The Hypostasis of the Logos and Informed Consent

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In the field of bioethics, freedom and autonomy assume the ability of self-regulation and determination. If one has the ability to make one's own decisions, then one represents an autonomous and free person. Such a view of autonomy faces many difficulties, because it ultimately limits those who can be considered autonomous. The Orthodox theology of the one Hypostasis of Jesus Christ presents an alternative to such a notions of autonomy, freedom and personhood. A person can be said to possess freedom and autonomy not when she or he can make decisions for herself or himself, but when she or he is perfected in Christ. When people begin to live in communion with one another and with God, their freedom increases. In this essay, the author introduces the Orthodox theology of the two natures of Christ, united to the Divine Hypostasis of the Logos at the moment of the Incarnation, and its implications for human freedom and autonomy.

Introduction

Few events in the history of the world have had as much impact on society as the Incarnation of the Logos. The Incarnation represents the greatest sign of love that God has for the entire creation. The Logos of God, by personalizing human nature in Hypostasis, offers to each human being the opportunity to regain that once lost in the Garden of Eden. The Incarnation of the Logos and the Hypostatic union can also serve as tools for the informed consent process. A close look at the Hypostasis of the divine Logos and the relationship between the human and divine natures of Christ reveals an understanding of freedom and personhood not commonly held. This essay attempts to reveal this ontological perception of freedom/personhood and apply and compare it to informed consent in the realm of contemporary bioethics.

The Hypostasis of the Pre-Eternal Logos

Although Chalcedon offered the world a detailed understanding of the Person of Christ, Christology did not end in 451. The Fourth Ecumenical Council expressed the union of the two natures into one hypostasis, but it did not address how these two natures of Christ—human and divine—relate to one another in the one Person/Hypostasis of Jesus Christ. The Fifth Ecumenical Council held in Constantinople (553) dealt with this issue. The Fathers of this council state:

The Word of God is united with the flesh hypostatically, and that therefore there is but one hypostasis or only one Person, and the holy Council of Chalcedon has professed in this sense the one Person of our Lord Jesus Christ.¹

In his treatise of the Orthodox faith, Saint John of Damascus reaffirms and clarifies this.

The divine hypostasis of God the Word existed before all else and is without time and eternal...and in an incomprehensible manner known only to Himself, [caused] the flesh derived from the holy Virgin to subsist in the very hypostasis that was before all the ages...and the hypostasis of the Word, which was formerly simple, became compound, yea compounded of two perfect natures, divinity and humanity.²

The Church Fathers hold that one cannot come to an understanding of the human na-
ture of Christ apart from the pre-existing Hypostasis/Person of the Logos. This claim on the part of Orthodox theology results in comprehending the one Hypostasis as only divine. This of course does not prevent the Logos from actively taking human nature onto the Hypostasis. This assertion does not suggest that Christ could not be fully human, but rather it reaffirms the patristic view that the characteristic of natural humanity attains its potential when human nature exists in a theocentric reality.

Also, the decision of the Fifth Ecumenical Council reveals another important consequence. Claiming that the Divine Logos acquires human nature implies that the human nature does not become a part of another human hypostasis—the human nature of Jesus Christ does not find its personalization in another person but in the Logos. Human nature, which the Logos takes, obtains its subsistence from the Hypostasis of the Logos and should not be considered as anhypostatic—existing on its own. John Meyendorff concludes:

Hypostasis is the personal, “acting” source of natural life; but it is not “nature”, or life itself.

The Church never conceives of either the human nature or the divine nature of Jesus Christ as existing apart from the actual Person/Hypostasis of the Logos. Yannaras makes this point absolutely clear in his Elements of Faith:

God is God since He is a Person, that is, since his Existence does not depend on anything, not even his Nature or Essence. As a Person— that is freely— He constitutes His essence or Nature, it is not His Nature or Essence which makes His Existence obligatory.

This intricate doctrine of the anhypostasis of Christ’s human nature gives rise to questions regarding Christ’s freedom and will. If Christ’s human nature exists only when connected to the divine Second Person of the Trinity, then does Christ truly possess free will? Orthodox theology understands Christ’s human freedom and free will again in the context of the divine Hypostasis. By uniting human and divine nature in Hypostasis, in turn, Christ’s human nature in actuality transcends all earthly limitations. John Zizioulas argues that one’s personhood takes shape by the relationships that she or he makes. The stronger relationships in life usually take precedence and, thus, shape who one is as an individual. The same can be said about Jesus Christ. Because Jesus Christ’s Hypostasis/Person continues to be that of the divine Logos, the relationship of the Son to the Father never ceases, but instead constitutes the personhood of Jesus Christ.

