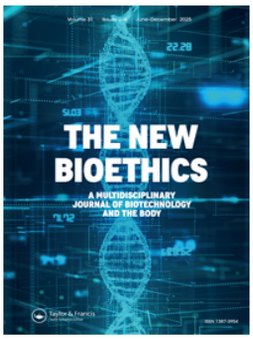

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On Making a Success of Life: 'Human Flourishing' and Healthcare

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This article considers rival views of flourishing and their significance for healthcare, compassion and professional practice. It argues that 'making a success of life' is ultimately not in our hands and so criticises quasi-Aristotelian interpretations of the Sermon on the Mount that call for an intentional formation and achievement of virtuous character as a condition of flourishing. Close attention is paid to the moral concepts and instruction arising from the Psalms and the beatitudes of Matthew's gospel. Civic, economic and biotechnological dimensions of healthcare are explored through study of the beatitudes, guided by William Tyndale, John Wesley, Martin Luther King Jr and Rebekah Eklund, and against the background of divine providential and eschatological agency. What making a success of life means for healthcare is identified by attention to covetousness, arrogance, distinguishing good and evil, discerning the presence of God among healthcare staff and patients, contending with societal violence and whistleblowing.

KEYWORDS Flourishing, virtue, beatitudes, healthcare, eudaimonism, public reason

Contested ideas of flourishing

Talk of 'human flourishing' offers certain routes into exploring the human condition. It seems to articulate, in botanic idiom, a common human desire for lives fulfilled, for faces turned together towards the light – an organic, social vision, one to which many may feel immediately attracted. To talk of *healthcare* and human flourishing is to frame this desire within common features of human life that characterize healthcare institutions: illness and therapy; joy and new life; old age, dying and death; vocational fulfilment and moral distress. At the same time, however, 'flourishing' may strike an awkward note for those participating in healthcare, since it is a world in which many feel burdened and bowed down; neither

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stretching out towards the sun nor well-watered by life's rivers, but drooping in the 'strange world of medicine' (Verhey 2004, p.60).

Just what 'human flourishing' means is contested. Consider Aristotle's interpretation of *eudaimonia*, articulated in his *Nicomachean Ethics* (1894). For Aristotle's approach, human flourishing in healthcare would be *somehow* bound up with the intentional pursuit of a life of virtue, habituated over time. For it is only the virtuous, for Aristotle, who may flourish. His thought might appear a generally acceptable ground on which to build an account of human flourishing in healthcare, even though he did not have healthcare, as we know it, in mind when developing his account of *eudaimonia* and the human good.

However, there is dispute among Aristotelian scholars as to how precise an understanding of eudaimonia the practically wise man will have. Perhaps he must understand the supreme good in great detail, grasping how goods such as friendship, health, and wisdom hold together in one unity. Perhaps he must have full virtue. Or perhaps he has a more outline grasp of the good (Hordern 2013, pp. 65–66). In addition to these disputes, some might say that to treat Aristotelian *eudaimonia* as definitive of human flourishing would entrench a controversial tendency to unduly privilege classical Greek thought – the thought of leisured *men* at a certain time and place – as a universal lens through which human flourishing should be read. Others might counter that Aristotle's insight into *eudaimonia* is powerful precisely because it has universal scope; and, therefore, it is to be expected that we might find convergences from other sources over time. This article cannot decide all such broad-ranging matters but must, while engaging with Aristotle and some recent interpretations of his thought, retain a focus on how contests about flourishing concern *healthcare* specifically.

Robert Spaemann draws attention to an important Aristotelian distinction, particularly relevant to healthcare, when he writes:

> If the objective success of life, our 'happiness', is tied to the condition of being past, then the experience of happiness can never be more than incomplete. But happiness over and done with is yet more incomplete, because no longer experienced. So Aristotle speaks of 'merely human happiness', distinguishing it from 'happiness pure and simple' that presents itself inescapably before our eyes as a model, but from which we are barred simply because we are men (2007, p.110).

He draws on a repeated refrain in classical thought:

> The old saying, 'call no man happy before he is dead, is about what we have called the 'success of a life', *eudaimonia* to the Greeks. This aspect of our action has to do with the course of a life as a whole, in relation to which the importance of particular acts is not fixed once and for all, but is a function of a context that remains open until it comes to an end. The end of the context is not even imposed by death. For if someone devotes a life to some great undertaking that involves many others, when the next generation asks if that life was a 'success', i.e. happy in the classical sense, it will have to consider the success of the undertaking and the long-term consequences of the life (2007, p.130).

From these remarks, it seems there is a serious mistake being made if it is suggested that there is the possibility of human flourishing, 'pure and simple', *in* healthcare.

First, healthcare, whether from a healthcare worker perspective, a patient or a public perspective, is properly speaking *about* something other than healthcare itself – for example, the restoration, management, or maintenance of health or ill health to enable participation (again, or in a new way) in various sorts of ordinary life; or to frame the period of dying and the event of death. For this reason alone, to locate 'pure and simple' human flourishing *in* healthcare would be to extend the possible envelope of healthcare's significance beyond plausibility, except in the case of the most unusual kind of hypochondriac. Second, however, the fact that even the event of death does not allow the observer to make a definitive judgment about the success of a life cautions us against locating flourishing in healthcare: even 'dying well', as some have it, cannot give a definitive answer to whether life has been flourishing. Happiness, pure and simple, is not for mortals.

In short, there is a great deal well beyond any human's control that determines the flourishing life. Aristotle recognized this point in his recognition that virtue is necessary but not sufficient for flourishing. He argued that 'happiness needs the addition of external goods' such as friends, political influence and prosperity, since it is 'difficult if not impossible to do fine deeds' without these goods (Aristotle 1894, 1099a31-32, 1976, pp.79–80). Thus, Aristotle thought of *eudaimonia* as bound up with socio-political life through which such goods may be attained and secured, or indeed damaged and lost, with consequent results for happiness. So we might reasonably say that what is true of the individual life is also true, albeit differently, of the institutional form. For even if a long-term, trans-generational endeavour – such as a Methodist hospital or the UK National Health Service – survives longer than the individuals who pass through it, it is still inherently about that which is necessarily subject to vicissitudes and reversals: human health, the systems set up to care for it, and ultimate judgment which lies beyond its demise as to what contribution it has made to human happiness. There is a necessary penultimacy, incompleteness and uncertainty associated with the happiness either of any individual involved in healthcare or any healthcare institution or system.

It is worth making this strongly negative point – dislocating whatever we mean by 'flourishing' from a fundamental rootedness in healthcare – since it focusses the question more sharply as to what *should* be said about human flourishing in relation to healthcare – and whether 'flourishing' is quite the right term at all. Making 'a success of life', as Spaemann positions it in a very long-term perspective, will likely be *somewhat* inflected by how one passes through some experience(s) of healthcare: as a patient, carer, member of healthcare staff and so on. But that 'passing through' will not be definitive of success.

'They flourish like a flower of the field'

An illuminating way to reflect on flourishing, Aristotle's approach to it and its significance for healthcare, is to juxtapose our preferred term of art – 'making a success of life' – with another ancient interpretation of 'flourishing' in the Hebrew Scriptures. This focus will also serve to prepare the way for our main focus, the beatitudes as recorded in the Gospel according to Matthew. In so doing, we will pay particular attention to the significance of humans' agency in

securing their 'success' or 'flourishing'. My own approach, one rooted in Anglican moral theology (see, for example, influences such as O'Donovan, 1994, 2023), shapes my engagement with Scriptural sources, and in due course, with a variety of interpretations of it, especially Methodist ones as were fitting to the partnership with Southern Methodist University that was the original occasion for this paper. I will reflect further below on the justification for examining the beatitudes as a particular source for bioethics. But for now, my intended audience includes those who already recognize (by faith or, perhaps in addition, on account of their own judicious reflection) the ancient Hebrew and Christian Scriptures as sources of moral wisdom; those who, though not recognizing this, are willing to countenance the possibility that there are valuable ways of seeing humanity which are found in those Scriptures (much as one might think the same of other widely recognized sources of insight); and lastly, those who, while rejecting the moral authority of those Scriptures, will find their own commitments sharpening by engaging with and perhaps criticizing the vision which is offered here. To complain that a view of flourishing or success (or virtue) formed by Christian theology is somehow less useful than a 'secular' alternative is to ignore the ongoing contests between comprehensive doctrines, which inevitably shape conceptions of virtue (Dunnington 2019, pp. 157–164) and, more generally, civic life and healthcare (Hordern 2020).

To begin, let us consider some Hebrew wisdom and poetry, and specifically, whether or in what way an Aristotelian notion of *eudaimonia* is in some way a native plant in the life of ancient Israel. Psalm 103[1] conceives of human lives as follows:

> The life of mortals is like grass,
> they flourish like a flower of the field;
> the wind blows over it and it is gone,
> and its place remembers it no more.

