serves as a global protection against environmental factors that continually threaten the health of the human being.

3. Theological perspective

3.1 Fall into sin: resistance against social responsibility

Having analysed article 14 of the UDBHR, it will now be theologically evaluated and grounded on biblical principles.

In formulating a biblical perspective on social responsibility and health as this right is verbalised in the UDBHR, two matters have to be kept in mind. The *first* is that the Bible does not present a modern systematically designed doctrine about or blueprint of social responsibility and health, because the different biblical documents date back to different periods and focus on different contexts (Vorster 2007; Guthrie 1973). *Second*, the Bible is an antique text that does not address all modern problems or concepts and therefore care has to be taken not to read ideas into Scripture. Article 14 or aspects of it should not be forced into the Bible (Vorster 2007). It does

not mean that a biblical perspective on social responsibility and health is impossible. Van der Walt (2010) is of the opinion that Scripture does indeed offer clear answers to the questions whether the believer has a social responsibility regarding health and what it would comprise (see also Rae 2016).

In a Protestant perspective on social responsibility and health, the point of departure is the concept of the fall into sin and the fallen nature of the human (Guthrie 1973). According to Douma (1997), the theme of sin is of great significance for bioethics, while Vorster (2017) is of the opinion that the fall into sin has great significance for a perspective on human rights and religion. The Old Testament in Genesis places the emphasis on the fact that the human being and the whole society have lost the condition of innocence and perfection and now exist in a state of sin and chaos. Genesis relates the first murder and reveals the reality of a fallen social order. Maggay (2017) writes the following:

It was not long after this that the existential question, “Where are you?” was followed by the social question, “Where is your brother?” The refusal to accept human limits – “you shall be as God” – soon issued in the refusal to accept human solidarity – “am I my brother’s keeper?” (Gen 4:9).

Shortly after the fall into sin, the question of social responsibility was put before the human, but rejected, however, by the answer of Cain. The issue of social responsibility came into being as a human problem with the fall into sin (Witmer 1953). Refusing social responsibility is also continued into the New Testament (Lk 10:31–32; Jas 2:15–16; Guthrie 1973).

The New Testament continues to recognise the fallenness of the social order. The world is clouded in darkness (Jn 1:5; 1 Jn 1:5 ff.). The created reality is in a painful condition (Rom 8:22). The basic social unity, the family, which is praised for its social responsibility by caring for its children, is nevertheless described by Jesus as intensely sinful (Mt 7:11). If this is true of family relations, the same evil can also be expected in the broad society; therefore, Jesus refers to the social order as unbelieving and maleficent (Mt 17:17) and warnings against social evils are found throughout the New Testament (Rom 1:24 ff.; Col 3:5 ff.; 1 Pet 4:3 ff.). Among these, excessive drinking relates to health. In the light of this description, Guthrie (1973) remarks the following:

The consequence of this must be a warping of social responsibility. No longer does man use natural resources for the good of all, but for selfish ends.

The fall into sin brought the reality and possibility of negating social responsibility and in this sense the theme of the fall forms the biblical justification for the need of article 14 of the UDBHR.

In contrast to the implication of the fall into sin, Scripture offers the human being the message of salvation in Christ, who saves the human from enmity towards God and self-centredness. The Christian is now living a life based on a new society (Col 3:1), because he/she has moved from the sphere of darkness into light (2 Cor 4:6; Col 1:13). According to Witmer (1953), the believer is a new human being now, which has definite social implications (2 Cor 5:17). The implication of the salvation is described as follows by Guthrie (1973):

The consequence of this is that redeemed man finds himself with an entirely new set of values and yet remaining in his former alien environment. A tension must at once develop between his former way of looking at social responsibility and his new principles in Christ.

Subsequently, an investigation will be made into two values that could form part of a Biblical claim to social responsibility and health which challenges Genesis 3. Several Protestant theologians such as Douma (1997), Macaleer (2014) and Vorster (2015) support a thematic treatment of Scripture in ethical evaluation. As is clear from the Lausanne Movement (1982), an in-depth study could be grounded on the Christian doctrine of God and the human being. More specifically, two doctrines or themes are relevant here, namely the doctrine of the Trinity and the doctrine of the kingdom of God.

