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ABSTRACT

Although there is no consensus on how placebos actually work, their association with the concept of faith is considered to play a key role. In modern medicine, the traditional use of placebos raises bioethical concerns, despite the fact that it has shown extremely positive results over time. Orthodox Christian moral theology has not yet divulged its views on the matter, although several of its Church Fathers and secular theologians have evaluated the concepts of falsehood, autonomy, and, of course, faith. Thus, by examining these notions, could we conclude the morality of the practice, from the point of view of Christian Orthodox bioethics? This is the question this paper will answer to.

KEYWORDS

Placebo; virtual medicine; Christian ethics; bioethics; Orthodox theology

Introduction

In the ancient Greek-Roman world, the figure of Asclepius, god of medicine, reigned over the field of medical science. In the majority of that era’s settlements, temples were built in the name of Asclepius and many patients visited them in order to be healed through the faith they had in him.¹ In addition, many other ancient civilizations, such as the Egyptians, Mesopotamians, and others associated religion and magic with healing.² These practices demonstrate the existence of the placebo effect as early as antiquity, as, for many centuries, medicine has been inextricably intertwined with the placebo effect. However, although medicine started being recognized as a science by the nineteenth century, “after World War II, as medicine adopted biologic principles, the ‘art’ of healing was replaced by the ‘science’ of therapeutics,”³ resulting in the decline of the use of placebos for therapeutic purposes.

Etymologically, the word placebo represents the future tense of the verb “placere” which is translated as “please.” Thus, in English, the word placebo means “I shall please,” as, for the notion of placebo, pleasing has a central meaning, since the practice is associated with the pleasing of the patient by the doctor, of the doctor by the patient, or both.⁴ Interestingly enough, however, the first mention of the word derives from the Bible, or to be more precise, from St. Jerome’s mistranslation of Psalm 116. St. Jerome, translating the phrase from Hebrew to Latin, mistranslated the ninth line of the Psalm as “I will please the Lord in the land of the living” (“Placebo Domino in regione vivorum”), instead of the correct “I will walk before the Lord in the land of the living” (Psalms 116:9).⁵

To clarify the meaning of placebo, it is essential to separate the term placebo (or “virtual medicine”) from “placebo effect.” The former is the tool with which the latter can be induced. Placebo, in other words, is the virtual medication that results in the placebo effect, the medication’s beneficial outcome. Additionally, it has to be emphasized that the term “medication” does not refer exclusively to pills, capsules, or injections, but to medical procedures in general⁶ and that placebo therapies are not only those of a medical nature but also those without any medical connection, like the ones associated with faith and prayer. Furthermore, in their medical form, virtual medicines can be divided between “pure” and “impure”: medication with absolutely no pharmaceutical value, for example, a sugar pill disguised as a regular pill, is classified in the first group; while medication with such a value, though irrelevant to the patient’s condition, belongs in the second group.⁷

Regarding placebo effect, the virtual medication “is designed to simulate a therapeutic context such that the effect of the intervention (placebo effect) is attributable to the way in which this context affects the patient’s brain, body, and behaviour.”⁸ Nevertheless, as for the mechanisms which contribute to this effect, there are no certainties. There are several theories on how a sugar pill, for instance, can influence a patient’s condition. It is important at this point to take into account the relation between psychological and physical health, because, in modern medicine, it is widely accepted that the condition of the former has direct implications on the condition of the latter. This applies in the case of a placebo as well; dispensing virtual medication to a patient has an immediate impact on their psychology, which in turn acts as a catalyst for their biological condition. Furthermore, there are many theories on how a placebo affects the mental state, with the theory of “response anticipation” seemingly the more predominant. According to this theory, the patient’s expectation that they will be healed, their desire for the cure to succeed, and their trust in an external authority (doctor, therapist, God, etc.) play a dominant role.⁹

As for the biological aspect of the placebo effect, the theory of Nicholas Humphrey, which connected placebos with evolutionary biology, is of great interest. According to Humphrey, the human organism, through evolution, has developed self-healing mechanisms that help it confront pain and disease that are activated according to its psychological state. In his view, there are two reasons why evolutionary theory can be linked to placebos:

One reason is that the human capacity to respond to placebos must in the past have had a major impact on people’s chances of survival and reproduction (as indeed it does today), which means that it must have been subject to strong pressure from natural selection. The other reason is that this capacity apparently involves dedicated pathways linking the brain and the healing systems, which certainly look as if they have been designed to play this very role.¹⁰

A placebo has two uses. The first of which is commonly understood to be that traditional usage as we have already seen, applied since the age of antiquity. In this method, the doctor dispenses virtual medicine to the patient, without them knowing, in order to cure their disease. The prerequisite of ignorance at this point is of vital importance for the progress of the therapy, since the patient receives medication, believing that it will confront their disease pharmaceutically, although, in reality, this impression is the

only reason their health shows any improvement. The second usage of a placebo, developed in recent years, takes place in clinical trials, comparing the pharmaceutical effect between a new tested medicine and a virtual one. In this case, the participant (or participants) is aware of the placebo being administered, although they do not know when they are provided with the virtual or the real medication.¹¹

The legal aspects of a placebo are governed by the Code of Medical Deontology, which states that the doctor must act according to the latest rules of medicine and that they are not allowed to apply therapies that lack scientific documentation. Additionally, it is underlined as obligatory for the doctor to provide complete and truthful disclosure to the patient in order for them to understand the situation and make informed decisions. Regarding this point, the Oviedo Convention mentions that “All people are entitled to be acknowledged of any information relating to their health condition.” Therefore, the administration of a placebo to patients in its traditional form, according to these provisions, is not acceptable by modern science. As for the second use of a placebo, the participation of a patient in a clinical trial in which a virtual product is being used is legal as long as the patient is fully informed. The doctor must thoroughly inform the patient of the following procedure, including the potential consequences and side effects to secure their consent; in this case, there are not any legal ramifications for the doctor.¹²

Ethical Considerations

Beyond the legal aspects, in both cases, there are many concerns as to whether it is ethical for virtual medicine to be employed and under which conditions. These concerns have become more intense in recent years, due to the fact that the placebo now is “real”; it is a powerful psychosomatic phenomenon with numerous clinical uses and has nothing to do with the placebo we knew a few decades ago.¹³ The development of medical science, which now distinguishes placebo therapies from “regular” ones, is also a key factor. Many views and theories have been expressed, both in favor and against placebos, and what can be said for certain is that there is no unanimity among ethicists and scientists about the morality of both placebo uses. We, however, will focus on the ethical consideration of its traditional use, as the fact that it requires the patient to be deceived and manipulated in order for it to work, makes it much more ethically controversial.

Although for its use in clinical trials, the question of effectiveness arises, the administration of virtual medicine to patients for the treatment of their disease is not ethically criticized for its benefit. In this case, the ethical concern lies in the fact that, in order for the placebo to be effective for the patient’s health, the unawareness of its presence is required. The doctor prescribes the medicine without the patient’s knowledge, which in fact constitutes a deception of the latter. Thus, the ethical problem that arises is that the doctor deceives the patient, who, despite wanting an effective treatment, is receiving a placebo instead. This is why, for some, placebo treatment will always be immoral, a violation of the patient’s right to be honestly and fully informed.¹⁴

However, there is one occasion in which the placebo administration in its traditional form is also ethically judged in regard to its benefit and this is when the patient finds out that he has been deceived. In this case, the apparent outcome, that is, the failure of the treatment is the lesser evil. The biggest harm is that the patient may completely lose

confidence in the medical science and react suspiciously to any future treatment that a doctor may recommend. This may risk the effectiveness of a potential virtual therapy in the future, perhaps even in cases where its use would be necessary.¹⁵ Another ethical concern that arises from the traditional use of placebo has to do with the compensation that the doctor may demand; it is immoral for him to earn money by essentially defrauding a patient, especially if the fee is high. On the other hand, if the fee is unusually low, there is a chance that the patient may become suspicious and discover the trickery.¹⁶ Nonetheless, cases such as these will not be further examined, as they are not only rare (in case the patient discovers the deception), but also of secondary importance (in the case of the medical fee from the deception). What is most crucial is to highlight the ethical concerns of the lie and the violation of the patients' autonomy.