In what way do humans flourish *as* a flower? The Psalmist troubles any purely positive sense of flourishing. The location for flourishing is a field, an earthy context apt to those who come from and return to dust, as the very term 'human' suggests. 'Human flourishing' is here visualized as a flower, attentive to the time-bound qualities of human fragility and transience, while open to the beauty amidst the dustiness and passing quality of life. However, surrounding these sobering thoughts

[1] As a father has compassion on his children,
so the Lord has compassion on those who fear him;
for he knows how we are formed,
he remembers that we are dust.
The life of mortals is like grass,
they flourish like a flower of the field;
the wind blows over it and it is gone,
and its place remembers it no more.
But from everlasting to everlasting
the Lord's love is with those who fear him,
and his righteousness with their children's children—
with those who keep his covenant
and remember to obey his precepts. (Psalm 103:13-18 NRSV).

on the fleetingness of human flourishing and the concomitant recognition of human speed in forgetfulness is a covenantal, merciful embrace. Concerning God, the Psalmist sings:

> for he knows how we are formed,
> he remembers that we are dust …
> But from everlasting to everlasting
> the Lord's love is with those who fear him …

On this ancient view, to be considered alongside Aristotelian insights, the success anticipated in and sought for in human lives is not guaranteed by the power of humans to control the outcome of their lives. Success is not only exposed to the winds of time and the fickle minds of human creatures but is decisively implicated within and dependent on eternal forms of interrelation – merciful, good, reverential – between the Lord and dusty humanity. For the Psalmist, the final state of a life – the *reversal* of forgetting in an everlasting remembrance – is dependent upon the love of the Lord.

Blessedness, 'flourishing' and virtue

Psalm 1[2] casts light on this thought and, in so doing, suggests a mode of engagement with a recent interpretation and deployment of Aristotelian notions of flourishing:

> Blessed is the man
> who walks not in the counsel of the wicked …
> He is like a tree
> planted by streams of water
> that yields its fruit in its season,
> and its leaf does not wither.
> In all that he does, he prospers.

Here human life is not depicted as a passing flower of the field but like a planted tree, watered by a source outside itself, going fruitfully through the seasons, with leaves unblighted.

[2] Blessed is the man
who walks not in the counsel of the wicked,
nor stands in the way of sinners,
nor sits in the seat of scoffers;
but his delight is in the law of the Lord,
and on his law he meditates day and night.
He is like a tree
planted by streams of water
that yields its fruit in its season,
and its leaf does not wither.
In all that he does, he prospers.
The wicked are not so,
but are like chaff that the wind drives away.
Therefore the wicked will not stand in the judgment,
nor sinners in the congregation of the righteous;
for the Lord knows the way of the righteous,
but the way of the wicked will perish. (Psalm 1, ESV).

Jonathan Pennington has offered a line of biblical scholarship that, he believes, demonstrates that this Psalm's notion of blessedness is closely akin to an Aristotelian idea of *eudaimonia*. This is a distinctive contribution worth careful analysis to detect what is at stake in distinct views of 'human flourishing' in healthcare. The differences between his view and those of others may seem slight in some respects; but some divergent emphases emerge from them that will come into view more clearly as we proceed and, especially, when we come to consider the beatitudes' significance for healthcare.

Pennington's key observation is that what is being described in Psalm 1 (and the beatitudes to which we shall shortly turn) is not God *bestowing* blessing; instead, it is a life of practiced, habituated moral character that *leads to* things going well. Pennington argues for this approach by noting that the word group 'asher' (*ašrê*) 'refers to true happiness and flourishing within the gracious covenant God has given' (2017, p.53).

Eudaimonia, in Pennington's words, is an 'inner happiness and satisfaction, the state of the truly good life or human flourishing.' (2017, p.54) Rehearsing this view, he comments that 'it was only through the lifelong, intentional pursuit of virtue (practiced moral character) that one could find true flourishing.' (2017, p.40) This is what he finds in this element of Jewish thought about blessedness, represented paradigmatically by the first Psalm. This is

> not ¥blessing" others in the brk sense of initiating, effecting, or inaugurating favor. Rather, 'ašrê is an exclamatory description of the state of happiness, privilege, or fortune that is upon someone as observed by someone else, a bystander, not the one providing or initiating the blessing. (2017, p.56)

Pennington argues that in the Septuagint (the Greek version of the Hebrew Scriptures), the term *makarios* is used consistently to translate *asher* from Hebrew to Greek. Turning to the beatitudes of Jesus in Matthew 5, Pennington observes that this is precisely the term that Jesus used – in the corporate sense – *makarioi*. For Pennington, the combination of Jesus' usage with the Jewish distinction between *brk* and *ašrê* suggests that what Jesus preaches to his disciples is conceptually overlapping with or the same as what Aristotle taught his followers to believe about eudaimonia (2017, pp. 53–55). On this view, when Jesus says, 'Blessed are the poor in Spirit, for theirs is the kingdom of heaven', we should hear, 'Flourishing are the poor in Spirit, for theirs is the kingdom of heaven.' Jesus should not be heard as giving 'the pronouncement of divine blessing … [but] painting a picture of what the state of true God-centred human flourishing looks like', a life in covenantal relationship with the creator God (2017, p.54). To be clear, Pennington thinks that 'one can only flourish fully as a human when one is in a covenantal relationship with the creator God, which includes both ancient notions of what it means to flourish and a necessary orientation to God's revelation.' (2017, pp. 56–57) The beatitudes, on this view, are 'sapiential invitations to the kind of life that will experience flourishing.' (2017, p. 59) In summary, for Pennington:

> ašrê/makarios is the key biblical term to describe one in a state of human flourishing, and this should not be confused with the divine action of blessing, God actively causing human flourishing. Asherisms/macarisms are wisdom literature; blessings are covenantal language. (2017, p. 56)

Jesus, in Pennington's interpretation, is the true Philosopher-King, the fulfilment of both Israelite and Greco-Roman wisdom (2017, p.43), inviting humans to flourish through 'lifelong, intentional pursuit of virtue' (2017, p.40). Pennington sees this as emergent from and congruent with the Hellenisation of much Jewish thought in the Second Temple period. Accordingly, to understand and live according to these sayings of Jesus, the agent must recognize that 'human flourishing will only be realized through a person's virtue or wholeness'. The decisive question then is

> whether the agent orients his or her life virtuously … [and so the] great human flourishing question is answered by way of the need for covenantal relationship with the true God of the universe and the necessity of a future orientation to the coming time of restoration, in which flourishing will truly occur for those who live virtuously in alignment with God. (2017, pp. 43–44)

As I will shortly argue, there are good reasons to doubt the emphases in this way of interpreting the beatitudes and thus of reading what 'flourishing', including in healthcare, should be understood to entail. But first we must consider what would follow if this view prevailed amidst contested views of human flourishing. Following Pennington, through the Psalms to his interpretation of Aristotle and into the words attributed to Jesus, the thought would be that, for humans in any healthcare setting, the *roots* of organic and organizational flourishing must be in virtue. For flourishing to be possible in healthcare institutions, the persons or institutions involved must be virtuous; for flourishing to continue over time, that person or institution needs to be consistently virtuous. Some will see this according well with literature which insists that the conduct of healthcare staff should be virtuous if healthcare itself is to go well (Pellegrino and Thomasma 1993). Indeed, taking together Aristotle, the Psalms and the Matthean beatitudes, there might be a reasonably consistent vision of human flourishing as inextricable from the intentional pursuit and achievement of virtue.

What one makes of this idea matters for any understanding of flourishing. However, it matters especially because much healthcare is historically and globally intertwined with Christian faith. Whether we follow Pennington on flourishing is hardly of small import, for example, in hospitals with a Christian foundation in the United States; nor indeed in global majority contexts where Christian faith is pervasively influential. However, four major concerns arise at this point, which should determine an understanding of the sermon on the mount's significance in the contest about ideas of flourishing in healthcare. The key thread running through them concerns what kind of significance living a virtuous life has for 'making a success of life'.

First, at the most general, contextual level, there is the emphatically Jewish context of the sermon which is arguably more of a stranger to the Greco-Roman context than Pennington suggests. Granted that Hellenism is an influence, it is

only one among many. And yet Pennington claims that the sermon on the mount is 'simultaneously Jewish in origin (rooted in divine revelation), Greek in context (the language and engine of virtue), and radically new in emphasis (eschatological kingdom orientation)' (2017, p. 134). The evidence offered for the Greco-Roman context as decisive for reading the beatitudes and wider sermon are somewhat thin and, crucially, disproportionate to the reliance Pennington has on virtue ethics for discerning what flourishing means. In particular, Pennington does not seem alert to the role of fortune or external goods in Aristotle's account of eudaimonia and virtue; nor are the possibilities (and tensions) this might introduce into a reading of the beatitudes as a kind of counterpart and contrast to an emphasis on eschatological orientation he commends. Overall, this makes Pennington's way of locating the sermon within the traditions of classical virtue ethics significantly less compelling.

Second, there is an unconvincing disjuncture made by Pennington between divine agency as that which bestows promised blessing and human agency as that which, formed by virtue and eschatological expectation, leads to a flourishing life. Developing the point just made, I observe that the eschatological emphasis on divine personal bestowal of flourishing stands as a counterpart of, though in some respects a contradiction to, Aristotle's incorporation of fortune regarding external goods alongside virtue as two factors which are both necessary for flourishing – leaving neither *sufficient* on their own. It is reasonable to accord with Pennington by recognizing that macarisms have to do with a life going well and that there is a proper distinction between *brk* and '*ašrê*. But what is lost in Pennington's approach, on account of a focus on flourishing *as requiring the intentional pursuit and attainment of virtue*, is the overwhelming and prior emphasis falling upon God's providential agency – in the details of how a life goes and in the final eschatological disclosure of the meaning of a life. The futurity of the beatitudes repeated refrain, 'they shall', means that making a success of life is decisively in the hands of God.