Regarding the first doctrine, the Lausanne Movement (1982) states the following point of departure:

Again, as in evangelism so in social responsibility, we discern the fundamental basis for our actions in the character of God himself ... we find that there is a Trinitarian basis for our social duties, just as there is for our evangelistic outreach.

Whereas the first doctrine focuses on the Trinity (see also Nkansah-Obrempong 2009), the second focuses on the kingdom of God, as Mott (2011) puts forward:

The Reign of God is a central biblical concept that incorporates the imperative for social responsibility into God’s goals in history.

This second grounding is also supported by (Guthrie 1973), the Lausanne Movement (1982) and Callahan (2017).

3.2 The Trinity: a challenge to social responsibility

As the *first starting-point*, a possible grounding of social responsibility according to the doctrine of the Trinity will now be discussed and evaluated. The Trinity is a relational co-existence of three Persons, who are connected in such a way that they form one unique Being (Bridger 1995; Stott 2006). One of the characteristics of God the Father is love (1 Jn 4:8), which is essentially a centrifugal characteristic. It becomes clear when the three Persons in the Trinity assume responsibility for each other in their coexistence, e.g. by loving the Other (Jn 3:35) and holding on the Other, never leaving or deserting the Other (Jn 8:29, 16:32). God answers Jesus’ prayers (11:41–42), shows Him what to do (Jn 11:49–50) and gives Him strength, because Jesus cannot do anything on his own (Jn 5:19; König 2012). God did not abandon or ignore Jesus in the dark state of death, but He was co-responsible for raising Jesus from death (1 Cor 15:4; Acts 2:32; König 2014). The Holy Spirit supports Christ in preparing for his work on earth (Joh 3:34).

God the Father moves outwards with his love: “God’s active presence (in the world) grows out of and expresses the inner reality of his actions,” as William Dyrness puts it (quoted by Nkansah-Obrempong 2009). In his coexistence with the human, God also assumes responsibility for the human. God does not only love Himself, but his love is all-inclusive, which means it includes the whole world of the human community (Joh 3:16), and according to Guthrie (1973), “... testifies to the strong sense of involvement which God has with His creatures”. Another essential aspect that is relevant to the theme of social responsibility is the fatherhood of God and the accompanying metaphor of the family of God (Eph 2:19, 3:14; Guthrie 1973). An analogy can be drawn between the family and

society as the family is essentially a microcosm of the larger community. A father assumes responsibility for his family by taking care of them (Mt 6:26) and by disciplining them (Heb 12). God is, however, also a God of justice and compassion. God's character is such that He does justice to the oppressed and provides food and health to those that are hungry and sick (Ps 146:5–9; Lausanne Movement 1982; Stott 2006). The work of Christ also serves as an example of social responsibility. Christ carried the burden of sin for the human on the cross and brought about reconciliation in this way, something the human could not do him-/herself (2 Cor 5:19; Gal 6:2). About this work of love of Christ, Guthrie (1973) writes the following: "The reconciling work of God in Christ is fundamental to a true approach to social responsibility". Christ is furthermore also the image of the social responsibility of God the Father when He draws attention to the oppression of humans and poverty, as well as to feeding hungry people (Mk 5:15–19; Lausanne Movement 1982; Macaleer 2014; Beyer 1965). One of the first gifts of the Spirit is love (Gal 5:22), which gives believers the will to recognise social responsibility and give expression to it.

The nature of God as being socially responsible serves as an example that has to be followed by the human (Guthrie 1973; Nkansah-Obrempong 2009; Lausanne Movement 1982). Because the human is created in the image of the triune God, who coexists as three Persons, the human is a social being that also coexists with others (Bridger 1995; Stott 2006); indeed, it is not good the human is alone and therefore God created the human as a social being with social responsibilities (Gill 2017). This conclusion is confirmed by the fact that social responsibility is not merely a stated duty after the fall into sin, but a gift of creation just like natural law before the fall into sin (Rom 2:14–15). God created man and woman as a twosome unity in which they complement each other in a social coexistence, namely marriage. From marriage flows forth the coexistence of the family members and of members of society. God, however, created the woman as a help for the man (Gen 2:18), from which the innate reality and command to accept social responsibility can be deduced (Gill 2017). Because social responsibility is a creation gift, it can now be expected that social responsibility will be a command and a duty in the Old Testament. In society, the community of the faithful have the responsibility to help each other in a variety of circumstances (Lev 25:35). It is accepted that people assume responsibility

for themselves and their families. Society is responsible for help in the form of food, housing and clothes (Isa 58:6–7). Social responsibility means society should not tolerate people being neglected (Ezek 16:49; Prov 11:29; Rae 2016).

