The *Imago Dei* and the Infinite Value of Human Life

Matthew Lee Anderson, D.Phil.

I. Introduction

America's response to COVID-19 has brought substantive questions about how we value human life to the surface of our public consciousness. In both social and medical contexts, we have been confronted by the challenge of determining the lengths to which it is reasonable to go in order to save or extend human lives. Communities have closed down public commerce, sending millions of workers home and expanding food insecurity.[1] Long term care facilities were barricaded to attempt to prevent exposure to vulnerable people.[2] Prisons were isolated, while nursing homes effectively became prisons.[3] Hospitals also imposed restrictions on caretakers for those under their care: complaints about families having to FaceTime their hospital-bound loved-ones proliferated through social media.[4]

Such restrictive policies quickly generated a counterreaction, which challenged the premise that going to such lengths to contain COVID-19 was worth the collateral damage being imposed. Responsible critics noted that enforced social distancing generated massive economic devastation, which has historically been correlated with rising mortality rates and which disproportionately affects working class Americans.[5] They also raised concerns that both voluntary and involuntary delays in medical care contributed to the rise in all-cause mortality, in addition to rises in suicides and drug abuse.[6]

Determining what sorts of policies we ought to adopt within a pandemic poses difficult questions for Christian ethicists. Judgments about their effectiveness seems to require aggregating deaths and comparing tradeoffs, forms of reasoning that seem ineradicably consequentialist or utilitarian.[7] As Rebecca Mitsos writes about visitor policies for parents of sick children that hospitals developed in response to COVID-19:

> Such policies are always developed for utilitarian reasons that sacrifice some benefits for individual patients and families to maximize benefits for the community. The community benefit accrues because such policies limit the spread of infection. During the COVID-19 pandemic, such policies also allow the conservation of scarce PPE [personal protective equipment]. But they impose burdens on parents and may be psychologically detrimental for individual patients.[8]

Not surprisingly, a number of high-profile Christians challenged the utilitarianism embedded within discussions about the value of various public policy responses by asserting that every individual is made in the image of God.[9] There are two distinct ways of framing the use of the *imago Dei* by Christians averse to utilitarianism: that the individual has "infinite value," and that his or her life cannot be aggregated and traded off against the value of other lives.

These inferences are extremely intuitive for many Christians, and conveniently supply a bulwark

against a utilitarianism that would occasionally generate morally repugnant outcomes.[10] For instance, John Kilner raises concerns about employing the economically loaded language of "value" or "worth" for describing the special status of human beings, as it seems to put human beings on a scale that would require balancing lives against other goods. Eventually, the value of those other goods might outweigh the value of an individual life. While the assertion of *infinite* value seems to escape the problem, Kilner contends that such an approach risks implying "human beings rival God in their worth".[11] Practically, a commitment to the infinite value of a person's life simply seems untenable. For one, preserving the lives of infinitely valuable persons would seem to require a no-risk threshold for engaging in necessary activities, especially when there is a pandemic afoot. One might conclude that the assertion of infinite value is either empty rhetoric or requires extreme, untenable sacrifices to save a life. There are limits to the types of costs we are willing to pay in order to add more time to our own lives, or even to add to the lives of others who are dependent upon us.[12]

These threads need unraveling in order to specify what the assertion that every individual is infinitely valuable means and what ethical implications it might or might not have for our response to a pandemic. In what follows I offer a hasty sketch of the doctrine of the *imago Dei* to argue that the peculiar significance of humanity's infinite value does *not* require us to seek the infinite, or even maximum, duration for our lives and permits some comparative judgments between groups in forming public policies. These considerations are both exploratory and tentative, not to mention incomplete: the "image of God" is not so load-bearing that one can generate every norm one needs for responsible action in a pandemic from it. Yet I try to supply enough detail to the doctrine in order to see how it might inform three distinct questions: what sorts of visitation policy hospitals or nursing homes should adopt for family members during COVID-19, how we assess the success of social distancing and lockdowns, and whether we can prioritize individuals for ventilator care in triage situations.

II. The *Imago Dei* and the Value of (a) Human Life

Jesus Christ is "the image of the invisible God, the firstborn of all creation" (Col 1:15, NASV). Though theological reflection about the *imago Dei* has frequently started elsewhere, Paul's correlation of the *eikon* of the invisible God with the person of Christ is the locus from which all other reflection about the doctrine should radiate.[13] Because of the incarnation, Paul is able to peer behind Genesis 1's ascription of the *imago Dei* to humanity's original parents and see the image of God within the life of the Triune God: No one is capable of perfectly imaging God save God alone. As such, the incarnate Christ can say the previously unthinkable to Philip: "He who has seen me has seen the Father" (John 14:9). To learn what it means to be the *image of God,* then, requires beginning with the concrete, unrepeatable life of Jesus Christ.

The barest sketch of the form of Christ's life and its significance for understanding humanity must suffice. First, Christ's life is determined by his office as Savior of the world.[14] His humanity exists only within this indissoluble connection—namely, that he is the one who comes *from* and lives *for* God, and who, because his work is one of redemption, comes *from* and lives *for* humanity.[15] Christ is born from a Virgin as a real man, and he dies as one as well. In both moments we see his humanity uniquely surrounded by the empowering presence of God himself: he is conceived by the Holy Ghost and raised by the power of that same Spirit on the third day (Luke 1:35; Rom 8:11). Christ's humanity is exclusively determined by his union with the Father

and the corresponding work he is sent to accomplish on our behalf. There is no one else who can fulfill this office: Christ is the only-begotten Son of God, the incarnate Lord whose unrepeatable work discloses the uniqueness of his person. Though he is surrounded by his mother and disciples on the cross, he alone is Savior of the world.