This emphasis finds, as noted, its partial counterpart (though not strictly an echo) in Aristotle's account of the requirement of fortune for happiness. That account naturally lacks discussion of the divine *personal bestowal* of success in life, still less eschatology. As Spaemann emphasizes, the meaning of our acts and of our whole lives – however well we think they are intentioned – are not to be discovered during those lives. For appearances deceive; acts turn out to be wrong-headed; lives turn out to have been far more fruitless (or fruitful) than anyone could have known. Divine bestowal of life, lying decisively beyond human death, discloses whether a life has been successful. Recall the Psalm of the flourishing flower. Frailty is indeed physical: organic life is subject to shocking and rapid reversals on account of pathology. But crucially, frailty is also deeply and complexly moral, problematizing any project of intentional virtue formation and any requirement that stable virtuosity is a feature of human life generally, still less a requirement of those whose lives accord with the beatitudes specifically (Hordern 2013, pp. 106–107). Both kinds of frailty matter for healthcare in which the organic and ethical are so transparently inextricable. On this point, Aristotle seems to have been more aware of the frailty of virtue than Pennington seems to be. While Pennington's discussion of

virtue is inattentive to how rare and how incomplete virtue commonly is, Aristotle is conscious of both these facts (1894, 1109a24–29; 1152a25–27).

In sum, a great deal turns on how one thinks of 'flourishing' (or, better, the 'success of a life') as correlating to one's stable inward virtue or to the result of others' agency and, decisively, God's agency, especially in mercy. Pennington, though committed to the gracious action of God in sustaining a life of virtue (Pennington 2017, pp. 251–252), still has an expectancy (arguably greater than Aristotle; see Hordern 2013, pp. 65–66 for that discussion) that stable virtue is both possible in human life and, crucially, should be the key prism through which to read the beatitudes. Pennington, building on his interpretation of Aristotle, comments that the following is the view of the Sermon on the Mount:

> Virtue entails or necessitates an intentional wholeness of person (teleios). We cannot be virtuous accidentally or in part. A virtuous action is one that includes all of who we are as humans – reasoning, affections, and embodied actions – our whole person. (Pennington 2017, p. 41)

As well as being at odds with the more patchy, partial and incomplete notion of virtue common to Augustine and Aquinas (e.g. Herdt 2008, pp. 92–93), this further illustrates what Caneday observes, namely the dependence of Pennington's claims on a distinction – between sapiential and apocalyptic literature – which is arguably without a difference; and on a wrongly formulated distinction between divine performative speech act and human description. This is especially troubling if someone observes that the sermon is from the lips of one who claims to be the Son of God (Caneday 2019). Troubling Pennington's analysis further, Davies and Allison remark that

> the eschatological content in the second member of each beatitude is crystal clear, which inclines one to place 5.3-12 not in the wisdom stream but rather in the apocalyptic tradition, where consolation is the priority. (2016, p. 439)

Third, and closely connected to this, any plausible emphasis on flourishing needs to be read in the context of the Matthean expectation of 'reversals' which do not depend on the virtue of the agent but on the providential and eschatological agency of God. An eschatological focus on God's agency is decisive for what the beatitudes mean and therefore for what 'the success of a life' entails. In particular, there is an accent on the tension between happiness as truly unavailable within a human life since only the *post-mortem* and indeed eschatological judgment are decisive for what making a success of life means; and this places in doubt a strong emphasis that happiness is dependent upon the virtue by which a human life is characterized.

Consider how this approach matters for those hungry and thirsty for righteousness, those who mourn and the meek. Jesus does say that he has come to fulfil all righteousness in Matthew 5:17. It is those who are hungry and thirsty for righteousness who are blessed, who will evoke persecution, and who will, in the end, be filled or satisfied. If this concerns righteous conduct (and not, for example, the vindication of the poor, etc.), then the emphasis on hunger and thirst is particularly important for the tension which should always be placed on a claim that securing

flourishing is somehow 'in our hands' – that our agency can lead to its secure realization, as Pennington emphasizes. 'Righteousness, it is implied, must be ever sought, must always be a goal which lies ahead: it is never in the grasp.' (Davies and Allison 2016, p. 453) For this hunger and thirst indicate a kind of dependency by faith on the instruction of Jesus, in contrast to an idea of righteousness as virtue stably secured. Similarly, it is Christ's kingdom and his righteousness which is to be *pursued*. So it would be entirely foolish to suggest that there is no instruction for our moral concepts which guide right action that arises from the beatitudes.

Overall, Pennington's view seems in some tension with this reading of the beatitudes. Davies and Allison comment that, in general, 'the qualities upheld in the beatitudes appear very infrequently in NT virtue lists'; and specifically, as we will note below, 'persecution is hardly a virtue in itself, and it certainly cannot be attained on one's own' (Davies and Allison 2016, pp. 439–440). To this we might reasonably cast doubt on the relevance of 'virtue' to the blessing of those who 'mourn', inasmuch as such mourning concerns a deep awareness of one's own shortcomings, as well as the evils inflicted upon oneself and others.[3] While some traditions such as the Orthodox practice of a good confession have conceived of confession as a virtue and Thomas Aquinas argues that confession is an act of virtue (Aquinas 1963 Supplement Q.7.a2), it has seemed to many Reformed thinkers a strange paradox to think of the confession of sin as virtuous, in a sense akin to Aristotle's – or indeed Pennington's version of Aristotle. Jennifer Herdt reflects upon this set of problems, observing, with Augustine, the view that 'confession as a kind of prayer can train Christians in scrupulous self-examination.' (Herdt 2008, p.70) However, on the Lutheran view, it is precisely an honest self-examination of this sort which is an antidote to the self-deceptive pride which is most likely to arise were one to consider oneself virtuous, even in the act of confession (2008, p.179). Focussing again on how material conditions bear on the meaning of the beatitudes and placing Aristotle's belief in fortune and wealth as necessary for virtue in tension with the role of providence and eschatology in Christian thought, consider how the meek – the gentle poor of the beatitude – are not to be thought of as having set out to intentionally become virtuous: 'The [meek] are not so much actively seeking to avoid hubris (an attitude) as they are, as a matter of fact, powerless in the eyes of the world (a condition).' (Davies and Allison 2016, p. 449)

Fourth, there is a question as to whether we should think of flourishing as an 'experience'. Spaemann claims that 'making an objective success of life is not the same as having a subjective sense of satisfaction' (2007, p.165). But Pennington, oddly and mistakenly, speaks of the core *metaphysical* question of classical thought, which is allegedly answered by the beatitudes as 'How can we experience true human flourishing?' (2017, p.14). Pennington's formulation seems an unrecognizable idea in classical formulations of eudaimonia (McAnnally-Linz 2018), and, crucially for present purposes, accents subjective, present satisfaction (in the achievement of virtue and things going well) as distinct from a submission to a

[3] This is over against Allison and Davies (2016, p.448) who strangely believe that mourning over the difficult conditions which the people of God face is totally unconnected to the sins of the people of God; whereas much of the prophetic tradition closely associate (without fully aligning) the two.

divine reckoning – something which is necessarily not in our hands and so not something which can be grasped.

Whether and how the *experience* of flourishing or *being virtuous* is a constituent element of 'flourishing' or making a 'success of life' matters greatly for what we see as the purposes of healthcare. As we will see, a judicious way to view these matters is provoked by a reading of the beatitudes. What is important for now is the contest about what success or flourishing in life means, especially as life passes through the ordinary times of human trouble and joy that fill healthcare institutions.

Healthcare as a focus for contestation

While there are rival views about what it means to flourish in classical and biblical sources, note that *healthcare* is a major site in which these contested views – and many others – encounter each other.[4] Amidst the rival modes of reasoning in plural democracies, German theologian, Hans Ulrich, notes that 'Bioethics [is] the paradigmatic field of that contestation' (2015, p.313). Within fundamental debates about the meaning of 'flourishing', there remains contested questions of what contribution *health* makes to human flourishing and, accordingly, what framing of human flourishing or blessedness health*care* should provide.

The programme of research, hosted by Southern Methodist University, for which this paper was originally prepared, judiciously noted that: 'In a pluralistic democracy, healthcare institutions are the places where our society conducts some of its most profound moral deliberations.' In short, multiple cultures around health and healthcare encounter each other in healthcare institutions, cultures that in some way answer human desires for 'flourishing', including within them judgments about the significance of the future, often differentiated by their inclusion of or exclusion of eschatological thinking.