Indeed, the issue of respecting the patient's autonomy, in the traditional use of placebos, should be ethically taken into serious consideration. The physician, as it was mentioned above, is obliged to fully inform the patient about their state of health as well as of the nature of the impending treatment, so that they are in a position to make an informed decision. The use of a placebo conceals essential features of the treatment, which inherently precludes the patients from being informed properly, thus undermining their autonomy and free will. The doctor, therefore, acts paternalistically and does not comply with the patient's right to decide whether they desire to receive such treatment or not. In both lying and paternalism, a conflict between the highest medical duty, healing, and two other positive duties exists; in the first case, the conflict of treatment with truth, and in the second one, the conflict of treatment with autonomy. Hiding the truth leads to the infringement of autonomy and the lie of the doctor leads to paternalism at the patient's expense, so we are essentially dealing with the same issue.

For the opponents of placebos, therefore, the ethical condemnation of the practice is grounded in the basic principles of the autonomy and dignity of the individual. The general idea is that of moral reciprocity, as people generally desire that others treat them in a respectful way and this does not involve any use of manipulation or deception. Thus, if doctors treat their patients as morally equals and respect their dignity as persons, it is immoral to deceive or manipulate them, even if they judge the results to be for their own good.¹⁷ For deontological ethics, this is an absolute truth, as the opposition to lying is indeed absolute regardless of circumstances, intentions, or potential benefits. Kant, for example, classified lying as a violation of a perfect duty and stated that if someone told a lie, he or she was responsible for all its consequences, even if they were totally unforeseeable.¹⁸ Furthermore, for him, "a lie always harms another; if not some other particular man, still it harms mankind generally, for it vitiates the source of law itself."¹⁹

On the other hand, for the defenders of placebo, although lying is ethically questionable on the grounds that it usurps autonomy and breaches trust, these grounds do not apply to placebos when prescribed within appropriate ethical limits.²⁰ More specifically, in the hypothetical case where the doctor prescribes a placebo and instructs the patients to take it three times a day for three months, tells them that it has no side effects, and finally expresses the belief that it will make them feel better, he or she has practically not lied. The doctor truly believes that this medicine will comfort the patient and knows that it has no side effects since it is a placebo. The doctor also suggests a dosage that refers to the consumption of a conventional medication because they actually believe that this will improve the patient's condition. If the patient was told not to take

this medicine in a similar way to a conventional prescription, it would be very likely that they would realize that it is a non-conventional one; again, the doctor has not lied.²¹

The first to express this point of view was Richard Cabot in 1903, who described the deception in this case as “ostensible” and not real.²² According to him, although the non-existent pharmaceutical effect of the treatment has not been mentioned, the patient has not been deceived and has given their consent, fully aware of all the pertinent information. Namely, whether they will suffer any side effects and, of course, whether they will feel better. The doctor has indeed avoided explaining to them how this treatment will work in their system, but this constitutes neither a lie nor an infringement of their autonomy, as this kind of information is rarely given to patients anyway, even in cases where a medicine with actual pharmaceutical properties has been prescribed. After all, the doctor cannot provide all the information about the treatment to the patient, as it would not be understood, since the latter does not have the required medical background. Furthermore, the duty of the doctors to treat their patients outweighs their duty to be truthful and respect their autonomy, as the highest good of the medical vocation is to cure the patients and not to reveal the truth to them. In other words, the fundamental obligation of the doctor is to heal and not to be always truthful. After all, if each patient were to decide between being cured and learning the truth, they would almost certainly always choose the former.²³ Nevertheless, despite these viewpoints, modern medicine prohibits the traditional use of placebo, as it associates it with dishonesty that leads to the violation of autonomy, regardless of whether the practice will have beneficial effects or not.