Second, this office occurs within a lifespan: Christ is born, lives, and dies.[16] As he comes from God, so he goes to him: "Into your hands I commend my spirit," he announces as he enters into death (Luke 23:46, AKJV). The duration of his life is tied to his work: only after he says "it is finished" is he free to go to the Father. Even so, Christ does not intentionally choose his own death, but yields himself up to it beneath the providential care of God: indeed, in his agony in the Garden he pleads with such a cup to be removed from him (Luke 22:42). Only from the standpoint of Christ's resurrection do we discover that this death is both a judgment on sin and our liberation from it: because Christ rises, we say that the Friday on which he died is good (1 Cor 15:17).

Finally, Christ's office as Savior is woven throughout his organic existence as an embodied human being.[17] Christ is God enfleshed: in his miracles and his teaching, he is never less than a human being whose frame is fashioned from the dust of the earth.[18] Christ's sanctified humanity is apparent even when Mary visits Elizabeth when she is pregnant with our Lord: "The true light of the world," Karl Barth writes, "shines already in the darkness of the mother's womb."[19] And when he dies, his body is laid reverently in the tomb: though he has gone into the hand of God, the disciples still revere his flesh, which is the place of God's empowering presence upon the earth. Christ's bodily powers uniquely enable him to fulfill his vocation: his organic life is the newer and better tabernacle, equipped and endowed for his work as savior and so itself deserving of honor and respect.

While Christ is the image of God, other human beings are created *in* and *according to* that image. As Kilner notes, those prepositions underscore Christ's unique status as the *imago Dei*: only Christ can say that if we have seen Him, we have seen the Father.[20] Yet to be created *in* and *according* to that image means our humanity corresponds to Christ's. We are *from* and *for* God, and we are *from* and *for* our neighbors. We can never cease to be the creatures who, alone among all God's creation, are created in and according to his image: our ordering and determination for God and our neighbor are indelible marks upon our nature, so that we could not eradicate them if we tried. Yet to be created in and according to Christ's image means we are also called with Christ to refract and magnify God's glory through the unique vocation for which we are endowed. As Kilner writes, "Creation *in* God's image is God's expressed *intention* that people evidence the special connection they have with God through a meaningful reflection of God."[21] If we are made *in* the image of God, we are responsible to also live *according to* it—conforming our own lives to that of Jesus Christ. The doctrine of the *imago Dei* means that we must respect our neighbors not only because they are oriented toward God, but because in our orientation toward God we are called to conduct ourselves in correspondence to Christ's life.

Such an account has significant implications for how we understand the value of human beings. As the image of God, Christ discloses the value of humanity in his assumption of our nature in the incarnation, through his liberation of the same in his crucifixion, and by its renewal in his resurrection. The infinite love of God for human beings is the source and grounds of our worth, and that worth is inextricable from the aim of such love, which is to bring us to our beatitude

through union with God. We can and must speak of the infinite value of human life, then: but that value is constituted by our freedom to be with the eternal, infinite God as the creatures for whom God has died. It is not founded immanently within our lives as creatures, nor does it emerge out of natural capacities or aptitudes. Instead, our infinite value arises from the fact that, of all God's creatures, we are the ones who are with God in Christ's death and resurrection. The dignity of humanity is thus, as Barth, Paul Ramsey, and others have said, an "alien dignity": it falls upon us as a light from above.[22]

The infinite value of each individual is especially disclosed through our irreplaceability, along with our unique capacity to manifest the love of God to our neighbor. There is no one else who can stand for us in the matter of our union with Christ: though we are baptized in the company of witnesses, baptism confirms the work of God in us alone.[23] Being created in God's image means having this particularity: the individual is not subsumable into the value of the species, nor into any other way of aggregating human beings.[24] Nor is the vocation to which they are called able to be filled by anyone else: the peculiar set of obligations and responsibilities that are placed upon us by the contingencies of our birth mean we have a unique task.[25] No one else can fulfill our responsibility to honor our father and mother for us; no one else has our particular endowment, our bodies, which pervasively shape the way our lives bear witness to the superfluity of God's grace. This irreplaceability is not *itself* the source or basis of value: every snowflake is unique, but not especially valuable just as such. Yet the basis of our value in our relatedness to God is disclosed only within the particular organic life God has given each of us and through the distinct task he has called us to do.[26]

As with Christ, though, our irreplaceable witness to God's love happens within a definite span of time: we are born and die, a movement that is sanctified by Christ's undertaking of it. While the infinite value of human life pervades each moment of our organic existence, it is especially crystallized at our death.[27] In death we go immediately into the hand of God: Though we might die surrounded by family and friends, nothing and no one stands between us and God's presence. The basis of our infinite value is, in that moment, fulfilled—while at the same time our irreplaceability as persons is crystallized, for we leave behind a gap in the world that no one else can fill. Christ's witness to the power of death sanctions resistance; his agony in the garden indicates that death must only be accepted only when the providential care of God makes it clear we cannot do otherwise. That acceptance will eventually be required of us all, as Christ does not permit us to escape it outright: he has walked the path of death before us, defeating it as an enemy so that we walk the same in confidence and peace. Death, as Saint Paul writes, has lost its "sting," which allows him to employ the imagery of "sleep" for those who await the resurrection of the dead (1 Cor 15:55, 15:6). The rest and repose such imagery conveys indicate that death can be something different than our violent sundering from our loved ones: with Christ, our death can also be the culmination and completion of our vocation to bear witness to God's love.[28] Paul is explicit that he would find it better to "depart and be with Christ," but he remains on for the sake of those churches to whom he is an apostle (Phil 1:23, NASV). The race he runs has a discrete course, with a definite destination. Only when that race is concluded is he free to go to the Father. The infinite value of human life does not permit us to demand infinite duration under the domain of sin.[29]