In a report on medical professionalism for London's Royal College of Physicians, we explored some implications of these contested cultures, for example in the ways that a health service might privilege cure over healing, both rhetorically and practically, or indeed vice versa (Tweedie *et al.* 2018, pp. 14–22). If one were to say healing is the more encompassing term – that which should be privileged – as the name 'healthcare' might suggest – then healing is precisely of *what*? Arguably, the healing of a person, or of a community, would concern the deepest parts of humanity – the healing of the affections, the healing of love. Some would doubt whether such healing is any part of the vocation of healthcare and would privilege a narrower (but arguably unattainable) purpose for healthcare in terms of 'cure'. In the same way as with 'healing' and 'cure', 'flourishing' takes us into contested questions of human ontology in healthcare. While there were intimations of contestation in distinct classical medical schools of Kos (Hippocratic and Asclepian), this ontological question has ramified intensively across classical and Christian philosophical and theological agreements and disagreements, in both Eastern and Western Christianity, and in multiple philosophical forms.[5]

[4] Elsewhere I have framed a response to such plurality in terms of 'faithful secularity', drawing on Luke Bretherton's term and thinking of the secular as a time in which rival ways of seeing the human good encounter each other in civic life (Hordern 2020, especially Chapter four).

Similarly, Neil Messer notes that

> an understanding of the *good*, which must be an aspect of concepts of health, disease, and illness if they are to be capable of informing the practice of health care, cannot be supplied by the science that forms a large part of the theoretical base on which modern medicine is built. (2013, p.47)

In short, an understanding of the human good, which might determine any such notions as *eudaimonia*, flourishing, virtue, beatitude, and eternal life does not arise from science but from the humanities, such as philosophy and theology. Messer's

> point is that there are more ways of living a flourishing human life than we tend to imagine … we are sometimes too ready to assume that a flourishing human life is individual, autonomous, and independent, and that human fulfilment is somehow undermined by vulnerability and dependence). (2013, p.158)

Recall that the Psalmist sang about 'our flourishing as a flower of the field' and that the Father of Psalm 103 is the Father of Mercy. As noted earlier, frailty is not only organic but also deeply and complexly moral, with both kinds of frailty mattering for healthcare. Messer comments that

> a theologically satisfactory account of human flourishing must speak first of all of right relationships with God, and secondarily of well-ordered interpersonal and social relationships, good functioning of body, mind, and emotions, the availability of sufficient resources to sustain bodily needs, richness of cultural and aesthetic experience, a positive relationship with the non-human creation, and so on. (2013, p.113)

Just what right relations with God means is then an important question, one with which the beatitudes are closely concerned.

Decomposition in healthcare

Before we come to a close reading of the beatitudes and their capacity to give insight into healthcare culture and ethics, consider that the sense of both mortal decomposition and organic growth, of which the Psalms speak, is relevant on an institutional level as well as on an individual level. Just how organizations construct and promulgate, implicitly or explicitly, some idea of human flourishing matters greatly for patients but also for the vocations of healthcare workers.

Messer associates corrupted notions of flourishing with 'liberal democracy's need for equal, autonomous, rational agents to participate in the social contract' and with the 'market economy's need for economically productive bodies' (2013, p.138). This judgment identifies features of human life upon which the beatitudes might fruitfully shed light and indicates challenges which will need to be addressed in a reckoning of 'human flourishing in healthcare'. These challenges come into focus when we consider the opposite to flourishing – organically speaking – namely decomposition, the disintegration of an organism or an organization such

[5] I am indebted to Ashley Moyse on this point. Professor Moyse further informs me that for some Orthodox traditions the idea of human flourishing is judged as simply too pagan. Instead, the focus is human being. For material influenced by this insight see Moyse (2016).

as a healthcare institution. If flourishing signals growth, health and life, decomposition signals diminution, decay and death.

To organize the analysis of decomposition and give some categories for illustrating in practice how the beatitudes are generative for healthcare ethics, consider three questions about three interrelated kinds of decomposition: civic, economic and biotechnological. As to civic concerns, we should ask why and how should *someone else's suffering of ill health* – or risk of such ill health – matter to me. Making a success of life depends in part upon how I, and crucially, we respond to this question. It signals the importance of self-transcendence: pursuing a form of civic life in which another's health is important to me. For another's health to matter to me, there has to be a conceivable 'us': a first-person plural that deals practically in things that have even greater significance than health – how we might make a success of life together. Moreover, there is another sense of self-transcendence, one that takes the horizon of death seriously to ask why and how the health of those whose existence I will not live to see might yet matter to me.

Philosopher Martha Nussbaum thinks of compassion as involving being able to imagine your neighbour's suffering as suffering you could undergo yourself, and that such suffering matters for your own flourishing (Nussbaum 2001, pp. 304–316). Without such compassion, so the argument might go, civic decomposition is likely to follow. The practical consequences of this outlook for what making a success of life might entail are many. Consider insurance schemes in which individuals, organizations and nations participate. The philosophical tensions which shape the culture of the UK's National Health Service – a national pooling of risk, including with those radically unlike an autonomous chooser (such as those with very advanced neurodegenerative conditions) – differ from the tensions which matter in *private* insurance schemes operative in, for example, the UK or the US. Some US-based schemes known as healthcare sharing ministries popular among many – including some Christians – entail only pooling risk with those with apparently similar ethical commitments or religious beliefs, those whose suffering one could much more easily imagine undergoing oneself. This example puts tension on what people might mean by compassion and thus what kind of civic life follows.

Forms of micro-risk pooling open up the question of which *community's* flourishing – or 'success in life', or 'fullness in life' in health care sharing ministries (Schwarz 2019) – should matter. A community of religious affinity? Or behavioural affinity? Or national citizenship? What of the human species' flourishing, healthcare at an international level? Is the real 'vaccine hesitancy' the global north's hesitancy to give up their vaccine patents? The 2025 developments in the (de)funding of US AID and reduction of the UK development budget raise adjacent questions very pointedly. Similarly, the United Methodist Church's social principles talk of 'health care as a basic human right' and of 'the duty of government to assure health care for all.' (2024, p.525) But precisely what duties and rights citizens have with respect to health is highly contestable. For example, who, if anyone, has duties to secure herd immunity through COVID-19 vaccination? All these questions give concrete detail to the core civic focus on why and how someone else's suffering from ill health – or risk of such ill health – should matter to me.

Closely associated with this civic perspective is an economic question as to the manner in which the pursuit of health and wholeness for all, especially the most in need, is possible within marketized healthcare systems. Messer's remarks highlight a concern about marketization in healthcare. The United Methodist Church book of resolutions explains that

> It has been estimated that today's physician spends about one-third of his or her time satisfying … insurance company regulations and seeking approval for treatment, time the physician could be spending with patients. Competition for premium dollars and concern for high profits have taken priority over necessary care at actual cost. (2024, pp. 526–527)

It continues by claiming that US insurance companies are 'favoring higher profit over the ¥health and wholeness" of the weakened, the worried, and the sick.' (2024, p.527) On the other side of the Atlantic, there is a contrasting question as to the legitimacy or otherwise of strikes by healthcare staff in the UK. The wider question is how well the pursuit of health and wholeness for all, especially the most in need, can be undertaken within marketized healthcare systems, considering the available alternatives.

Threaded through the civic and economic are biotechnological questions concerning how we should evaluate proposals for *changes to human nature* that certain biotechnological interventions seek to bring about. As to biotechnological decomposition, healthcare is of course not only human to human interaction in the hospital or family doctor surgery. While those contexts are very important, health care is constantly evolving, not least in respect of biotechnological changes. Focussing on the biotech side, Gerald McKenny reviews ways in which biotech changes complicate what we might mean by human nature and thus what we mean by human flourishing. For to talk of human flourishing implies, it seems, a stable human nature. Whether or not revelation is required to instruct our understanding of what makes for the fulfilment of human nature is a crucial question.

But among other biotech developments, McKenny observes

> a wide variety of prospective interventions that aim to bring about heightened cognitive abilities; new or expanded perceptual capacities; a wider, narrower, or more intense emotional range; greatly increased physical strength or agility; or a vastly extended life span, and that thus *alter* biological functions or traits by bringing about permanent quantitative or qualitative changes to them. (1997, p.2)

These changes seem to suggest a vision of enhanced human nature and, thus, enhanced options for human flourishing. They offer a different kind of *reversal* to the mortality and troubled life, which Psalm 103 speaks into – and so contradict the idea that we flourish as a flower. Arguably, these trends have become entrenched in recent years, not least inspired by patterns of thought in parts of Silicon Valley, conglomerating in visions of the human and planetary future bundled together under the neologism TESCREAL (Gebru and Torres 2024). These are deeply contestable visions of human life, not least as to whether human nature can actually be changed in any fundamental way or if this is just tinkering with certain capacities.

At the heart of the issue remains whether making a success of life is compatible with the enhancement of human health and integration of human being with, inter alia, artificial intelligence; whether, for example, the owner of large cryptocurrency reserves raised from cryogenically frozen rest should be judged to be 'living their best life'. While this future may or may not be science fiction, it is believed by some—perhaps many. With the biotechnological challenge in view, McKenny directs attention to the eschatological fulfilment of biological human nature: that is, in Christian terms, the culmination of biological human life in permanent resurrection from the dead, the definitive success of life that is not in human hands to deliver. The proper practical question is whether specific biotechnological developments should be pursued in the service of human flourishing and how specific proposals for *changes to human nature* that such biotechnological interventions seek to bring about should be evaluated. In what follows, I will trace out some implications of these civic, economic and biotechnological matters for the debate on human flourishing in conversation with the discussion of virtue and related matters above. To discern what moral concepts should furnish thinking about health in public discourse, we turn back to the beatitudes.