The Stance of Orthodox Bioethics

Due to this association, and given that Orthodox ethics is not utilitarian, in order for one to evaluate placebos from the perspective of Orthodox bioethics, it is necessary to theologically examine the concept of dishonesty and lying. However, before doing that, it is important to briefly examine and define the most fundamental principles of Christian Orthodox bioethics. Human creation in God’s image and likeness is the central axis and the basis of Orthodox anthropology, hence, of Orthodox bioethics as well. Just as an image gains value because of what it depicts, so man, created in God’s image, exists and acquires value in relation to the one who depicts, God. The image of God manifests the spiritual kinship of humankind with God and highlights the blessings that God bestowed upon us. Alongside these blessings, God also supplied man with the tendency towards the eschatological end, that is, God’s likeness, which will be experienced not only spiritually, but also bodily, after our bodily resurrection. Thus, it is humans’ duty to constantly improve physically, mentally, and spiritually in the earthly life, until they reach this very end, perfection, deification, or else *theosis*, in the next one. God’s likeness, therefore, reveals man’s *ayteksousio*, his free will to create a relationship of love and communication with God and constitutes the fulfillment of his volition to resemble the Creator, reaching the fulfillment of his very existence. This freedom allows humans to choose autonomously between good or evil; whoever decides to follow the former will be rewarded by God’s grace.²⁴

It can be said, therefore, that humans continuously navigate from image to likeness, from the created to the uncreated, from the imperfect to perfect.²⁵ This dynamic

movement and evolution entail two ethical criteria: first, that human life is fulfilled through imitation of God and communication with Him, and second, that humans, as social beings can be fulfilled through social life. According to Harakas, although these affirmations contradict the modern adoption of individualism in secular bioethics, they are ethically essential, as they urge us to spiritual enhancement through communion with God and fellow human beings.²⁶ On the other hand, Orthodox theology is highly personalistic. Through creation in the image of God, every human being is unique and individual, therefore, the person lives and moves between sociability and individuality. As Yannaras holds,

every human being is a unique and unrepeatable *prosopo* (person), but all these unique and unrepeatable persons are *homoousia*, are of one identical *ousia* (essence). Therefore, a human being realizes its hypostasis as *prosopo* only when it finds itself in a communion of love with all other persons.²⁷

In addition, personhood is identified in all human beings, as personhood and humanhood are not confirmed by biophysical, medical, or social capacities and assessments but by the source of life, God. Personhood is conferred by the changeless, perfect God and not by any kind of perishable development and alteration. With our birth, we are given the ability to give the world back to Him “and it is only in this act of offering that we become genuinely human and truly free.”²⁸

Moreover, from the creation of humans in the image and likeness of God, derives their superiority within the world and the rest of Creation as well as human person’s unassailable dignity, because of which, human life is considered sacred. Triune God is depicted in every human person and just as every person of the Holy Trinity carries the wholeness of divinity, so every human being, through God, becomes a perfect person and carries all of humanity.²⁹ For Orthodox ethics, within Creation, only human nature is associated with reason, free will, and dignity and this is what justifies the inalienable human rights, which, although projected as high conquests of the Enlightenment, in fact, have their roots in the long-standing Christian tradition. It is a firm position of Orthodoxy that human rights stem from kinship with God. Without this basis, the Declaration of Human Rights remains meteoric, rights are distorted, anthropocentrism replaces theocentrism, and individuality falsifies human life.³⁰

Finally, faith, hope, and love are the three principal Christian virtues. However, for Orthodoxy, selfless love is the most important virtue of all, as it is closely connected with the ultimate goal of spiritual life, theosis. As Maximus the Confessor saw, only through love can man reach eschatological perfection and can the grace of God transform him as a whole so he, as a psychosomatic being, can unite with God and become His friend. Only through selfless love does he become perfect and infinite, for he lives in the perfect and infinite God.³¹ Ultimately, every human person, created in God’s image, bears immense value and dignity and this is exactly why every “other,” even our enemy (Matthew 5:44; Luke 6:27), regardless of gender, religion, ethnicity, social class, or race, is worth of our selfless love. This love is a reflection of God’s infinite love, which has been revealed to us “in boundless measure.”³² Therefore, for Orthodox theology, “a true bioethics cannot exist independently, without love.”³³