Because social responsibility is a gift of creation, a call for social responsibility is also found in the New Testament. In the light of the inter-Trinitarian love and the love of God for the human, Guthrie (1973) remarks, saying, “The importance of love in social responsibility cannot be over-emphasised”. The human loves God because God loved the human first and this love alleviates the needs of others (1 Jn 3:17–18, 4:19; Lausanne Movement 1982). Paul writes in Galatians 5:13 that believers should serve each other in love. It is notable that this love moves out to the other, it is an each-other-act that wishes to serve the other human being. Precisely because Christ loves the human (Phil 2:1), the believer is called to a love that does not give preference to self-interests: “Each of you should look not only to your own interests, but also to the interests of others” (Phil 2:4; Rae 2016). Acts presents a remarkable window on the realisation and execution of social responsibility in the early church. From Acts 2:42–45 (and Acts 4), it is clear that people and their coexistence were not ignored, but that a social responsibility was acknowledged. In this section of Acts, it is seen that people shared their abundance with others (Rae 2016). As regards the care of widows in Acts 6, Guthrie (1973) expresses his opinion as follows:

The maintenance of widows was a social problem which the Christians at once faced with reference to their own members (Acts 6) ... It would seem certain, therefore, that the sense of social responsibility was strong towards those within the fellowship who were in real need.

In addition, in respect of a global lack of food, the church revealed a sense of social responsibility (Acts 11:28). Referring to Paul, as well as the events of the cross, where Christ carried the burdens of the human, Guthrie (1973) comments as follows:

Paul’s exhortation, “Bear one another’s burdens, and so fulfil the law of Christ” (Gal. 6:2), is based on the assumption that his readers had strong social responsibilities to see that other people’s needs were merged with their own.

Social responsibility is worked out by Paul particularly in the image of the church as the body of Christ, which indicates that the church or body cannot function with only one member of the body, but that the different members of the church need each other, just like the different parts of the body need each other to take care of each other (1 Cor 12:14–25; Bridger 1995). In the same way, the different members of society have to take care of each other. In the context of social responsibility as a gift of creation, the metaphor of the church as the bride of Christ is also significant. Being a helper as the bride of Christ, the church has the responsibility of helping others (Eph 5:22–33). In the light of the different metaphors, Guthrie (1973) comes to the following conclusion: “There is therefore a built-in sense of social responsibility within the new community of the Church”.

Based on the grounding of social responsibility on the nature of the church, the attention is drawn to a few other important facts in the New Testament. In Galatians 2:10, Paul says the poor should not be forgotten (Satyavrata, 2016) and he organises a collection of gifts for the church in Jerusalem (Rom 15:25; 1 Cor 16:1–4; 2 Cor 8:9; Guthrie 1973). Paul clearly outlines social responsibility in 1 Timothy 5:8 in his instructions, when he writes the following:

Anyone not providing for his relative, and especially for his immediate family, has denied the faith and is worse than an unbeliever is.

It can be added that your work (income, wealth, privileges) should not only serve your own interests, but it also has social implications as it you to care for others (Eph 4:28; Rae 2016). Alleviating the need of people cannot bring about salvation, but it is a sign of salvation (Ja 2:14–26; Lausanne Movement 1982; Callahan 2017).

An important aspect is raised by Nkansah-Obrempong (2009), namely the grounding of the concept of *development and health* in the doctrine of the human being as co-creator (*creatio continua*) of the creating God: “We become co-creators with God in managing and utilizing creation for our human, economic, political and social development”. According to Hefner (2005), the concept of *co-creator* is a theme relevant to ethics, especially bioethics. From Genesis 1–3, it is clear that God created from chaos in such a way that human beings have enough to provide in all their needs and to