Beatitudes, public reason and health

Like the Psalms, the beatitudes in Matthew's gospel open up gritty tensions between contested visions of human flourishing in life generally and in healthcare in particular. They do so in part by attuning hearers to the realities of human injustice, sin and misery, proclaiming the Kingdom of heaven in both inaugurated and eschatological forms, commonly articulated with the pairing, blessed *are* … for they *shall*. A current condition is viewed in terms of a final state: making a success of life is thus not something that lies in the present but in a future that lies beyond the agent's grasp.

However, there may be some who doubt the propriety of considering the 'sacred' beatitudes of Jesus in relation to 'human flourishing' in 'secular' healthcare. It might be argued that such religious teaching is technically irrelevant to healthcare because it is not formulated or grounded as a 'public reason' – a reason all reasonable people could accept – and so the beatitudes are irrelevant because they are private; private because they are religious. And if they are private, then they are not relevant to the public question of healthcare and human flourishing within healthcare. This is even more problematic, some might observe, if they do not accord with Pennington's emphasis on intentional habituation, nor even Aristotle's account of the necessity of both external goods and virtue for *eudaimonia*, but rather with the idea of great eschatological reversals, dependent on the agency of the Living God.

For some, however, it is impossible for the proposition that the ultimate good which makes for happiness is resurrection from the dead to be respectfully deployed for justification of policies. By way of contrast, consider the external goods of fortune cited by Aristotle (prosperity, friendship, etc.), which are more tractable by political measures. Such a stance would license a bar on religious thinking shaping healthcare institutions or insurance companies in which many people, religious or not, with highly plural ways of seeing the world, work, receive care, are

funded (or not), get better (or worse), suffer and die. On this view, to make any contribution, religious thinking should be translated into public reason, free from religious taint (Daniels 2008).

There is another view. Neil Messer suggests that theology will contribute well 'to the extent that it is free to speak in its own characteristic voice, out of its own distinctive sources and approaches.' (2013, p.104) The consequence of such theologically framed contributions would be that 'attention to Christian practice might serve to destabilize dominant perceptions of normality, health, and flourishing.' (2013, pp. 151–152) I agree but add that, in any case, public reason is inadequate to provide the kind of justifications for decision-making which healthcare commonly requires. Religious reasoning should not be excluded from public discourse about and public justification for healthcare decision-making. As argued above, so many features of healthcare involve essentially contestable notions of the good, of the human rather than the easy acceptance of an accepted ontology. I have argued in detail elsewhere the ways in which a theological reading of civic life enables the identification and discussion (though not necessarily the settling) of controversy (Hordern 2021, 2023a, 2023b).

John Wesley offers some corroboration with the thought that the beatitudes are for wide public circulation. Wesley observes that the sermon on the mount was not preached to Jesus' inner group of disciples but 'to all the multitudes that went up with him to the mountain' (1921, p.317). 'Nor was it only those multitudes' whom Jesus taught 'but all the children of men; the whole race of mankind, the children that were yet unborn' (1921, p.318). On this view, which I endorse, the beatitudes' audience was not a small group of people in a particular time; they hold authority for all people through time, including us in our deeply contested, plural democracies. Moreover, this is not the beatitudes as a kind of common sense boiling off their so-called 'religious' framing. Rather, there is, in the beatitudes, instruction concerning the moral concepts for making a success of life.

To test this hypothesis, the following discussion of the beatitudes will draw on four chief sources: Wesley in his standard sermons on the beatitudes, one of which was preached in Bristol, not on a mountain but on a mound of refuse from a nearby coal pit; William Tyndale, who just over 500 years ago was translating the New Testament; Dr Martin Luther King Jr, for whom the beatitudes provided such vital insights; and Rebekah Eklund, in her excellent volume on the Beatitudes in which she concurs with Wesley on the universal audience of the beatitudes, emphasizing, with Augustine, that the crowds are to be regarded as potential disciples (2021, p.36).

These thinkers – an Anglo-American and Methodist-Anglican group suitable for this collection – provide insights relevant to the civic, economic and biotechnological issues of decomposition noted earlier and so to the question of human flourishing and healthcare. None of them permit a rendering of the beatitudes in a pietistic fashion, as concerned with otherworldly matters or merely a somehow private inner life. Of course, the inner person is addressed in the beatitudes: the affections of our hearts are a dimension of Jesus' concern. But for Tyndale, for example, the beatitudes are relevant not only to the whole body of Christ in their inner person but also, and therefore, to those charged with political responsibility. He considers

both the Christian in general terms and, very often, the prince, the ruler, in their vocation and calling.

Moreover, as Luther, Tyndale's contemporary, emphasized – and as decisively attested in the Church of England's Book of Common Prayer liturgy in the Second Collect for Good Friday[6] – there are many such vocations and callings across civic life. And so, in context, extending Tyndale's method is precisely fitting for a consideration of healthcare workers and the healthcare institutions in which they participate. Jesus' words about 'the kingdom of heaven' are not 'otherworldly', disconnected from the nitty gritty of civic contestation, insurance schemes, and biotechnological change. Making a success of life has a definitively post-mortem, eschatological frame; but the instruction the beatitudes provide is for action in the present landscape within that frame. The Methodist Church book of resolutions attests to this view, reflecting on the parable of the good Samaritan, saying that 'Jesus portrayed the duty to provide health care as … a duty that one neglects at the peril of one's eternal life' (2024, p.525). Although just what 'provide' means requires some teasing out, the same can be said of the eschatological significance which frames the moral instruction of the sermon on the mount.

To explore the Sermon on the Mount's significance for 'human flourishing in healthcare' is to pay attention, on the one hand, to promised reversals longed for in eschatological hope; and, on the other, to the summons to righteousness, informed by moral instruction. The interaction between these two points is crucial – since the beatitudes turn on eschatological reversals, their moral instruction cannot be self-evident but must depend on disclosure, in short, on revelation. What is needed, therefore, to interpret a call for human flourishing in healthcare is a Christian social theory which places the hunger and thirst for righteousness within the canvas of eschatological disclosure. Ashley Moyse talks about 'the historicity and particularity of embodied human beings struggling *together* amidst the ambiguities of a present crisis and toward the flourishing of human life even unto death' (2019, p.26). Similarly, I have described this social theory elsewhere in terms of pilgrimage (Hordern 2020, especially chapter 2). But what does the image of a pilgrimage through life, rooted in the beatitudes, reveal about the possibilities of blessedness or 'flourishing' for humans? What might this mean for how we address the ordinary questions of human flourishing in familiar healthcare institutions and systems, amidst the problems of decomposition noted above? In what follows the first beatitude will be considered at length to demonstrate the overall mode of reasoning, with the remaining beatitudes which have not yet been touched upon, examined more succinctly.

[6] 'Almighty and everlasting God, by whose Spirit the whole body of the Church is governed and sanctified: Receive our supplications and prayers, which we offer before thee for all estates of men in thy holy Church, that every member of the same, in his vocation and ministry, may truly and godly serve thee; through our Lord and Saviour Jesus Christ. Amen.' For commentary see Faith and Order Commission (2020, pp. 29–30).

Blessed are the poor in spirit, for theirs is the kingdom of heaven

Tyndale wrote that 'Christ beginneth his preaching at poverty of spirit; which is neither beggary, nor against the possessing of riches, but a virtue contrary to the vice of covetousness, inordinate desire and love of riches, and putting trust in riches.' (2016, p.14) Tyndale's exposition here was influenced by the specific financial abuses of spiritual authority along with the wider systemic problems over the proper interrelation of political and ecclesial authorities which led to endemic social disasters. Amidst all this, blessedness is to be found in a virtue of ordinate desire regarding wealth. And so, for Tyndale, the beatitude warns against covetousness. There is no beatitude – no 'making a success of life' or 'flourishing' – for the covetous. Eklund explains the rationale for this, noting Tyndale's view that 'poverty of spirit is linked to material poverty in part because lack of possessions enables (or requires) a person to hope entirely in God.' (2021, p.77) Here then, we might think, is a witness to Pennington's idea of virtue. However, there is no sign at all of his emphasis on a human agent's intentional virtue formation or of the notion of complete (not partial) virtue he discerned in the Sermon on the Mount. Rather, dependence on divine agency to bestow blessing and so bring reversal is the overriding insight which gives rise to poverty of spirit.

Wesley's sermon XVI takes a different, though arguably complementary view. Focussing on humility, he asks, 'Who then are 'the poor in Spirit'? Without question, the humble, they who know themselves, who are convinced of their sin' (1921, p.323). This poverty of spirit is not, however, a cowering dread of divine judgment; rather 'poverty of spirit … begins where a sense of guilt and the wrath of God ends.' (1921, p.328) Making a success of life requires liberation from guilt through the forgiveness of sins found in Jesus Christ. Crucially, for Wesley, poverty of spirit is not a virtue. Such an idea, perversely, involves 'teaching us to be proud of knowing that we deserve damnation' (1921, p.325). This is a striking note to sound, perhaps discordant with some literature on Wesley and virtue (e.g. Cunningham 2011) but concordant with analysis of humility not only in Luther's thought (Herdt 2008) but also in some recent Christian ethics that have followed this line. Brian Brock, for example, commenting on 1 Samuel 2:6-8, observes that the 'humility-exaltation maxim is not a method for self-improvement but a description of God's killing of humans by denuding them of their sense of self-reliance to raise them in Christ by the power of God.' (2007, pp. 119–120; for rival views, arguing for humility as a virtue, see for example Dunnington 2019).