Returning to lying and deception, indeed, dishonesty is one of the worst passions and one of the greatest sins that humans may commit. It is not a coincidence that there is a

well-known commandment by God in the Mosaic Law mendacity: “You shall not bear false witness against your neighbor” (Exodus 20:16). In the Old Testament, plenty of other passages against lying can be identified. In Psalm 5, for example, it is written, “You shall destroy those who speak falsehood; The Lord abhors the bloodthirsty and deceitful man” (Psalms 5:6–7), while Job states, “As long as my breath is in me, And the breath of God in my nostrils, My lips will not speak wickedness, Nor my tongue utter deceit” (Job 27:3–4). Moving to the New Testament, Jesus Himself, speaking to the Pharisees, mentions, “You are of your father the devil, and the desires of your father you want to do. He was a murderer from the beginning, and does not stand in the truth, because there is no truth in him. When he speaks a lie, he speaks from his own resources, for he is a liar and the father of it” (John 8:44). Also, Apostle Paul urges, “Do not lie to one another, since you have put off the old man with his deeds, and have put on the new man who is renewed in knowledge according to the image of Him who created him” (Colossians 3:9–10). Finally, one could say that Paul’s teaching, according to which, even if someone’s falsehood promoted the glory of God, would still be forbidden (Romans 3:7–8), definitely closes the door to any use of bad means, even when used for good purpose or bring positive outcomes.

Nevertheless, the place of lying in the Bible is not as straightforward as one could assume at first glance. It is a fact that many biblical honorable people use deceptive means, in a way that one could say that there are narratives where the biblical author’s attitude to the falsehood described is undoubtedly favorable. Moreover, in some cases, even God seems to twist the truth (Genesis 2:17; 18:13; Exodus 33:22; Kings 22:19–23) or to instruct someone else to lie (Exodus 3:18; 1 Samuel 16:2).³⁴ Based on these passages, many hold that Scriptures acknowledge that certain situations justify and even require deceptive measures. Thus, the views of Scriptures on lying are ambiguous, rendering its interpretation problematic.

The early Church, drawing from the aforementioned, in favor of occasional deception, biblical passages, maintained the general moral view that Christians do not have to tell the truth but to simply answer straightforwardly. “But let your ‘Yes’ be ‘Yes,’ and your ‘No,’ ‘No.’ For whatever is more than these is from the evil one” (Matthew 5:37). As the Orthodox ethicist Tristram Engelhardt articulates, “in the Church of the Councils, it was recognized that in special circumstances the prophets and saints of the Old and New Testaments directly and intentionally engaged in deception”³⁵ and this belief prevailed in both East and West. Indeed, the more widespread view in both East and West, until the time of Augustine, was the one that permitted occasional deception.³⁶ Several early Eastern Church Fathers, accepting the platonic view that lying is sometimes “useful as a medicine,” expressed the notion that the use of fictions could, in some cases, be approved. According to Origen, “it is sometimes allowable to employ deceit and falsehood by way, as it were, of medicine,” while his teacher, Clement of Alexandria, as early as the second century, stressed that people must tell the truth, but added that this does not apply to cases where we use a lie therapeutically, referring to doctors who are allowed to say something untrue for the sake of their patients. According to him, on the one hand, Christians should not lie, even if they were to suffer a torturous death, but on the other, the perfect Christian could occasionally deceive therapeutically.³⁷

Some centuries later, St. John Chrysostom, agreeing with Origen and Clement, referred to cases of doctors deceiving their patients. Trying to apologize to his dear

friend Basil, due to a similar deception that he committed against him, Chrysostom says that it is very common for doctors to misdirect their patients, even though they do so for their own sake. In fact, he mentions an incident as an example in which a man had been suffering from a high fever but did not accept any medication and all he wanted to do was to drink alcohol. The doctor, after making sure that there was not enough light in the room, gave him a cup filled with water and medication, which he first immersed in wine, so it would smell like alcohol. The patient was deceived by his olfaction, assuming that he would drink wine, consumed the concoction, and was cured.³⁸ With this example, St. Chrysostom made clear that deception is sometimes not only useful but even necessary, highlighting the great benefit that derives from its employment. In his view, the prohibition of lying is not absolute and the intention is of the highest importance in determining the significance of such an action.