pursue a good and healthy life. Before God created the human being, He had already created the physical world from chaos and developed it with several kinds of resources needed by humans for their well-being. God created the human in his creation or paradise and in this way he opened up and made access to sustenance possible (Nkansah-Obrempong 2009). This creation of God continues historically as *creatio continua*, which indicates that God is creating new possibilities from the existing creation between *creatio originalis* and *nova creatio*. Moltmann (1985) gives as definition for *creatio continua*, saying, “The historical activity of God has cosmic dimensions: it brings the whole cosmos into a new condition”. The Hebrew word *bara*, which denotes God’s mighty creation at the beginning, is used more regularly for the continuing creative activities of God in history. From a poorly developed environment (chaos, bare mountain tops, desert areas, arid land, harsh world), God is creating and developing new conditions to promote health. These new conditions are a good environment and living conditions (cedars, thorn trees, myrtles, a world of fountains, good roads), as well as food and water (olive trees, fountains) (Isa 41:17–20, 43:18–21; Ps 104:30). It is now expected from the human being as the image and co-creator of God to create and develop, from the chaos, new conditions that will promote the health of the human. Polkinghorne (2006:60) states the following:

This unfolding process of *creatio continua* is the way in which creatures explore and bring to birth the new possibilities that emerge from the inherent fruitfulness with which the creation has been endowed.

In general, it is understood that the primary social responsibility of the Christian is exclusively directed at the own Christian community. Indeed, the above description of social responsibility is found in the Old Testament theocracy and the New Testament church. Although the above examples are found in a theocracy and the church, Paul nevertheless gives the following balance:

Therefore, as we have opportunity, let us do good to all people, especially to those who belong to the family of believers (Gal 6:10; Guthrie 1973).

It means the social responsibility towards “their people” can be prioritised (Rom 12:13), which, however, does not exclude a duty towards all and others (Witmer 1953). The fact that all people are created in the image of God (Gen 9:6) implies that all people have a responsibility towards each other (Macaleer 2014) and in that sense the world are brothers and sisters of each other (Amos 1:9). Because God does good to all people (Mt 5:44–46; Ps 145:9), the human being is commanded to do good to all people (Gal 6:10). The human being has to promote the common good (Douma 1997). VanDrunen (2009) explains that Jeremiah 29:7, in its call to do good to people in a foreign country who contrast you in belief and identity, has a bioethical meaning, namely that the health worker has a social responsibility towards the whole community (see also Gill 2017). Bridger (1995) sums up the message of the Bible, saying, “There exists an irreducible responsibility between members of society to care for one another ...”. In the light of the above and similar reasoning, the Lausanne Movement (1982) is of the opinion that social responsibility is grounded on the doctrine of the Trinity and has to be regarded as a duty and consequently the appeal of article 14 can be supported.

3.3.1 Kingdom of God: a challenge to social responsibility for health

Because the idea of social responsibility for health has not been raised pertinently up to now, the kingdom of God will now be discussed.

According to Vorster (2007), the kingdom is an comprehensive and all-inclusive concept that is of great significance for social ethics:

Its significance (kingdom of God) for social ethics lies therein that it relates God’s reign to whole of creation, all spheres of human life, to the world and history.

The kingdom forms a central theme in the Bible, because Christ emphasised his message of the good message of the kingdom (Mt 4:23). The Old Testament states the triune God is King, which means He reigns over the whole creation, the world, all spheres of human life and history (Ps 103:19; Vorster 2017). The New Testament continues the theme when mention is made of the kingdom of God (1 Cor 4:20), the universal power and cosmic reign of the Son, who was raised from death (Mt 28:18; Eph 1:10; Col 1:13–15; 1 Cor 15:27), and the governance of the Spirit in the kingdom (Rom 14:17). The parable of the yeast underlines the cosmic meaning and the way

of Christ's work (Mt 13:33). Christ is the first sign of the kingdom (Lk 17:21; Mt 18:20) and his reign through God deals at the very base with combatting and destroying sin and evil in this world (Col 2:15; 1 Jn 3:8). Christ's reign snatches people from darkness (Col 1:13) and brings deliverance from sin and reconciliation with God. Especially, Christ conquered death. The kingdom brings salvation (Gill 2017).