For healthcare, the significance is that a certain kind of poverty of spirit, understood as humility, is essential for a culture which enables the relationality upon which healthcare depends. Evidence for this includes the apparent need for a thorough criticism of the anti-beatitude, arrogance, among healthcare workers (Berger 2002a, 2002b, Cleary *et al.* 2015, Myers *et al.* 2018). One doctor asks

> … whether there is an arrogance about healthcare provision. Have we got ideas above our station? Do we overestimate our importance as we set ourselves up as high priests of the god of health — laying down the laws of health and threatening terrible consequences to those who contravene that law?' (Aird 2012, p.317)

Such a moral diagnosis would hardly seem conducive to anyone's making a success of life in relation to healthcare.

While this is a very serious matter, note a very curious fact: that humility does not appear as a central virtue in medicine in the lists produced by significant proponents of medical virtue, Pellegrino and Thomasma. These thinkers would be among those most closely associated with the full integration of virtue ethics within an account of healthcare. They focus on 'the telos of the physician qua human being, the life of fulfilment and flourishing.' (1993, p.84) This consists, on their view, in a life of virtue in a manner that resonates with Pennington's account. Humility is mentioned very briefly and as worthy of further investigation, and only in terms of *intellectual* humility (1993, p.76).

A social theory of common pilgrimage, conscious of humans' flower-like mortality and fragile morality and so with hope fixed on God, can take this investigation further. The key is to see the matter in terms of a caution about pride:

> The problem is that placing epistemological stability in the character of the agent gives licence to human tendencies to become their own measure of goodness—to make the reference point for what is good their own or their community's standard of judgement. Rather than decentring the self in favour of a learning, listening, interactive relationship—with patients, colleagues, wider society, or, indeed, God—the focus on the development of necessary *habitus* (dispositions) requires an epistemology centred on the self's maturity and insight. In such a picture, the well-developed, virtuous self will know how to act in every situation, drawing on their own store of virtue. (Hordern 2020, p. 104)

But put positively, a social theory of common pilgrimage, conscious of the enduring sinfulness of each person (adjacent to incontinence in Aristotle's terms), decentres attention away from the moral excellence of any one person in favour of the blessing, or common good, of a community, walking alongside each other, discerning together the path to action. It is wary of ideas of flourishing which centre on an account of virtue that directs attention primarily to the work of individual formation – and the 'flourishing' which (Pennington says) follows from that. Rather, a decentring move away from a focus on individual virtue towards this social vision helps us to answer the key civic question of why and how someone else's suffering of ill health – or risk of such ill health – should matter to me.

For it cannot be that the moral concepts that should emerge from the beatitudes are inherently self-referential: that I should act virtuously towards other people because I am the sort of (virtuous) person who cares about others. This self-referential turn seems alien to the humility which Tyndale and Wesley explain and counter to the proper ethos of compassion in healthcare in which agents are decentred from interest in themselves towards care of neighbour and enjoyment of God (Hordern 2020, pp. 102–115). And yet, as Augustine was aware and as Luther drew out, even such other-regarding attitudes are vulnerable to colonization by sinful pride, turning inwards to glory in the self's achievements. In Augustine's thought, for those without delight in God, 'Habituation simply anchors them more deeply in pride and self-love.' (Herdt 2008, p.45)

Tyndale cuts through the difficulty here. As noted above, he identifies poverty of spirit negatively rather than positively: as that which is against 'covetousness, inordinate desire and love of riches, and putting trust in riches'. As to what 'virtue' means, he has little time for what he calls the medieval 'school-men' who received Aristotle. Tyndale's account deepens and enriches the botanic imagery for discerning the nature of healthcare. For Tyndale is concerned with a problem of roots: the school-men, in his view, turned the tree upside down – placing love of God before faith in God. By contrast, Tyndale insists that faith in the justifying work of God is the root of any good fruit in social and political life, a vital insight for moral thought which Oliver O'Donovan identifies in Tyndale's work (2013, p.105). This decisively shapes theological interpretation of the first Psalm, emphasizing the dependence by rooted faith on the waters of life, given by the Spirit.

Tyndale's analysis is vital for discerning what a Christian account of 'flourishing' in healthcare might mean for it signals the root for the emergence of a non-self-referential social life, a life which is concerned with devotion to others. Eklund deepens the point in a way that works against Pennington's account. She focusses on those who voluntarily humble themselves before God, noting how 'in ancient Greco-Roman philosophical thought, humility was typically seen as a weakness, not a virtue.' (2021, p.74) She observes that the chief focus of many patristic thinkers, most famously Augustine, is not with the self's virtue but with contrition and trembling at the word of God (2021, p.75). Recognizing both Augustine's worries about 'pagan virtue' and his commitment to 'putting on virtue' as 'putting on Christ' (Herdt 2008, p.2), we also note the role of confession in his thought, namely that.

> Understanding the need for and reality of grace induces a salutary dependence and humility, though conversely the reception of grace produces a new sort of loving power that overcomes despair and no longer seeks its own glorification, but God's. Augustine's soul and loves have been ¥transformed," if still incompletely before the final resurrection. (Stalnaker 2006, 231)

If we have no compelling reason to follow Pennington's way of reading the beatitudes, then we are free instead to read poverty of spirit not as a quasi-Aristotelian virtue of habituation but as an understanding of dependency, attentive to the personal divine bestowal of blessing and to eschatological reversal; this dependency becomes the good soil within which the root of faith may be secured, giving rise, once well-watered, to the possibility of a fruitful life. As Herdt puts it, for Augustine, 'the heart of Christian virtue is a willingness to be dependent on God and to give up all striving for self-sufficiency, since this aspiration is for Augustine the heart of pagan misdirection. Dependency does not imply passivity, however; for Augustine, Christian virtue is active insofar as it is fundamentally responsive, responsive to the grace that converts us from love of self to love of God.' (Herdt 2008, p.47)

Accordingly, we may observe with O'Donovan that we may rightly think of this dependency of faith as

> … the ¥root" of morality … [and] inseparable from love, because a sense of free and forgiven agency is inseparable from the objective universe which is constituted by God, Christ and neighbor … [and that] faith and love together are inseparable from hope [which] … . discerns the space of opportune time into which our resistance to adversity and our service to God and neighbor may be ventured. (2013, p.100)

So what do we learn for making a success of life in healthcare? Dependency by faith in God finds a kind of social analogue in what has been called 'virtues of acknowledged dependence' (MacInytre 1999, p.17; see also DeYoung 2006). As with the analysis of compassion above (see also Boyd 2014, p.257), by decentring from the self's moral standing in favour of what lies between healthcare workers and patients, healthcare workers may avoid the self-deceit of individual self-sufficiency. Wesleyan humility is an antidote to that 'vice of pride, which is the root of all sin' (Eklund 2021, p.74), 'the excessive valuation of the self [in] vanity, conceit, and arrogance' (Boyd 2014, p.251), which gives rise to such self-deceit. Whatever a blessed (or flourishing) life is, making a success of healthcare work is incompatible with pride. The most admirable healthcare practitioners have known this very well. The less admirable ones do not know this so well. There is a genuine problem with humility's place in medicine. Among medical writings on humility, Coulehan notes how in 'today's medical culture, *humility* appears weak, wishy-washy, counterproductive, or even deceptive', arguing instead for the interdependence of humility and compassion, and specifying humility in terms of '(1) unpretentious openness, (2) avoidance of arrogance, (3) honest self-disclosure, and (4) modulation of self-interest' (Coulehan 2011, pp. 207–208).

Similar concerns about pride and humility could, of course, be raised regarding academics and church ministers, among others, although the structure of pride's allure will differ according to circumstance. The key insight is that turning professionals' focus away from the self's virtue towards a humility that rests in the root of faith in Christ gives vitality to healthcare organizations. It mitigates the risk of making saints of healthcare workers, is realistic about arrogance among healthcare professionals and blocks off any path towards the beatification of healthcare as a site of happiness 'pure and simple'. These seem to be real problems which lead to an over-expectation of moral excellence among healthcare workers. An over-reliance on the virtue of healthcare workers, who are, after all, not angels, is a likely route to burnout for some and profound disillusionment for others (Hordern 2020, pp. 41–44, 116).

This matters for healthcare *practice*. From the subterranean root of faith, social and political consequences follow from Tyndale's account. His analysis of beatitude addresses the failings which the Book of Resolutions identifies as rife in the systemic tendencies of US healthcare, providing a theological answer to the question of whether the pursuit of health and wholeness for all, especially the most in need, can be preserved within marketized healthcare systems. For Tyndale's account associates Jesus's saying about poverty of spirit closely with material conditions, especially material poverty. In so doing, it draws attention to those who are crushed in spirit, by oppression, discrimination or, indeed, market exclusion, those necessarily marginalized from Aristotle's account of flourishing which

necessitates external goods such as prosperity. It focusses upon that great theme of the Hebrew Bible and New Testament – the poor: those for whom life is not going well, perhaps even for reasons of their own making;[7] but those for whom God will bring about a great reversal in the end and, to the extent that the Kingdom comes on earth as in heaven, with foretastes of reversal in the here and now.[8] This places the emphasis quite differently from Pennington's interpretation that flourishing is the outcome of a virtuous life. Instead, it is a dependence by faith on divine agency to achieve an eschatological reversal and guide instruction in righteousness, which may include, as noted above, a wise acceptance of dependency in healthcare relations. The overcoming of pride through that faith which accompanies poverty of spirit are the conditions for the overcoming of material injustice through love and in hope. These are the moral concepts which should prime practical reasoning that follows from the providential and eschatological assurance of God's agency bringing reversal to current conditions.