III. The Value of Life and Thresholds of Risk

Though what I have supplied is nothing more than a sketch of the *imago Dei,* it indicates that the doctrine has a twofold ethical salience: on one side it discloses something about the person whose life is in peril—namely, that they are a person for whom God has died. On the other side, it discloses something about our responsibility as those who might rescue or benefit them—namely, that our responsibility to live according to Christ's image demands we take up our cross and serve them in the manner that he did. To think about humanity as made according to God's image does not only mean identifying the source or basis of a person's dignity; it also demands identifying those practices that would enable and allow us to conform to God's image in Jesus Christ. Christ became a man to liberate those made according to his image from the powers of sin and death, so that we might refract God's glory in and through the unrepeatable distinctness of our lives. Such a characterization is not merely aesthetic or rhetorical, but generates practical norms that become especially salient when life is threatened, as in a pandemic.

The assertion of the infinite value of a human life raises difficult questions about the lengths to which we should go in order to protect it. Such questions came to the forefront of our medical system, as many hospitals and long term care centers restricted family members from visiting and caring for their loved ones.[30] One survey of Michigan hospitals, for instance, found that all 49 hospitals which responded changed their visitation policies: 48 of them implemented "no visitor" policies to intensive care units, 19 of which did not make any exceptions.[31] Such limitations were regarded as necessary in part because of shortages of personal protective equipment, which would have increased the possibility of exposure for both healthcare professionals, patients, and family members who visit. The risks of an infected family member exposing others within the hospital were exacerbated by America's public health response to COVID-19, which rarely involved extensive contact tracing, effective quarantines, or sufficient testing.[32] In order to compensate for such limitations, many hospitals and long term care centers turned to video conferencing. Yet even this imposed additional tolls on staff, who faced the added stress of upset patients and family members.[33] Not surprisingly, such policies meant many people died alone—which adds a layer of trauma to the person dying, their family, and the staff who are responsible to care for them in their final hours.[34]

The account of the *imago Dei* I have offered here, though, provides some reason for hospitals and nursing homes to adopt a higher-than-zero risk threshold for transmitting COVID-19 and adopt more capacious family visitation policies. Few people think that death is trivial, yet the account of the *imago Dei* I have defended would entail that it is extremely weighty. What happens at the end of a life concentrates and distills the meaning of all that has come before. How we die, and how we help others die, is a focal practice for our belief in the power of the resurrection. While we all enter death alone, we hope to begin the journey surrounded by those whose lives have been most bound up with ours—our family and intimate friends. Though this journey is sometimes painless, those who make it often need aid and comfort to peacefully enter their rest. The agitation and struggle that mark our lives can be especially acute at their end; many of us need others to carry the cross that has been placed upon us all, so that we are able to "sleep" in peace. Of all the Christian work to be done in medicine, hospice care uniquely embodies the witness to our belief that every individual has infinite value in their relatedness to the risen Christ. By compassionately accompanying persons through their final days and hours, we may help them say of their death that it was "good." In so doing, both the dying and the community around them live according to the image Christ has given us in his own passion and resurrection.[35]

Such a responsibility means that it is unreasonable to adopt *zero-risk* visitation policy—especially when caretakers are themselves at a low risk of serious health complications. Many caretakers will have strong reasons to place *themselves* at risk of infection by visiting a hospital. Though some families would opt for video conferences, others will see such means of being "present" with their loved ones who are at risk of death as too limiting.[36] And for good reason. As the cessation of a person's organic existence, death's centrality to the human experience rests upon a fundamental affirmation of the value of a person's bodily life and presence with us. Though a video conversation might provide some consolation, the medium is incongruous with the nature and significance of what is transpiring, which demands touch.[37] Families would still gain closure, eventually, but the consolation of knowing one has done everything possible to ensure our loved one sleeps peacefully is harder to come by without being present in those final moments. There is thus reason to think some people would risk their health to do so. Indeed, being actively present at a loved one's death is such an important moment that there is reason to think that many people would accept a *high* risk of being infected to do so, rather than only a *low* risk. Even if they do not, having the *choice* might mitigate the trauma they feel if they decline, as they would at least be expressing their agency.

Yet the risk threshold for visitors *being infected* is distinct from the risks of *infecting others* that hospital visitors bring. If family members accept the risk of being infected, hospitals must manage the risk of them infecting others. Yet the infinite value of human life does not permit the pursuit of infinite duration, and the presence of loved ones at the moment of death is extremely weighty. As such, it seems reasonable for hospital and long-term care centers to offer wide accommodations to family caretakers for patients in intensive care units.