Christ's work does not merely concern spiritual matters but includes the fullness of human existence (Vorster 2017; Nkansah-Obrempong 2009). It becomes clear during the exorcism, which is a special sign of Christ's kingdom, where evil is conquered and Christ's reign, which is directed at the improvement of people's lives (Mt 12:28; Lk 11:20), reveals the character of God as love, justice and goodness. Furthermore, it can be pointed out that Matthew 12:28 gives the assurance that the kingdom of is not only a future reality for which we must pray and expect (Mt 6:10), but a present reality, because where people's lives are improved, "the kingdom of God is within you" (Mk 1:15; Lk 17:21). Healing (health) and miracles serve as signs of the coming of the kingdom (Mt 4:17; Lk 4:21). Where people are healed, the kingdom of God is working and visible (Lk 10:9). According to Christ, healing is a core aspect of his work on earth (Mt 11:4–6, Lk 4:4–20; Hurding 1995). The Lausanne Movement (1982) supports this point of view:

The fourth sign of the kingdom was the healing and the nature miracles – making the blind see, the deaf hear, the lame walk, the sick whole, raising the dead (Lk 7:22), stilling the storm, and multiplying loaves and fishes.

Healing is such an important matter in the kingdom that Jesus points out that those who heal people, truly participates directly in healing his wounds (Mt 25:36, 40).

The establishment of the church is part of God's reign. The church functions in the broader kingdom and forms a sign, a visible embodiment of the reign of God (Lausanne Movement 1982). Believers and local church members in whom the kingdom is found are co-workers in the kingdom (Col 4:1). They are called upon to seek the kingdom of God and its accompanying righteousness first of all (Mt 6:33). According to Vorster (2017), the words "kingdom of God" and "righteousness" refer to what God does and "seek" indicates that his followers should imitate Him. The followers of Christ

(the church) as image bearers of God are called upon to display the reign of God in executing an ethical responsibility (righteousness) towards the “all and whole” of life. As has been indicated, the kingdom of God is a broader and more comprehensive concept than church. God’s responsibility and actions are not found in the church only, but He reigns over everything. Just as Christ is not only the head of the church, but of everything, so the believer does not only have a church-directed command, but also a broader and kingdom-directed command to participate in the kingdom, which also includes areas outside the church, for example society. From this, it can also be deduced that believers are not only called for work in the church, but also for an occupation and responsibility outside the church, directed at building up the broader community. To seek the kingdom of God is to proclaim the gospel of salvation, but also to proclaim and promote ethical implications. The church is one way in which God moves into the world and reigns and works by means of preaching of the gospel and the principles of the kingdom (Mt 18:16; 28:16–20).

It has already been pointed out that healing and health form important aspects of the kingdom and the ministry of Jesus. According to Van der Walt (2010), the two concepts of kingdom and social responsibility as bioethical duty with regard to health is particularly emphasised when Christ points out that believers should act as salt in society (see Mt 5:13–14; see also Van Wyk 2015). Even though salt burns severely, it has, according to Van der Walt, the important function to disinfect, which indicates the healing and bioethical connotation of the image. In 2 Kings 2:19–22, a reference to salt as a symbol of a medicament that purifies polluted water, thus preventing infection, sickness and death, can be understood as background to Matthew 5:13 (Maleya Mautsa 2001; Ajayi & Oke 2013). In Ezekiel 16:4, the use of salt has a health-related bactericidal function to promote the hygiene of babies and also serves as background to understand the salt metaphor in Matthew (Garlington 2011). In addition, it can be deduced that like salt also has the functions of preserving (e.g. keeping food fresh) and improving (e.g. taste of food), believers also have the social responsibility of preserving, improving and healing. Social responsibility is not a choice but a duty, because Christ says that believers are salt and light and not that they should be salt and light.

Within the theme of the kingdom of God, the theme of the Good Samaritan forms a special example of social responsibility towards a sick person (Lk 10:25–37; Dowdy 2011; Evans 1995). To Heyd (2018) social responsibility for health is deduced from the fact that the Good Samaritan helps a sick person in need by bandaging his wounds and taking him to a place of care. According to Heyd, two matters relevant to social responsibility can be deduced from this parable: a) it is not only the task of the doctor or State to assume social responsibility for health but the responsibility of all people, also the foreigner; b) the fact that the Good Samaritan undertakes to pay all possible medical costs (v 35) underlines the value of social responsibility for health. In his theological discussion of article 14, Durante (2018) sums up the meaning of the Good Samaritan as follows:

A sense of responsibility to care for the health of others is evident in biblical passages, in which Jesus Christ told parables, such as that of the Good Samaritan ... Christianity is a religious tradition with a deep-seated concern for social responsibility in healthcare ...

In a community, sick people cannot be ignored as if they do not exist. It is clear that the Levite and the priest did not accept and execute their social responsibility.