Furthermore, Chrysostom states:

To discover how useful deceit is, not only to the deceivers but to the deceived, go to any doctor and inquire how they cure their patients of diseases. You will hear them say that they do not rely on their skill alone, but sometimes they resort to deceit, and with a tincture of its help they restore the sick man to health. When the plans of doctors are hindered by the whims of their patients and the obstinacy of the complaint itself, then it is necessary to put on the mask of deception in order to conceal the truth about what is happening, as they do on the stage.³⁹

Finally, going one step further, John asserted that this deception employed by doctors could be expanded to be employed more widely:

A husband needs it for a wife, a wife for a husband, a father for a son, a friend for a friend, and sometimes even children for a father. Saul's daughter could not have rescued her own husband by any other device from her father's grasp except by tricking him.⁴⁰

It is a fact, therefore, that Chrysostom, as well as other Orthodox Fathers, accepted direct and intentional deception.⁴¹ Engelhardt, referring to all these cases in the Christian tradition in which many pious people deliberately used deceptive means, listed the occasions in which such a thing would be acceptable. These occasions are: (a) when there is an urgent need to achieve a goal and lying is the only way to achieve it, (b) when an important good, such as the salvation of a human life, is at stake, (c) when it is necessary to use a lie in order to protect a soul from spiritual harm, and (d) when this is done with purity and exclusively for a good purpose. Especially for the latter, for Engelhardt, "one must aim at doing God's will, not one's own, so that one does not become a liar but aims at the truth of God."⁴² These views are supported by the Orthodox tradition, which accepts the use of falsehood, under these conditions.

Examining these viewpoints, one could assume that Orthodox tradition totally legitimates deception. However, this is not true since lying is a serious sin and remains so even if the aforementioned conditions occur. All in all, Orthodox theology's viewpoint on lying is summarized in the teaching of the most contemporary Orthodox Father, St. Paisios of Mount Athos:

It is a sin for someone to lie. When he lies for a good cause, i.e. to save someone else, then it is half a sin, because the lie is for the benefit of his fellow man and not for himself. However, it is also considered a sin; therefore, we should keep it in mind, and not fall into the habit of telling lies for insignificant things.⁴³

Therefore, falsehood is still evil but lying for someone else's sake derives from love and philanthropy and this is exactly the reason why it can be forgiven. The deceit of another is placed within a spiritual therapeutic context and should be undertaken only with regret.

With regard to the connection of these notions with the Machiavellian doctrine “the ends justify the means,” the Orthodox ethicist Georgios Mantzaridis emphasizes that the latter does not apply in the occasions that Orthodox tradition approves the use of reprehensible means to achieve something good. This is because, in these cases, we do not have the use of evil, but the employment of a strategy, which is utilized by the motive of selfless love and always keeping Orthodox *oikonomia* in mind. “Evil,” Mantzaridis says,

does not have a hypostasis on its own but it exists as the absence of good. Evil also derives from egocentrism and selfishness; therefore, because the aforementioned actions were done with purity and altruism we cannot speak of evil; conversely, in the Machiavellian dogma, no such distinction between pure strategy and evil means exists.⁴⁴

This is exactly what Chrysostom meant when declared:

Great is the power of deceit; only it must not be applied with a treacherous intention. Or rather, it is not right to call such action deceit, but good management and tact and skill enough to find many ways through an impasse, and to correct the faults of the spirit.⁴⁵

As for faith, it is a fact that Jesus Himself used the phrase “Your faith has healed you” several times after performing a miracle. Even more, in Matthew’s story of the blind men, Christ asked for a faith declaration before He cures them (Matthew 9:28–30), while, even after His death, His name and the faith in Him has the power to heal (Acts 3:16). It becomes clear, therefore, that, although there is no agreement on whether this biblical faith is understood as a belief in Christ as divine or as a mere trust in Him as a healer, indeed, *pistis* seems to play a dominant role in the miracles of Jesus.⁴⁶ For some, this fact could suggest a strong connection of religious faith and spiritual healing with placebo.