Such accommodations need not be cost-free to the family members. What sorts of costs might be reasonable to impose are nebulous, and almost certainly dependent upon broader prudential considerations about levels of compliance with broader public health directives, available resources for contact tracing, and so on. We might imagine, though, requiring family members to quarantine for two weeks after the visit, as their exposure would put them at significant risk of unknowingly infecting others.[38] If healthcare resources are scarce and communities wanted to further dissuade visitors, they might also impose costs on family members by moving them to the back of the line for ventilation, should they fall ill and require acute care. This type of cost would be extreme, but might be reasonable if PPE were also unavailable, as the risks of being infected while visiting would be much higher than they might be otherwise. In areas where the volume of cases threatens the integrity of the medical system, communities might attempt to hold family members who upon leaving the hospital act as vectors for the disease civilly liable, which would dissuade them from violating self-quarantine. Given such stakes, some sick patients might try to prevent their loved ones from visiting. Yet preserving the freedom for families to choose their path would honor the distinct importance of death for a person's life in a way that absolute prohibitions on visits fails to do.

Heightening the costs on family members who visit hospitals *after* they leave is crucial, as known exposure raises the probability that they will unknowingly infect others. The knowledge that one has had exposure to an infectious disease makes a difference to how they are obligated to act in a pandemic: if we permit individuals to hazard their own health in visiting their family members, their known exposure imposes new responsibilities on them to reduce the chances of infecting others all the way to zero, if possible. The infinite value of human life does not permit

demanding infinite duration for our own lives, but it also does not entail we are free to impose unreasonable risks on others either, especially in a context where viral spread means those risks might compound exponentially. And clearly, the intention to not infect others when one has been knowingly exposed is insufficient on its own to make undertaking ordinary behaviors permissible. According to the doctrine of double effect, the negative effects of our actions cannot be intended, but must be accepted as side-effects.[39] Intending a morally valuable end, though, is a minimal condition for determining whether our act is permissible: we must also show due regard toward those innocent individuals who our actions negatively affect. We have duties to mitigate the damage they suffer, and may even have responsibilities to rescue them afterward, if we are able. In that light, our knowledge of how probable negative side-effects are is crucial for determining whether we are licitly fulfilling our intention. The known probability of negative side-effects establishes an epistemic threshold for whether our choices satisfy the doctrine's constraints. As their likelihood seems to go up, so does our responsibility to take steps to mitigate them. If we fail to do so, we are more culpable than if we had less reason to believe they would occur. When brought into the context of a pandemic, such a position implies that having two tiers of social practice for mitigating the spread of a disease is reasonable: knowledge of exposure requires a *zero-risk* approach for further transmission, while uncertainty requires something like a *risk-mitigation* approach.

IV. Aggregations and Comparisons

Affirming the infinite value of human life is often regarded as a bulwark against utilitarian calculi, which seek to quantify, aggregate, and maximize the benefits of our choices. On the account of the image of God sketched above, the infinite value that individuals have is not indexed to their capacities or attributes. Instead, it is constituted by their unique relatedness to God, and to the irreplaceable witness to his love that their life embodies—a uniqueness and irreplaceability that are especially transparent at their death, but which subsist at every moment of their life. If such an account permits risk *mitigation* as an appropriate response to the unique challenges a pandemic poses, it also seems to sanction both certain types of aggregate judgments about the effectiveness of our policies and comparative judgments about what groups should receive resources.[40]

Honoring the irreplaceability and infinite value of each person requires seeking to prevent their premature deaths. While there is no sanction for seeking infinite duration for a life, the spread of a pathogen like SARS-CoV-2 shifts the "default" for many people's lives, or what would happen to them without any type of intervention.[41] The known spread of a disease like COVID-19 means that our policy response is a form of rescue: changes to our social policies through voluntary or imposed social-distancing or lockdowns are aimed at *preventing* people who are vulnerable from dying either earlier than they otherwise might *or* in a worse manner than they otherwise might.

Such a context has significant implications for how we weigh the success of the policies we adopt in response to a pandemic and how we identify which policies appropriately honor the individual as made in the image of God. In the first place, the affirmation of the infinite value of individuals does not obviously preclude aggregating the number of deaths "caused" by a pandemic in order to partially determine the effectiveness of our response.[42] When the United States passed 100,000 deaths attributed to COVID-19, the New York Times printed the (known) names of the disease's victims.[43] Listing the number of deaths aggregates the names of

individuals, each of whom has an infinite value and leaves behind an irreplaceable gap. In this way, it is a unique type of aggregation, as it does not attempt to quantify the value of what is lost in ways that could establish comparative judgments *except* on the same terms (unlike "quality adjusted life years," which permits comparisons not only on the basis of the number of years saved but the criteria by which we are determining "quality").[44]

Yet the account of the image of God sketched above is also commensurate with policies that would prioritize protecting vulnerable populations, for two reasons. First, a policy ordered toward saving the most lives would require special attention to those individuals who are most at risk in order to be maximally effective. Second, as noted above, the doctrine of the image of God requires attending to the *manner* in which people die. Dying is rarely as peaceful as simply falling asleep. Yet dying from COVID-19 often involves hospitalization, requires isolation (even if family caretakers are permitted to visit), and frequently includes uncomfortable interventions like ventilation. Even if the badness of dying from COVID-19 is equivalent or marginally better than death from other causes, preventing vulnerable populations from becoming infected gives them and our health-care systems more time to ensure that they go into the hand of God surrounded by their loved ones.