Therefore, the Sixth Ecumenical Council held in Constantinople (681) correctly stated:

It was necessary that the will of the flesh move itself, but also that is be submitted to the divine will. . . . For just as His most Holy and immaculate flesh, animated by His soul, has not been destroyed by being divinised but remained in its own state and kind, so also His human will has not been destroyed by being divinised. It has been rather preserved.

This council teaches the presence of two wills in Christ; it also teaches that the human will submits to the divine will. This precedence given to the divine will does not attenuate humanity. Rather, it signifies the

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ultimate fulfillment of humanity, since Orthodoxy identifies true and authentic humanity as union and participation with God. The entire human race has, because of Christ’s Incarnation, been given the possibility of union to the Godhead. Thus, the divine Hypostasis of Jesus Christ serves as a witness and as an example for all of humanity. In Jesus Christ, one observes how the human person can once again turn his or her face to God.

**Bioethics and Informed Consent**

**Autonomy**

Informed consent has become a growing issue in today’s medical and scientific fields. Whereas the cloning of human beings and the creation of organs from stem cells still find themselves in the theoretical stage of their development, informed consent can be said to represent bioethics in practice. Informed consent not only appears in the discussions of institutional review boards (IRBs), but it has also made its way into the everyday lives of all human beings. Each time a person enters the hospital, a consent form must be completed. Before any treatment or research can begin, the physicians and scientists must make sure that the person seeking aid places his or her signature on the bottom of the consent form.

One cannot begin to speak about informed consent without first referring to the concept of autonomy. Rarely will one read an article on informed consent without coming across this concept. Faden, King, and Beauchamp acknowledge this reality when they write, “Autonomy is the most frequently mentioned moral principle in the literature on informed consent.” Autonomy has come to imply the right of “self-determination, self-rule, and individual choice.” This means that each individual has the right to accept or reject treatment if she or he feels that it will be harmful, regardless of potential for this treatment ultimately to have a beneficial outcome. As each person has the right to be an autonomous agent, it can be argued that physicians and researchers have a duty to protect and respect the autonomy of each person who steps into the hospital or the laboratory. Because people seek medical aid when they are in a highly vulnerable state, many believe that only when they give up their autonomy will they receive better treatment. Physicians must do everything in their power to protect and maintain the ailing person’s autonomy by making them active participants in their therapy.

A problem arises when one considers that physicians and researchers also have the right of autonomy and self-determination. Since respecting autonomy ultimately implies that each individual has the right to choose and accept those actions that meet their standards of beneficence, Joel James Shuman analyzes the conflict that may arise between what a patient views as beneficial and what a physician understands as beneficent action. He writes:

> My caregiver is under no obligation to provide me with the services I want if those services are not consistent with her understanding of what constitutes nonmaleficient/beneficent treatment; she is also an autonomous agent whose autonomy must be respected.

Because each person has the right freely to determine what procedures she or he will undergo, each physician then should also have the right freely to choose not to follow through with the patient’s demands if they conflict with his or her own autonomy.

**Competency**

Informed consent also attempts to promote and protect an individual’s autonomy by moving beyond the mere collection of a signature. As Wendler and Rackoff point out, there are countless instances when “individuals are perfectly willing to sign, but unable to do so.” Those who concern themselves with the informed consent of patients turn their attention to one’s competency. Competency can be separated into two categories—general and specific. As Stephen B. Billick writes:

> [G]eneral competency is determined by the ability to handle all of one’s affairs in an adequate manner. Specific competency is defined only in relation to a specific act.

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When informed consent is required, physicians should look for signs of specific competency in their patients because "a patient may be unable to tell you what day of the week it is and yet be perfectly capable of understanding why they need to have their broken arm repaired." A physician may be able to determine incompetency in cases of infants, young children, and severely retarded people, because they do not exhibit signs of complex cognitive processing. In such situations, the physician cannot obtain true informed consent from these individuals and must look to acquire consent from a person legally entrusted with the care of the patient. At the same time, though, such self-evident cases do not always present themselves to the physician. Children, especially teenagers, represent a group of individuals who often clearly show signs of general competency but may not always express the specific competency needed to understand the therapy process and its consequences. The same can also be said about the elderly.