For Orthodox theology, although, as mentioned, love is the most important virtue, faith is the only way in which humans can follow Christ’s teachings and the foundation of every aspect of the Christian life, without which, the cultivation of neither hope nor love, would be impossible.⁴⁷ Miracles do occur through faith and testify to the liberation of the person from the limitations of nature and carnal necessity and are a sign of human participation in the freedom of the Holy Spirit.⁴⁸ Also, they take place, not for the sake of the saints but of the sinners and aim not at the extension of earthly life but the salvation of the eternal one, through the healing of sin. For Chrysostom, miracles happen at any time and the fact that their appearance has been reduced, after the spread of Christian teaching by Christ and the Apostles, aims at the edification and spiritual maturity of the faithful.⁴⁹ Therefore, the connection between faith and miracles is undeniable. However, although one cannot close the door on the association between religious faith and placebo, as the aforementioned ancient healing by Asclepius shows, Orthodox theology trusts that the therapies through Christian faith and prayer are the consequence of the divine intervention and the grace of the Holy Spirit. This is exactly what Jesus Christ was referring to when declaring, “Your faith has healed you.” Besides, for Christians, Christianity is more of an apocalypse than a religion, which means that it is regarded as the revelation of God, began in the Old Testament and completed in the

person of Jesus Christ. In any case, therefore, we could not compare it to the rest of the religions and claim that what is true for them applies to Christianity as well.⁵⁰

Concerning the relationship between physician and patient, for Orthodox medical ethics, it should be governed by trust, respect, and, most of all, selfless love as well as to imitate the relationship between the members of the Holy Trinity. One could say that this notion contradicts the aforementioned expressed beliefs since such a relationship cannot be based on lies, as deception can be associated with neither respect, trust, nor, of course, love. However, as John Breck remarkably addresses,

Our unity in the body of Christ, implies a mutual commitment that in certain cases transcends the need for informed consent and transforms the self-centered notion of personal 'rights' into the self-giving gesture of care offered to others in love. While this raises the specter of the 'slippery slope' towards paternalism in a stark and perhaps dangerous way, thus potentially jeopardizing patient autonomy and the principle of informed consent, the theological vision behind the suggestion is profoundly 'evangelical'. It recognizes that from the point of view of healthcare, ultimate value and meaning in life lie not in the mere preservation of biological existence, but in the total surrender of self to the loving sovereignty of God.⁵¹

Thus, although, at first glance, it may seem that such an attitude on the doctor's part is anti-Christian, in reality, it could prove to be the exact opposite.

Additionally, since, as examined, one of its most important teachings is free will, i.e. the freedom that derives from humankind's creation in God's image and likeness, Orthodox bioethics obviously respects autonomy and recognizes the right to decide for oneself. On the other hand, free will is not necessarily good, as it can easily lead to either evil or sin. *Ayteksousio*, in other words, does not imply that every human choice is correct. As God Himself mentioned in Deuteronomy, "This day I call the heavens and the earth as witnesses against you that I have set before you life and death, blessings and curses. Now choose life, so that you and your children may live" (Deuteronomy 30:19). In addition, regarding free will, Apostle Paul said, "I have the right to do anything,' you say, but not everything is beneficial. 'I have the right to do anything,' but I will not be mastered by anything" (1 Corinthians 6:12). Interpreting these biblical passages, John of Damascus articulated that, even though humans were created sinless, they can, through free will, become sinful, since only the divine nature is truly sinless.⁵² Similarly, Theophilus of Antioch, asserted that human being is either completely mortal or immortal and that everyone is receptive to both situations,⁵³ while, as Methodius of Olympus saw, the human flesh is neither perishable nor imperishable, since it oscillates between sinfulness and grace, but, due to lust, according to original sin, it chose the former.⁵⁴