This special concern for the "vulnerable" should include those who are elderly. As noted above, the infinite value of human life is present in each and every one of its moments, regardless of our capacities or consciousness: no part of the time we are given is more valuable than another, nor is any form of bodily life more valuable than another. The fact that some people are nearer the end of their life than the beginning does not mean that their deaths cannot be premature: those who age bear witness to the duration and faithfulness of God's love in a particular way, as they demand the care and support of their families and communities in a particular way. It is reasonable to see the death of an infant as more tragic than the death of those at the outer reaches of their lifespan, as we want every person to enjoy time. Yet that distinct tragedy does not entail that the badness of death for those who are over 75 can be discounted, in such a way that we would have no reason to prioritize protecting their lives in a pandemic. The priority of protecting the "vulnerable" should not discriminate on the basis of how many years they might have remaining, as the value of human life does not depend upon its (youthful) capacities and powers: The deaths of the saints are precious in God's eyes, regardless of when they occur.[45]

At the same time, the kind of comparative choices that protecting the vulnerable requires become permissible when we are trying to rescue others but have limited resources, even though they would not be licit in other contexts. Suppose you are a fireman holding a net for two people, both of whom are jumping from a burning building. If you do nothing, the "default" is that both people will die. Running to catch one will preclude catching the other, yet this is not inherently discriminatory. As both people would otherwise die without your presence, rescuing one does not disrespect the infinite value of the other. One might have reasons for a choice that would express invidious discrimination against one of them: one might *not* save a sixty-year-old African American, for instance, because one is a racist *or* because one thinks young people's lives are more valuable. But these are choices *against* a person: all-else-being-equal, a choice *for* a person when one is choosing between them does not entail a discriminatory choice *against* the other, even when one chooses for a person on the basis of a trait that the other lacks.[46]

To see this, suppose Bill is choosing to marry either Elizabeth or Claire, both of whom have

upstanding character and are equally valuable. His choice of Elizabeth because she has blonde hair does not impugn the dignity of Claire because she does not. Bill may be perfectly indifferent to red hair, or even find it quite beautiful but not to his taste. That choice is very different than a case of rescue, of course, in which lives are at stake. But it indicates that in certain contexts choices for persons can be made without them being against others in a way that would be disrespectful or denigrating. Additionally, Bill's choice has this much in common with cases of rescue: it establishes a partial moral bond with Elizabeth that does not exist with Claire. This matters more for choices in rescue than we might think: a rescuer stands in a unique relationship to the one rescued, such that they are owed gratitude. An individual might choose to rescue a young person rather than an old person because they hope to enjoy the goods of friendship such a bond might establish for a longer period of time—or they might rescue an old person rather than a young one because they think that is what respect for elders demands. As long as one is not actively denigrating the other person by implying that their value is less than the value of the person saved, such choices need not be *inherently* discriminatory. Such an account generalizes to assessing policies like lockdowns, which might save lives in ways that are differentiated across a society.

However, two qualifications are necessary. First, I would stress that the permissibility of making a choice to prioritize saving group [x] and not group [y] is confined to when we have limited resources. In a situation where one is capable of saving everyone, deciding not to do so is presumptively a choice *against* that person, such that one would have to show considerable countervailing evidence to explain why it is not.[47] If it were the case that a social policy responding to the pandemic might save an equivalent number of lives (especially among vulnerable people) without contributing to a rise in unexplained all-cause mortality, that is obviously the path we should pursue. Second, such comparative choices are not *inherently* discriminatory—but they might be discriminatory *in fact*. If one lives in a context, for instance, where African Americans are routinely chosen *against*, then one faces a higher threshold for justifying one's comparative choice to save a white person rather than a black person. Similarly, if someone routinely denigrates blond-haired women, then their choice to save a red-haired woman rather than a blonde-haired woman merits a high degree of skepticism. We can even go one step further, I think, and say that a social context might require us to choose to save one group and not the other out of considerations of justice: a long social and cultural history of invidious discrimination against the elderly or disabled is sufficient to entail that one has presumptive obligations to save them—if only because one otherwise perpetuates such attitudes, even if one has otherwise acted innocently.

It is easy to see from here how this framework can be extended into questions of prioritizing treatment in ICUs when ventilators and other equipment are scarce. Honoring the infinite value of human life is compatible with an effort to save the most lives—rather than saving the highest number of quality-adjusted life years. At the same time, such a stance would not require a "first come, first served" policy, nor would it entail that those who have underlying comorbidities be pushed to the back of the line for ventilators because they might be expected to remain on one longer or have worse odds of survival. An account of the infinite value of human life does not generate a complete theory of the just distribution of health care: it does not *require* a particular way of establishing priority. But it does permit prioritizing care in order to ensure that as many people can receive it as possible. Honoring the infinite value of human life under conditions of scarcity does not require us either to expend all our resources to save a single individual, nor to

throw ourselves on the blind forces of chance or fate. While the prudential choices to give a ventilator to one person and not another are fraught with danger, doing so reasonably is compatible with honoring the infinite value of individuals who are made in God's image.