The practical instruction which follows from this first beatitude is far-reaching. As to *civic* life, healthcare thinking should anticipate that eschatological reversal by placing a premium on the participation of healthcare workers in and alongside the needs of the most marginalized or stigmatized – those who are furthest from secure health insurance or least able to access care, for example. This shared participation, with agency for each party, anticipates in hope the final beatitude which the saying predicts. This is beatitude as active participation, even a pilgrimage in suffering, battling with the difficulties in a marketized health system. It is a central form that love and hope take, growing from the root of faith. More briefly at this juncture, Tyndale's penetrating analysis of vice points towards a covetousness not only concerning riches but also a better human nature, a desire for quantitative increase at odds with Jesus' words on poverty of spirit. The congruent *economic* and *biotechnological* significance is to discipline market activity within a covenantal way of conceiving human relations suggested by the framing of the beatitudes. As I have argued elsewhere, the benefits of some limited marketization may be preserved while certain kinds of damage are restrained (Hordern 2018b).[9]

Blessed are the merciful for they shall obtain mercy

Having considered, during the earlier critique of Pennington, those who mourn, the meek and those who hunger and thirst for righteousness, I move to the fourth beatitude, concerning the merciful. Tyndale's contribution to a very long tradition of interpreting mercy in terms of compassion develops our account of what it means to make a success of life.

[7] For a parallel discussion of the 'undeserving sick', see Hordern (2018a).

[8] By contrast, note the view which associate virtue with material poverty is to suggest that the blessing of God is conditional on such virtue, an unpleasant and unbiblical ideas opposed by, among others, various liberation theologians (Eklund 2021, pp. 79–80).

[9] This openness to a greater mix of well-functioning markets in healthcare with national social insurance schemes is in some tension not only with the Methodist Church's book of resolutions but also with the UK system, in which a difficulty faced by doctors is the existence of only one large employer, the National Health Service. With no developed market for their services, especially for doctors at more junior levels or those without other marketable skills, and with budgets stretched, the novel way to address pay and working conditions problems is to strike (withdraw labour) – an increasingly frequent threat, often turned into reality..

> To be merciful is to have compassion and to feel another man's disease, and to mourn with them that mourn, and suffer with them that suffer … And to be merciful is to interpret all to the best; and to look through the fingers at many things. (2016, p.19)[10]

Here then, humility, borne of understanding of common spiritual poverty, takes form in mildness. That lovely phrase, 'to look through the fingers', suggests precisely the demeanour of mercifulness which is well-sighted as to what matters while overlooking or being patient with failings of a lesser kind. This entails some very practical things for making a success of life vis-à-vis healthcare. For Tyndale's account bespeaks a social and political vision of participation in the suffering of others: 'to feel another man's disease'. As noted above, this is compassion as a kind of second-personal company-keeping – compassion is primarily about the relationship, in which one party is decentred in favour of another (Hordern 2020, pp. 113–115). As advocates of Christian virtue ethics would emphasize, pondering the structure of mercy and compassion shows how glorying in on one's own individual virtue is a serious mistake – what Herdt calls being stuck in the 'habituation gap' (Herdt 2008 p.23; on the 'skipping' of the gap through infused virtue see pp. 82–97).

As to the practice of such mercy, it is noteworthy how the possibility of establishing and maintaining a compassionate healthcare culture evaporates due to poor relationships *between* healthcare workers. Tyndale's interpretation of mercy suggests not subjecting an erring colleague to total condemnation, a temptation never too far from healthcare in which things do go wrong and scapegoating rather than company-keeping is common.[11]

This is not to say that evil is to be ignored. Wesley sensitively notes that

> the merciful man cannot avoid knowing many things that are evil; he cannot but see them with his own eyes, and hear them with his own ears … [However] This is what true love absolutely destroys. It tears up, root and branch, all *imagining* what we have not known. It casts out all jealousies, all evil surmisings, all readiness to believe evil. It is frank, open, unsuspicious; and, as it cannot design, so neither does it fear, evil. (1921, p.350)

To make a success of life is, as we have said, something that can only be judged in the very long run and depends ultimately on the mercy of God. And yet, there is instruction for life now, namely that while refusing to claim for oneself a total knowledge of good and evil and thus run into unsupported misapprehensions of the world, a mercifulness in healthcare will nonetheless discipline the moral intelligence to grasp the evils that do characterize and threaten one's neighbours.

[10] For the full context: 'To be merciful is to have compassion and to feel another man's disease, and to mourn with them that mourn, and suffer with them that suffer; and to help and succour them that are in tribulation and adversity, and to comfort them with good counsel, and wholesome instruction, and loving words. And to be merciful is to forgive them that offendeth thee, as soon as they knowledge their misdoing and ask for mercy … And to be merciful is to interpret all to the best; and to look through the fingers at many things; and not to make a grievous sin of a small trifle; and to suffer and forebear, in his own cause, the malice of them that will not repent nor be a known of their wickedness as long as he can suffer it, and as long as it ought to be suffered; and when he can no longer, then to complain to them that have authority to forbid wrong, and to punish such evil doers.' (2016, p.19).

[11] For a wider discussion on this theme, see Hordern (2020, chapter 6).

This bears directly on the biotechnological question as to how to evaluate proposals for changes to human nature that biotechnological interventions, such as those associated with TESCREAL, seek to bring about.[12] On Wesley's view, mercy requires knowing the precise organic structure of evil – its effects on decomposition – as civic, economic and biotechnological. On the one hand, that requires a reticence in claiming to uncover ethical problems in every technological development – the 'evil surmisings' and 'fear' that Wesley admonishes. Put positively, Wesley's view implies finding enhanced reasons for celebrating what is good in biotechnological development.[13] On the other hand, Wesley includes a detailed specification for when the merciful person must speak of sin and act to fend off evil and protect the innocent. Such disclosure of wrongdoing must be conditioned by three factors: having 'a clear sight of some particular end, some determinate good' to be pursued, not a vague aspiration to transparency; that this is the necessary means to that end; and that it should be done 'with sorrow and reluctance.' (1921, p.352) Such a reading of this beatitude provides eschatologically disciplined moral instruction for searching analysis of failures in health cultures generally, avoiding both vague optimism and overzealous suspicion: not only a duty of candour when things go wrong in healthcare and in the management and design of health systems – including the biotechnological elements of such systems; but also a similar duty of joyful celebration of what is good and right in the application of biotechnological development to healthcare practice. So while agency is practically informed by the eschatological promise of transformation being necessarily post-mortem and chastened by eschatological encouragement towards mercy, the final disclosure of the meaning of one's life – whether one has made a success of life with respect to mercy – remains unavailable. This is proper to the chastened notion of virtue which has emerged here, organized around dependence by faith on divine disclosure.

Blessed are the pure in heart, for they shall see God

As to what Jesus says about the pure in heart, Tyndale and Wesley are in some concord. For Tyndale, '… to see God is the blessing of a pure heart.' (2016, p.20) 'Thou mayest be pure-hearted and do all the drudge in the world.' (2016, p.25) He is thinking of political office-holders but, as noted above regarding Luther's concern for all vocations echoed in the BCP, the same thought applies to healthcare workers. The pure in heart see God in the hard work of healthcare: in the drudgery and gritty, dirty work of doctors certainly but also and especially perhaps medical secretaries, nurses, midwives, pharmacists, managers, occupational therapists, cleaners, porters, those who manage insurance schemes, healthcare assistants and many more.

Wesley's complementary exegesis provides a theologically informed and morally instructive idea of what seeing God means: 'In all His providences relating to

[12] For further discussion (see Zimmermann 2023). Note that in a multi-author volume on flourishing, the Matthean sermon on the mount is not referenced once. This suggests, contra Pennington at least, that 'flourishing' is not a concept that the sermon on the mount illuminates.

[13] For work disciplined by this approach, see the Oxford Collaboration on Theology and Artificial Intelligence, https://octai.theology.ox.ac.uk.

themselves, to their souls or bodies, the pure in heart do more particularly see God.' (1921, p.361) He continues

> the great lesson which our blessed Lord inculcates here, and which He illustrates by this example, is, that God is in all things, and that we are to see the Creator in the glass of every creature … who by His intimate presence holds them all in being, who pervades and actuates the whole created frame, and is, in a true sense, the soul of the universe. (1921, p.364)

The pure in heart look for and see God in the detail of healthcare encounters, cultures and systems. Blessedness, bestowed by God, follows primarily because of the beauty of the One ultimately seen within penultimate encounters, not primarily because a process of virtuous habituation leads to flourishing. To make a success of life will mean anticipating eschatological beatitude through the forms of encounter available here and now by looking intently upon the glass of one's neighbour precisely as the precious image that mirrors the glory of God; and to do so ever mindful of the injustices to that image which the merciful also perceive. Making a success of life is impossible without such sight, glimpsing in the everyday of healthcare encounters the eternal God who remains beyond human grasp and yet whose everlasting arms are open wide.