Further difficulties present themselves when one uses competency as a factor for determining whether an individual can be considered an autonomous agent who can freely choose to undergo a medical procedure or to refuse it. With so much weight given to competency and to cognitive ability, there is a risk of compromising or even abolishing individual autonomy, central in the study of informed consent. No one denies the fact that people ought to be able cognitively to understand the medical procedure and the available alternatives; but when they do not possess the specific competency to do this, should they be denied the right to make decisions for themselves? By understanding children as incompetent to register specific medical information, physicians and the law refuse to acknowledge them as autonomous agents. J. D. Baum and J. P. H. Shield, from their studies on child health, do not agree with such an understanding of competency because often "the child may have a more stable and balanced viewpoint than either parent." Similarly, when an adult in fact possesses "specific" competency yet begins to suffer from a disease that limits his or her brain function such that information cannot be processed in the same manner as before, society claims that this person no longer possesses autonomous qualities. Since competency has so much to do with specific cognitive functions, people who have not yet attained such faculty or who have regressed in their brain functions are denied the right to act as autonomous agents.

**Comprehension**

The comprehensiveness of consent forms introduces another aspect of the informed consent issue. For a physician to be able to pronounce a patient competent to make highly complicated and important decisions regarding his/her well-being, the information that hospitals and research groups present to the patient must be clear and intelligible. The forms that explain the medical procedures, their side effects, and alternatives, must be written at the comprehension level of the patient. Giving vital information to people loses its meaning and significance when they have no way of understanding it.

The intricate language of many consent forms reflects the highly bureaucratic nature of the medical field. Also, because of medical malpractice litigation, the consent process has transformed into a means of legally protecting

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the medical institutions and the companies that sponsor research. Mark Hochhauser concludes that, as a result of the present condition of medicine and research, "consent form language (especially when dealing with 'compensation') is often full of 'legalese.'" 14 Many people do not have the knowledge to understand this type of language and, as a result, consent to procedures without comprehending what they entail. Once again, by consenting to a procedure without proper information and its comprehension, a person does not act as a fully autonomous agent, but rather as a prisoner of his or her own ignorance.

As recently as 1998, President Bill Clinton signed a "Presidential Memorandum on Plain Language," which called for all government organizations to use "plain" language in all of their new documents written after 1 October 1998, and to complete the rewriting of older documents in a more understandable language by 1 January 2002.15 Although this signifies a step in the right direction, one must be aware of the fact that not everyone living in the United States speaks English. Therefore, even greater sensitivity to the comprehension issue is called for: consent forms must also seek to meet the needs of those who do not speak English.

Besides the complexity of the language that consent forms employ, the lack of experience with the consent process on the part of the physicians and researchers greatly decreases the comprehension of the patients. In a survey given to 144 resident physicians from three different hospitals, fewer than half of those who answered the survey recalled a course or seminar on informed consent.16 Although this signifies a step in the right direction, one must be aware of the fact that not everyone living in the United States speaks English. Therefore, even greater sensitivity to the comprehension issue is called for: consent forms must also seek to meet the needs of those who do not speak English.

Bioethicists, to help eliminate this problem from hospitals, have devised other means of communicating necessary information. Among the newer innovations, video presentations are used to convey indispensable information and explanations of the medical procedure at hand. Patricia Agre and Kathleen McKee's survey of 204 patients and 102 of their family members reveals astounding results and hope for the future. After being shown a video that teaches important information about colonoscopy—a procedure that each patient needed—95% of the patients and 98% of the family members believed that the video presented the information in a clear and comprehensible manner. Although the results of this survey offer hope for the effectiveness of such educational techniques, the real potential for informed consent lies in the likelihood that "the addition of the videotape [to the process leading to informed consent] may have benefit in preparing patients to have a meaningful dialogue with their physician." 17

Orthodoxy and Informed Consent

The Greek Orthodox Church does not yet have any position or formal teaching on informed consent, but it does possess an understanding of human nature founded on "the revelation of the truth about God." 18 With this in hand, it becomes feasible to formulate a response to the modern approach to informed consent. First, it must be said that Orthodox Christianity does not understand autonomy and freedom in the same sense as contemporary bioethics. The Church's attention is directed to Jesus Christ and the Holy Trinity as the models for autonomous living for all human beings. As stated earlier, Jesus Christ has human free will, expressed not only in individual choices according to personal preference, but also in allowing his will naturally to follow His Father's. This does not prevent Christ from being a free human person. Rather, it points to the fact that only when one no longer can make decisions as isolated individuals does one start to live autonomously. As Hierotheos Vlachos states:

The "gnomic will," that is to say the possibility of choice, is an indication of the imperfection of man's nature. Therefore man cannot have absolute freedom. Only God has freedom in the absolute sense of the word, since God is uncreated.19
One should not take this statement to suggest that only when a person becomes a mindless slave does she or he acquire ultimate autonomy. Instead, the mere fact that a person has the opportunity to choose between God’s natural will and his or her own will points to the reality of human imperfection. St. Paul describes this imperfect state:

In my members another law is at war with the law of my mind, making me captive to the law of sin that dwells in my members (Rom 7:23).