V. Conclusion

A pandemic brings about a moment of clarity: by heightening the risks at work in ordinary interactions with our neighbors, a virus makes the meaning and value of human life palpable. For Christians, that meaning and value can only be discerned with reference to the work and word of Jesus Christ. Our judgments about what might make human beings valuable would otherwise be governed by our own biases and preferences, which would invariably threaten the sanctity of the vulnerable. Affirming that humanity is made according to God's image and likeness provides a bulwark against such denigrating treatment: it underscores the infinite worth of every individual in their relatedness to God, and calls us to walk in a manner that corresponds to the infinite love and honor God shows human beings in dying for them. Yet the ethical value of our infinite worth has rarely been specified, and invoking it in the midst of a pandemic creates its own moral hazards. My aim has been to disentangle the doctrine from both the claims that we must undertake a zero-risk stance toward imposing infections, and that we cannot make prudential, comparative judgments to save some people even if doing so means others might suffer or die. My hope is that specifying more precisely the role the doctrine plays in our theological anthropology and ethics will generate more precise policies in the midst of a pandemic, and so give more people time to fulfill their calling to bear witness to God's infinite love in their lives as only they can.

References

[1] Feeding America, "The Impact of Coronavirus on Food Insecurity," FeedingAmerica.org, October 30, 2020, https://www.feedingamerica.org/research/coronavirus-hunger-research.

[2] Centers for Disease Control and Prevention, "Preparing for COVID-19 in Nursing Homes," CDC.org, February 11, 2020, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html.

[3] "How Prisons in Each State Are Restricting Visits Due to Coronavirus," The Marshall Project, March 17, 2020, https://www.themarshallproject.org/2020/03/17/tracking-prisons-response-to-coronavirus.

[4] For instances, see the discussion in Glenn K. Wakam et al., "Not Dying Alone—Modern Compassionate Care in the Covid-19 Pandemic," *New England Journal of Medicine* 382, no. 24 (2020): e88, https://doi.org/10.1056/NEJMp2007781. See also Katie Hafnner, "'A Heart-Wrenching Thing': Hospital Bans on Visits Devastates Families," *The New York* Times, March 29, 2020, https://www.nytimes.com/2020/03/29/health/coronavirus-hospital-visit-ban.html.

[5] Stefanie DeLuca, Nick Papageorge, and Emma Kalish, "The Unequal Cost of Social Distancing," Johns Hopkins University of Medicine Coronavirus Resource Center, https://coronavirus.jhu.edu/from-our-experts/the-unequal-cost-of-social-distancing (accessed November 14, 2020).

[6] Many of the arguments are distilled by Joel Zinberg, "Death by Policy: Mortality Statistics Show That Many People Have Died from Lockdown0Related Causes, Not from Covid-19," *City Journal*, July 9, 2020, https://www.city-journal.org/deadly-cost-of-lockdown-policies.

[7] "Public health policies are entrenched with utilitarianism, the maximization of good for the highest number." Peter D. Murray and Jonathan R. Swanson, "Visitation Restrictions: Is It Right and How Do We Support Families in the NICU during COVID-19?" *Journal of Perinatology* 40, no. 10 (2020): 1576–81, https://doi.org/10.1038/s41372-020-00781-1. Rebecca Mitsos concurs: "Such policies are always developed for utilitarian reasons that sacrifice some benefits for individual patients and families to maximize benefits for the community. The community benefit

accrues because such policies limit the spread of infection. During the COVID-19 pandemic, such policies also allow the conservation of scarce PPE. But they impose burdens on parents and may be psychologically detrimental for individual patients." Rebecca Mitsos, "Comments," in Alice K. Virani et al., "Benefits and Risks of Visitor Restrictions for Hospitalized Children During the COVID Pandemic," *Pediatrics* 146, no. 2 (2020): 4, https://doi.org/10.1542/peds.2020-000786.

[8] Mitsos, "Comments," 4. For a sophisticated account of what a utilitarian response might—and might not—require, see Julian Savulescu, Ingmar Persson, and Dominic Wilkinson, "Utilitarianism and the Pandemic," *Bioethics* 34, no. 6 (2020): 620–32, https://doi.org/10.1111/bioe.12771.

[9] Albert Mohler, "Save Lives First, Repair the Economy Second: A Matter of Christian Priorities," AlbertMohler.com, March 27, 2020, https://albertmohler.com/2020/03/27/save-lives-first-repair-the-economy-second-a-matter-of-christian-priorities; Russell Moore, "God Doesn't Want Us to Sacrifice the Old," *The New York Times*, March 26, 2020, https://www.nytimes.com/2020/03/26/opinion/coronavirus-elderly-vulnerable-religion.html.

[10] While utilitarians care only about well-being, they also can recognize that respecting liberty and rights can be important for overall well-being. Savulescu, Persson, and Wilkinson, "Utilitarianism and the Pandemic." Still, I take it that a Christian ethicist ought not be a utilitarian for many of the standard reasons held against the view.

[11] John F. Kilner, *Dignity and Destiny: Humanity in the Image of God* (Grand Rapids, MI: Eerdmans, 2015), 315.

[12] Andrew Bailey and Joshua Rasmussen point this problem out and argue that there are various *types* of "final value" that might accrue to a person. As such, comparative judgments between persons might be made on grounds *other* than their final value *as* a person. My own response to this problem will take a different tack. See Andrew M. Bailey and Joshua Rasmussen, "How Valuable Could a Person Be?" *Philosophy and Phenomenological Research*, July 15, 2020, https://doi.org/10.1111/phpr.12714.