What is crucial to keep in mind is that humans have nothing of their own, not even the parts of their bodies, which are ruled by Christ, who "bought" us all (1 Cor 6:19–20). This is something, however, that does not negate the free will and the autonomy of man, but reveals our connection and loving relationship with Christ, as persons.⁵⁵ For Orthodox bioethics, autonomy is not associated with personal arbitrariness, but with the eschatological fulfillment of each person.⁵⁶ Based on the aforementioned teachings, although Orthodox theology respects autonomy, it does not conform to the excessive emphasis given to it by modern bioethics, since the eventual salvation of the soul is of much higher importance; whether salvation can only be achieved through the impingement of one's autonomy, then it is moral for this impingement to take place. The absolutization

of the principle of autonomy, instead of bringing people together, isolates and separates them. Even if this principle respects each person's particularity, in the end, it proves to be a chimera, since "If the individual is absolutized, the communion (community) disappears and with it also society."⁵⁷ Thus, the absolutization of autonomy, on the moral level, leads to incoherence and confusion.

Ultimately, it makes no sense for patients to choose the treatment by themselves if the choice is driven by passion because freedom contingent on passions cannot be real. What is important for the patients, in order for them to consent, depends not only on what they *want* to do but also on what they *have* to do. For Orthodox bioethics, Christians ought to draw authority "not from the consent of particular individuals nor from conclusions to discursive moral philosophical arguments, but instead from the experienced revelation of the requirements of God."⁵⁸ Moreover, for the Orthodox Christian, consensus should not be value-neutral, but the choice should be the one that leads to salvation, as Orthodox bioethics, with its eschatological character and perspective, relocates every moral concern "within the all-encompassing and all-demanding pursuit of the kingdom of heaven."⁵⁹ Only through this eschatological outlook of life are bioethical dilemmas properly resolved and man is not limited to the narrow confines of perishable cosmic materiality.

Conclusions

Placebo has existed since ancient times and the placebo effect is the phenomenon in which a patient's health improves after they receive a treatment that lacks pharmaceutical properties. This is achieved through the faithful and trustworthy relationship between doctor and patient since the former makes the latter presume that they are receiving a conventional treatment. This notion improves the patient's health condition, which proves that the placebo effect has mainly psychological inferences and is highly associated with faith.

However, in modern medicine, this traditional use is strictly forbidden and placebos are only used in clinical studies, comparing their effect with that of a new medicine being tested. Both of these uses are ethically controversial; the former because of the patient's deception which is required for the success of the treatment, the latter because of the risk to the patient's health, who by participating in the medical experiment receives a product with no medicinal benefit. Concerning the employment of placebo in clinical trials, it is largely considered legitimate in cases where there is no other way for the new medicine in question to be tested, although it is also globally understood that the use of a placebo that would endanger a patient's health is unacceptable and unethical. As for the traditional use of a placebo, many views have been expressed. For its opponents, the deception and the violation of the patient's autonomy could never be morally justified. On the other hand, according to its supporters, the deception on behalf of the doctor is not real as well as even if deception and a violation of the patient's autonomy occur, they must be weighed against their treatment. In this context, the value of treatment undoubtedly outweighs any other consideration.

The firm position of the Orthodox Church is that lying is a terrible passion and a serious sin. Equally stable is its view that every human being, as God's image, is a sacred and self-determined *prosopo*, therefore, has the right to move freely and decide

for oneself autonomously. Based on that, it would be considered completely immoral for a doctor to lie to their patient and violate their autonomy. Nevertheless, there are specific conditions during which Orthodox ethics, understanding human nature and always keeping *oikonomia* in mind, may approve the use of reprehensible means that may violate a person's autonomy. Orthodox Christian tradition, therefore, could tolerate the use of lies and the employment of deplorable means if the act is done with purity and exclusively for a good cause as well as if there is an emergency that can be overcome only by such measures.

All these principles, applied to the field of medicine and particularly to the administration of placebos, lead to the conclusion that if the aforementioned conditions are met, the required deception is indeed acceptable by Orthodox bioethics. That is, if the doctor acts exclusively for the good of the patient and if there is an emergency that can be treated solely in this way, the moral obstacles are bypassed. Inferentially, we can say that the administration of placebo is ethically approved in cases where the life of the patient is in danger and any other attempt to save them has been ineffective.

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