In the kingdom, several determinants or contexts are acknowledged to be co-determining factors in health. Mott (2011) writes the following (see also Swartley 2012):

Since the Reign is present in healing of the body, it cannot logically be excluded from dealing with other material factors that make people suffer. Augustine defined medicine as everything that either preserves or restores bodily health and included “food and drink, clothing and shelter, and every means of covering and protection to guard our bodies against injuries and mishaps from without as well as within” (Augustine, *Of the Morals of the Catholic Church*, chap. 27, in *Christian Social Teachings*, 78).

The Bible is clear about the fact that health is not only determined by genetics, but that factors like food, water and environment are important for good health (2 Kings 2:19–22, 4:39–41). A connection exists between food and psychological wellness (Acts 14:17). Isaiah (58:6–11) also sees a connection

between food, water, housing (living conditions), marginalisation and exclusion, poverty and health (Swartley 2012). The Bible also connects access to medicine, health care and health with each other (2 Kgs 20:2–11; Lk 10:34; Mk 5:26; 1 Tim 5:23; Chappell 2017). The Word also acknowledges that sickness has to and can be prevented by specific measures (Exod 15:25–26; Swartley 2012). What can also be deduced from the Bible, however, is that because social (“access”) impediments to health exist, the concept of *development* becomes very important. According to Gallagher (2014), an example is found in the Gospel of Mark (2:1–12), where a lame person could not reach Jesus because of a social impediment (social determinants). In this case, the social impediment was a large number of people that cut off the lame person’s access and therefore action was necessary to address the problem of social determinants (Mk 2:4).

Moltmann (1977) interprets the reference to the poor in the kingdom of God also as a reference to all vulnerable people in society; thus, where the gospel indicates a social responsibility towards the poor, it should be accepted as a social responsibility for all vulnerable (sick, ill) people in society. In Matthew 6:2–4, believers are called upon to help the poor, a command that Guthrie (1973) interprets as follows: “The question of almsgiving as a social responsibility is also raised in the Sermon on the Mount”. In the Bible, there is a direct connection between faith in God and social responsibility towards the vulnerable person (Prov 14:31; Isa 58:6–8; Jer 22:16). Social responsibility that acknowledges and improves the circumstances of the vulnerable person is a sign of true religious practice (Jas 1:27; Satyavrata 2016).

The wider-as-the-church-responsibility of citizens of the kingdom is underlined by the statement of Christ that tax has to be paid to the Caesar (Mt 22:21), which explains that the believer should not regard self-interest as important, but show a social concern for all people (see also Rom 13; 1 Tim 2:1–7; Callahan 2017). According to Van der Walt (2010), the kingdom and the broader social responsibility as bioethical duty with regard to health are particularly emphasised when Christ teaches that believers must be salt, not only in the church, but especially on earth and in the world (see Mt 5:13–14; see also Van Wyk 2015).

To sum up, in the light of the reasoning about the Trinity and the kingdom of God, it can be stated that the concept and call to social responsibility as found in article 14 of the UDBHR can be grounded on the Bible. Scripture supports the idea that believers have a social responsibility towards each other and towards all people in society and the world. It is further clear that the Bible supports the idea that health is damaged by a poorly developed living conditions and environment; therefore, a call grounded on the Trinity and the kingdom of God is made upon the believer to develop better living conditions and a better environment.

4. Conclusion

The fact that the Protestant faith tradition was not involved in the discourse during the development of the UDBHR has made the universality of the document a point of contention and hampered full support of the Declaration by the Protestant faith tradition. This study has shown, however, that the broad Protestant faith tradition may support the human right set out in article 14, because the universal bioethical principles set out in this article can be grounded on the Bible. From a UNESCO perspective, Durante (2018) summarises the biblical grounding of the universal bioethical principle as follows:

Christianity shares the ethos found within Article 14, when it calls for all sectors of society to promote health and social development by addressing issues such as the environment and poverty as well as the strictly clinical aspects of healthcare.

In reply to the question whether MEC Qedani Dorothy Mahlangu alone is to be held responsible for the Life Esidimeni events, the question in the light of article 14 and the Protestant faith tradition could be answered as follows: from a legal perspective, “Yes,” but from an ethical view, “No,” as all people are indeed responsible for each other’s health.

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