[13] As will become clear, much of what follows is influenced by Karl Barth. While there is much in Barth's theology and ethics with which I disagree, he has proved a valuable interlocutor. I have unpacked much of Barth's account in my as-of-yet unpublished dissertation. See Matthew Lee Anderson, "In Defence of Children: Pro- and Anti-Natalist Arguments in Moral Philosophy and Karl Barth" (PhD Thesis, University of Oxford, 2018). John Kilner also begins with the New Testament and with Christ in his weighty exploration of the doctrine, to which I am also much indebted. See Kilner, *Dignity and Destiny*, 52–82.

[14] Karl Barth, *Church Dogmatics 3.2* (Edinburgh: T & T Clark, 1960), 56.

[15] Barth, *Church Dogmatics 3.2*, 56. Barth prioritizes the fact that humanity is *for* God. The distinctiveness of the creature "consists in the fact that it is for God" (70). At the same time, humanity "derives from the One who unceasingly comes to the very depths of his being in this way." (142) "Where do we come from? From the being, speaking and action of the eternal God who has preceded us." (577) As I argue in my dissertation, Barth's emphasis on humanity's position as *from* God leaves the fact that we are also *from* humanity underdeveloped.

[16] Barth, *Church Dogmatics 3.2*. See §47, and especially §47.4 and §47.5.

[17] Barth, *Church Dogmatics 3.2,* §46.

[18] Marc Cortez's exploration of these themes in Barth's thought is excellent. See Marc Cortez, *Embodied Souls, Ensouled Bodies: An Exercise in Christological Anthropology and Its Significance for the Mind/Body Debate*, (London: T&T Clark, 2011).

[19] Karl Barth, *Church Dogmatics 3.4*, (Edinburgh: T & T Clark, 1960), 416.

[20] Kilner, *Dignity and Destiny*, 89.

[21] Kilner, *Dignity and Destiny*, 79 (emphasis original).

[22] Cf. Kilner, *Dignity and Destiny*, 314. "One grasps the religious outlook upon the sanctity of human life only if he sees that this life is asserted to be surrounded by sanctity that need not be in a man; that the most dignity a man ever possesses is a dignity that is alien to him. . . . A man's dignity is an overflow from God's dealings with him, and not primarily an anticipation of anything he will ever be by himself alone." Paul Ramsey, "The Morality of Abortion," in *Life or Death: Ethics and Options*, ed. Edward Schils (Portland, OR: Reed College, 1968), 71. "That a man was and is and will be from and in the hand of God, this precisely, no less and no more, is his honour, the special honour of every man, which he cannot alter, which he cannot dimmish nor augment, which he cannot discard nor lose, which cannot be taken from him by others, just as he himself cannot create it or maintain it for himself." Barth correlates this 'honour' with human dignity. Barth, *Church Dogmatics 3.4*, 652–53.

[23] "The individuality or singularity of each man is in the last analysis a reflection of the uniqueness of the offer [God makes] to him." And: "What is offered with such exclusiveness by God is surely worthy of honour, attention and reflection, even though its significance may not be immediately apparent." Barth, *Church Dogmatics 3.4*, 570, 572.

[24] For a compelling argument that the resurrection of Jesus Christ is necessary to avoid this outcome, see Oliver O'Donovan, "Keeping Body and Soul Together," in *Covenants of Life: Contemporary Medical Ethics in Light of the Thought of Paul Ramsey*, ed. Kenneth L Vaux and Mark Stenberg (London: Springer, 2011), 35–56.