The Incarnation of the Logos serves to help human beings overcome this struggle. Each person overcomes his or her own desires and moves to do that which once came naturally, when she or he becomes a living member of the Body of Christ. Baptism offers all people membership to Christ’s life-giving Body. As St. Paul writes, “As many of you as were baptized into Christ have clothed yourselves with Christ” (Galatians 3:27).

The dialogue model that Patricia Agre puts forth would help provoke both patient and doctor into living lives in Christ. In order for any dialogue to take place—meaningful dialogue, that is—one must consider informed consent, not as a single event or moment in the therapy process, but as an actual process itself. When viewed in this way, not only does the patient feel more assured that she or he will receive greater quality of care and information, but something much deeper takes place. Constance Baker writes that by understanding informed consent as a process,

The interchange [between patient and physician] can establish and enhance a good physician-patient relationship built on realism, trust and support.24

Teifion Davies believes that a relationship built on these elements must be present when trying to give and obtain informed consent in psychiatric research, as well:

Again, the groundwork involves fostering partnership with keyworkers, carers, advocates, patients’ groups and, wherever possible, the patients themselves.25

When patient and physician trust each other, their relationship goes beyond one of doctor-patient, but begins to reflect the relationship between Christ and the Father.

The relationship formed between the physician and the patient should not try to emulate that between a student and a professor in the lecture hall. Instead, this relationship ought to strive to imitate the manner in which God exists. Because God exists as Trinity, i.e., in a community of love, each Person of the Trinity, although fully sharing in the one Divine Essence, accepts and allows the Others’ particularities to exist. John Zizioulas reminds his readers that, within the Trinity, “otherness is absolute. The Father, the Son, and the Spirit are absolutely different.” 24

Thus, the patient and the doctor should make every effort to make their interactions form the same kind of community—of love and acceptance of the other’s values. Such a community “is theologically speaking, an ontological category more fundamental than biology, and hence more fundamental than family, race, gender, or class.” 25

This relationship or, rather, this state of “being as communion” allows the doctor and the patient to work with one another and accept their various external differences—making the informed consent process more gratifying and complete for both parties.
Conclusion

In Orthodox Christianity, the fact that the Hypostasis of the Logos takes on human nature represents the deepest expression of God’s love for creation. By kenosis, uniting human nature and personalizing it to the divine Hypostasis/Person, the pre-eternal Logos once again makes it possible for all of humanity and creation to be reunited with their Maker and partake in divine Glory. The Hypostasis of the Logos has been debated over the centuries. It has resulted in the formulation of great doctrines, but it has also been the center of disagreement and division among believers. Responsibility for these divisions can be placed on the fact that people have lost sight of the union’s purpose—to transform human beings into human persons.

Bioethics, a modern discipline compared to theology, provides people with the opportunity to regain the mystery of the Incarnation. The informed consent process, although it often consists of highly technical language and forms, provides human beings with the chance to engage in meaningful relationships with each other. Informed consent no longer has to result in isolated living and decision-making. Through interaction between physician and patient, each begins to live in a state of communion—even if for the briefest moment in an emergency situation the physician and the patient comes to glimpse the vital role each plays in the life of the other. Thus, as people begin to grow in communion with each other, not only does the consent process become more natural, but people also begin to exist in communion with God.

Works cited:


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Endnotes:

3. Clapsis. Fr. Emmanuel Clapsis is Associate Professor of Theology and Dean at Holy Cross Greek Orthodox School of Theology, 50 Goddard Ave., Brookline MA 02445.
5. Giannaras, p. 59.
7. Faden, King, and Beauchamp, p. 7.
8. Erlen, p. 75.
9. Shuman, p. 64.
13. See Cole; Meyer.
14. Baum and Shield, p. 1183.
15. Hochhauser, p. 1315.
16. Ibid.
17. Kondo, p. 44.
25. Zizioulas, Being as Communion, p. 60.

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