To think of the pure in heart in this way further answers the civic question concerning *how* someone else's suffering of ill health might come to matter to me. Consider the ordinary practice of consent in healthcare. Many healthcare workers speak of the sense of awe and wonder they encounter in serving the patients (and loved ones) whom they meet. The gateway to such awe is found in the consent of a patient to allow a healthcare worker to enter, with a patient, a disciplined process whereby what matters to one begins to matter to another. To carefully weigh the current circumstances of a neighbour in light of the glory to be revealed in them is precisely the way that one 'glass' may so encounter another, in Wesley's terms, as to anticipate the promised final state of face-to-face encounter with God.[14]

Dr Martin Luther King Junior gives us a further insight into this beatitude, powerfully uniting a civic focus with the biomedical questions of decomposition. In his sermon 'A tough mind and a tender heart', he criticizes 'softmindedness', writing that the 'softminded man always fears change. He feels security in the status quo' (1977, p.11). 'Softmindedness is one of the basic causes of race prejudice … [The softminded] are not toughminded enough to realize that lagging standards [in health, for example] are the result of segregation and discrimination.' (1977, p.12).

For Dr King, 'Softminded persons have revised the Beatitudes to read, ¥Blessed are the pure in ignorance: for they shall see God."' He continues

> There may be a conflict between softminded religionists and tough-minded scientists, but not between science and religion … Science gives man knowledge which is power; religion gives man wisdom which is control. (1977, p.11)

[14] On consent see Hordern (2020, pp. 218–223).

Finally, he teaches that 'Toughmindedness without tender-heartedness is cold and detached.' God is 'tough-minded enough to transcend the world; he is tender-hearted enough to live in it.' Just so Dr King rejects the image of God as 'Aristotle's ¥unmoved mover," self-knowing, but not other-loving' (1977, p.16), an image that accords with our earlier emphasis on the beatitudes as primarily concerning divine personal bestowal of blessing.

Dr King's words shed light on the question of how to evaluate the effects of biotechnological development on making a success of life. For the pure in heart will winnow with their eyes the scientific developments which may bring particular advantages to certain groups and not to others. The pure in heart are toughminded in their diagnosis about the societal practices that shape what benefits accrue from any change to human capacities – which might even claim to constitute a change to human nature. The pure in heart will be unafraid to examine any injustice which is a cause of ill health or unwarranted variation in health outcomes. The pure in heart will, in Wesley's sense, see God's providence in each incremental change which serves the cause of justice. The pure in heart will do so seeing God in the diverse range of ways of participating in the human condition even to the point of death and dying.[15] At the intersection of the civic and biomedical, the pure in heart will do so in consenting partnerships of patients, public and practitioners, gazing upon the glass of their neighbour in anticipation of encountering the face of God.

Blessed are the peacemakers, for they will be called children of God

The challenge of civic decomposition calls also for peacemakers. For Tyndale

> if the wrong done thee be greater than thou mayest bear: as when thou art a person not for thyself only, but in respect of other, in whatsoever worldly degree it be, and hast an office committed to thee; then … keep peace in thine heart and love him still, and complain to them that are set to reform such things; and so art thou yet a peacemaker, and still the son of God. (2016, p.21)

Tyndale's social vision thus conceives peace not solely in personal but also in institutional terms: in respect of the *office* a person, such as a doctor, nurse or chief executive of a health insurance company. This office is conceived in terms of representation, a vocation to be there for others. Among clinicians in modern healthcare, this is precisely the kind of role that an individual and often a team fulfil, brokering relationships and enabling the voices of those who need to be heard (Tweedie *et al.* 2018, pp. 62–72). By contrast, this social and political vision of peacemaking is thrown into relief by its inverse – the 'anti-beatitude' – that Tyndale imagines:

> … cursed be the peace-breakers, pick-quarrels, whisperers, backbiters, sowers of discord, dispraisers of them that be good … finders of fault where none is, stirrers up of princes to battle and war; and above all, cursed be they that falsely belie the true preachers of God's word. (2016, p.21)

[15] I note here the importance of patients as expert contributors to scientific research and teaching. For a University of Oxford project which incorporates this expertise, with a focus on training medical students on how to care for those dying, see Harris *et al.* (2024).

Hospital chaplains, among others, will be thankful for the final line of this encomium which again pushes back against the idea that healthcare is no place for the peace-making word of God. But Wesley's social vision, rooted in God's word, takes us further. Wesley summons his hearers to grasp 'in how wide a sense the term 'peace-makers' is to be understood' that it:

> cannot confine the expressions of it to his own family, or friends, or acquaintance, or party, or to those of his own opinions,, – no, nor those who are partakers of like precious faith; but steps over all these narrow bounds, that he may do good to every man, that he may, some way or other; manifest his love to neighbours and strangers, friends and enemies. Are any sick or in prison? He visits them, and administers such help as they stand most in need of. And all this he does, not as unto man; but remembering Him that hath said, 'Inasmuch as ye have done it unto one of the least of these My brethren, ye have done it unto Me.' … [And] How much more does he rejoice, if he can do any good to the soul of any man! (1921, p.366)

Here then is a seamless connection between the various kinds of peace – peace in our bodily constitution, social peace, peace with God – a vision of peace to which Augustine gave much earlier testimony in his City of God. Meditating on this very saying to make it practical, Rebekah Eklund tells us what the success of a life looks like in terms of peace-making:

> Sustained reflection on how to make peace through just means is urgently needed today. More and more, peacemakers must consider not only how to make peace but how to create the conditions that make violence less likely, and how to rebuild societies when violence leaves such a wide swath of destruction in its wake, crippling transportation, health systems, and education. The world needs more peacemakers. (2021, p.212)

Blessed are they which are persecuted for righteousness' sake, for theirs is the kingdom of heaven

In conclusion, we return to our initial claims about human flourishing: namely that contestation about flourishing – or making a success of life – is an inevitable and enduring feature of the way that human lives pass through healthcare institutions.

For the pursuit of peace itself is a contested thing. Dr King writes as follows:

> When we refuse to suffer for righteousness and choose to follow the path of comfort rather than conviction, we hear Jesus say 'Blessed are they which are persecuted for righteousness' sake, for theirs is the kingdom of heaven.' (1977, p.19)

Those who live as the beatitudes call them to live – humble, merciful, pure in heart, peacemakers— – will be persecuted.

Wesley was thinking of the persecution of protestants in the sixteenth century England. For Dr King, it was in the context of the injustices that he was addressing. For those who care about justice in healthcare today, it will take its own specific forms. This can include healthcare staff being subject to physical violence in their vocation at others' hands – an not uncommon occurrence in the UK. But perhaps, more commonly, it might be in the slow grind of opposition faced by

those who, on account of what Dr King calls conviction, seek to address institutional or systemic forms of injustice, corruption and treatments without an evidence base. This includes those who are willing to be ridiculed for saying 'thus and no further' to forms of enhancement that distributed unevenly as they surely will be, yield hitherto unheard-of forms of unrighteousness, a radical, biotechnological decomposition of the possibility of blessedness. It includes those who blow the whistle on forms of medical experimentation that lack a secure and clear evidence base, as in the case of the UK Tavistock clinic's routine clinical practice of prescribing puberty blockers to children (Connett, 2021, Cass 2024, pp. 70–73).

As noted earlier, these occasions for persecution seem difficult to reconcile with the idea of flourishing following from a lifelong intentional project towards the cultivation of virtue. It is an odd thing to suggest that the 'flourishing', in Pennington's sense, are the 'persecuted'. Yes, as Wesley says, persecution 'is 'for righteousness' sake'; because they are righteous; because they are born after the Spirit.' (1921, p.368) But their life 'goes well' in the same way as the frail flower of the field both beautifies the world and is cut down. This is an antithesis both to the Homeric idea of an *aristeia*, when the hero is cut down in the moment of killing large numbers of the enemy, and is also deeply contradictory to an Aristotelian notion of the human good which precisely depended upon the presence of external goods. From beginning to the end, from poverty of spirit to persecution, the beatitudes set aside Aristotle's formulation regarding external goods such as political influence as necessary for blessedness, replacing it with the personal, divine providential action. Wesley catches this providential agency of God well:

> Just in that manner and measure which the wise Disposer of all sees will be most for His glory,, – will tend most to His children's growth in grace, and the enlargement of His own kingdom. (1921, p.370)

The promise of the beatitudes for interpreting a desire for human flourishing in healthcare is found in the providentially permeated, gritty agency of life, but ultimately and decisively in the death, resurrection and ascension of Jesus Christ, which anticipates and guarantees the reversals to which the beatitudes testify and which those, who have endured much, will finally come to enjoy. To live according to the sayings of Christ in the beatitudes is not a life primarily ordered by the pursuit and achievement of intentionally habituated stable virtue, but to pursue the kingdom of God and its righteousness in de-centred company-keeping pilgrimage with God and others – in humility of spirit, in merciful compassion, in purity of heart, and in expectation of opposition. The blessing and righteousness of the kingdom of heaven are neither other-worldly nor the work of human hands, to be grasped and comprehended by them. Anticipated in this life, they are secured from beyond the grave, resting on the eschatological promise of reversal and the providential, personal bestowal of blessing by God.

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