[25] Such a "task" is possible even by those whose lives are spent in seriously disabling conditions, insofar as they teach others through their very presence the sometimes extraordinary demands love places upon us.
[26] Note that neither irreplaceability nor uniqueness are the *grounds* for our value. The infinite value of humanity by virtue of our relatedness to God is, instead, *disclosed* through that relatedness. For discussion on the differences, see Helen Watt, "The Dignity of Human Life: Sketching Out an 'Equal Worth' Approach," *Ethics and Medicine* 36, no. 1 (2020): 7–17. See also Stephen L. Brock, "Is Uniqueness at the Root of Personal Dignity? John Crosby and Thomas Aquinas," *The Thomist: A Speculative Quarterly Review* 69, no. 2 (2005): 173–201, https://doi.org/10.1353/tho.2005.0000; John F. Crosby, "The Twofold Source of the Dignity of Persons," *Faith and Philosophy* 18, no. 3 (2001): 292–306, https://doi.org/10.5840/faithphil200118326.
[27] Barth, *Church Dogmatics 3.2*, §47.5.
[28] It is certainly the case that death remains an intrinsic evil for the creature, as the sundering of body and soul are not conducive to its well-being. Yet this metaphysical account does not account for the way even "evils" (such as the harms inflicted by punishment) within the economy of salvation can be transformed into goods through their appropriate application. For a defense of the intrinsic badness of death within the Christian tradition, see David Albert Jones, *Approaching the End: A Theological Exploration of Death and Dying*, (Oxford: Oxford University Press, 2007).
[29] Barth, *Church Dogmatics 3.2*, 632.
[30] It is important to specify that family members are often an essential part of the team providing care to a patient, as they offer support and help deliberate about treatment options. See Joanna L. Hart et al., "Family-Centered Care During the COVID-19 Era," *Journal of Pain and Symptom Management* 60, no. 2 (2020): e93–97, https://doi.org/10.1016/j.jpainsymman.2020.04.017.
[31] Fifteen hospitals allowed visitors at the end of life only. Thomas S. Valley et al., "Changes to Visitation Policies and Communication Practices in Michigan ICUs during the COVID-19 Pandemic," *American Journal of Respiratory and Critical Care Medicine* 202, no. 6 (2020): 883–85, https://doi.org/10.1164/rccm.202005-1706LE.
[32] See "The Most American Failure Yet," *The Atlantic,* August 31, 2020. https://www.theatlantic.com/politics/archive/2020/08/contact-tracing-hr-6666-working-us/615637/
[33] Virani et al., "Benefits and Risks of Visitor Restrictions for Hospitalized Children During the COVID Pandemic," 4.
[34] Teck Chuan Voo, Mathavi Senguttuvan, and Clarence C. Tam, "Family Presence for Patients and Separated Relatives During COVID-19: Physical, Virtual, and Surrogate," *Journal of Bioethical Inquiry*, August 25, 2020, https://doi.org/10.1007/s11673-020-10009-8.
[35] The weak claim moral claim such an outlook might generate is that *someone* must be present at the moment of death; the stronger claim is that a *family member* must be present. The stronger claim is harder to demonstrate, insofar as it depends upon a differentiated account of the significance of hospice workers or chaplains to the individual's life and family members. I take it that family members are irreplaceable to the dying in a way that other people are not, and as such, their presence bears unique witness to the irrepeatable significance of that life in a way that the presence of others cannot. The same might be said about friends or other partial moral bonds that are not role-specific the way hospice workers are. My thanks to an editor to flagging up this issue.
[36] Angela Coulter and Tessa Richards, "Care during Covid-19 Must Be Humane and Person Centred," *BMJ*, September 8, 2020, m3483, https://doi.org/10.1136/bmj.m3483.
[37] "Denying visits or care by a family member may result in adverse and potentially long-term psychological effects for medically isolated patients, their families, and healthcare workers involved in their care." Voo, Senguttuvan, and Tam, "Family Presence for Patients and Separated Relatives During COVID-19," 2.
[38] Questions of justice would inevitably arise, as families without financial or economic means to be so quarantined would be disadvantaged (though not more so than when end-of-life visits are prohibited outright).
[39] For an overview of the doctrine, see "Doctrine of Double Effect," *Stanford Encyclopedia of Philosophy,* Dec. 24, 2018, https://plato.stanford.edu/entries/double-effect/.
[40] While Kilner rejects what he calls "autonomy-based ethics" and "utilitarian ethics," the latter of which focuses on actions that are "beneficial to humanity," he suggests that there is a "role for such considerations, but it is secondary." Kilner, *Dignity and Destiny*, 103.
[41] Jeff McMahan argues that the "default" "determines the nature of one's agency . . . [and] the nature of the agency affects the morality of the action." Jeff McMahan, "Causing People to Exist and Saving People's Lives," *Journal of Ethics* 17, no. 1–2 (2013): 16, https://doi.org/10.1007/s10892-012-9139-1.
[42] Such a heuristic can only be that: a heuristic, and not an authoritative answer about the success of a policy. One reason we should ask no more of our criteria for public health considerations than partial insights is that the underlying causal explanations for any death are complicated, and a pandemic does not make them easier.

[43] "An Incalculable Loss," *The New York Times*, May 27, 2020, https://www.nytimes.com/interactive/2020/05/24/us/us-coronavirus-deaths-100000.html.

[44] A social policy aimed at *preventing* deaths might be specified in a pandemic to preventing *deaths by Covid-19,* such that its success would be determined on that basis. In that case, the reference class or baseline for success would not be the raw number of deaths that happen over a given period, but the number of deaths that are attributable to this particular disease. There may be sound political or prudential reasons to adopt such a standard: a pathogen like Covid-19 is communicable in a way that deaths from suicide, a rise in poverty, or other sources are not. In that way, deaths by Covid-19 are a heuristic for how much a society contained the spread of the disease. Alternatively, one could adopt a standard that evaluates a response on the basis of "all cause" mortality, such that if deaths indirectly attributable to lockdowns, economic destruction, etc. exceed those lives saved, then the policy would be a failure. My point here is not to say that a doctrine of the image of God requires one judgment or the other—only that it might permit both.

[45] The relevance of age to bioethics is often overlooked. I have discussed its importance as a background condition in making decisions about whether to treat or not treat elsewhere. It may be the case that in cases of limited health resources one might take age into account as a proxy for the burdens of treatment a person is likely to experience. However, this is distinct from discounting the badness of death on the basis of age. See Matthew Lee Anderson, "Indexing Burdens and Benefits of Treatment to Age: Revisiting Paul Ramsey's 'Medical Indications' Policy," *Christian Bioethics* (accepted for publication).

[46] This is a variation of an argument I have made elsewhere. See my "Anti-abortionist Action Theory and the Asymmetry between Spontaneous and Induced Abortions," under review.

[47] In *Ethics at the Edges of Life,* Paul Ramsey argues that under conditions of scarcity it might be permissible to set policies to treat or not treat various classes of patients. "A medical indications policy," he writes, "could go so far as to stipulate arbitrary lines to be drawn—for example, that no neonate below a designated weight and gestational age should be saved." However that line is drawn, physicians "could still be free within limits to the one side or the other to try to save or not to try to save the infant life." This policy still constitutes equal treatment of individuals, as it is a *categorical* determination of a class of patients. See Paul Ramsey, *Ethics at the Edges of Life: Medical and Legal Intersections* (New Haven, CT: Yale University Press, 1980), 264.