Cornerstone UNIVERSITY®

Wisdom & Influence Podcast

Episode 14

Faith, Medicine & Human Dignity

Featuring Dr. Kristin Collier

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TRANSCRIPT

Gerson Moreno-Riaño: Welcome everyone to the Wisdom and Influence podcast here at Cornerstone University. I have a very, very special guest, with, with us today. She serves, a- a- as a member of the university's President's Industry Council here at Cornerstone. She's also the director of the University of Michigan Medical School Program on Health, Spirituality, and Religion.

She's also served as, one of our wonderful panelists at Wisdom Conversations. Please join me in welcoming Dr. Kristin Collier. Kristin, it's great to have you on, on the podcast.

Kristin Collier: Thanks, brother. I'm so happy to be here with you this morning. Happy Monday to you.

Gerson Moreno-Riaño: Yes, likewise. Thank you for taking time to, to connect with us, and thank you for all the great work you do, in so many ways. May, may the Lord continue to bless all your work, Kristin.

Kristin Collier: Thank you, brother. I greatly appreciate that.

Gerson Moreno-Riaño: Well, I, I thought we'd begin by, by, having you share with us, w- our listeners, how you came to faith in Jesus. I, I think it's a beautiful testimony, a beautiful, incredible journey. and if you'd be willing to share a little bit of that story o- of your background, how you came to faith, I think it'd be a wonderful, start to our conversation.

Kristin Collier: Oh, sure. Thank you for asking me. I think, as we're, as we're asked in the scriptures, we should always be able to give an answer to the hope that's in us. And I did not have the gift of faith growing up. I was raised in suburban Detroit in a very lovely home, with my mom and dad and sister, but religion was never something that my family thought to prioritize, and if anything, I think there was this subtle message, or sometimes not so subtle message, that religion was for people who couldn't think very clearly or who didn't otherwise know better.

So we never attended church as a family, never heard the Gospels, et cetera. Then I came to the University of Michigan in the '90s to study pre-medical sciences. I was a biology major, did really well there, thankfully got into medical school here at the University of Michigan. And then it was around the time that I started seeing patients as a medical student and really confronting really the problem of suffering that I started wrestling with God.

Our hospital has a very high acuity. People here sometimes in our units, our units have something that's like a 20% mortality. And I saw things probably that the average person just isn't prepared to see. mothers of, of, of five coming in with catastrophic brain bleeds, babies being born dead, horrific things.

And I thought to myself, "You know, I've heard there's a God, and if there is a God, and he's all good and all-powerful, then, like, what is going on here?" And it made me just very angry, to be honest. And so I sort of wrestled with that and sort of became actually an anti-theist in my response to suffering, and continued with the work of medicine.

And then thankfully, my, high school sweetheart-- and I, Timothy, got married, after my first year of internship here in the Department of Medicine, and we started having children. And as, as in the sacrament of marriage and having children, those, events in your life that the Lord, gifts us is a time to reexamine our priorities.

And my fourth child, our fourth child, Isaac, was born. he was a little bit premature, not technically, I would say sick, but sick enough that my pediatrician was worried about him, and we had trouble feeding him, and he wasn't growing. So I was exhausted. I had a five-year-old and a four-year-old and a two-year-old and a baby, and I just needed someone to help me figure out how to feed Isaac. So one night in October, I, when he was a baby, I called all these lactation consultants in my area and said, "You know, can someone please come to the home and help me with Isaac?"

And this one lady called me back, and her, she said her name was Brandy, and she came to the home and helped me with Isaac. And she, really for the first time in any of my pregnancies, I felt like I was being treated as a very special dyad by this lady. She was very pastoral in her care. A year later, Isaac turned one, and I called Brandy and I said, "Thank you so much for helping me with Isaac, because we were able to stay out of the hospital.

I kept my sanity." And she said, "Well, you know, I didn't tell you at the time, but I'm a pastor's wife. Would you like to come to my ladies Bible study?" And I thought to myself, "No, I do not want to come to your ladies Bible study," but I was, very obliged to Brandy, and so I went. And I'm not really sure what I expected to hear, but I really...

My heart was changed after that Bible study. I... People ask, "Well, what did you hear exactly that was so moving to you?" And I think as a physician who sees people a- all the time with broken bodies and broken lives, to hear that this isn't the way things are supposed to be, that God took on flesh and came in Jesus Christ in the incarnation, and that He will be with us to the end of the age, and that someday, that, there'll be a resurrection of bodies.

To hear about that as a physician, and that Jesus someday will wipe away every tear, like that was so... I never heard anything like that before. I never heard of God taking on flesh as a person. I'd never heard really truly the gospel. And after that, I was really motivated to start memorizing Bible verses and listening to Christian radio.

And through the continuing witness of my husband and people who the Lord was able to, bless me with through just so many people's prayers, my four boys and I were baptized into the church in 2016.

Gerson Moreno-Riaño: Well, Kristin, thank you for sharing that, the amazing journey and, and, the problem of evil and suffering is this sort of perennial problem that, that people wrestle with and struggle with, right?

I, and, and they see it... my wife and I are, as we meet folks in the community and mentor and shepherd, this always keeps coming up, right? And I've, I remember as a 13-year-old hearing it on, on the bus, right? In school, the, the wrestling. But the m- the, the greatest truth and most beautiful truth is the incarnation.

Jesus took on flesh and suffered and bled and died and rose again in, in the blessed hope. So it's just beautiful to see it in action, in how it touched your life and the life of your family.

Kristin Collier: Yes, and especially for those of us in medicine, I see this importance. I wish I had had my faith, obviously, forever.

But especially now with the way that I see my work, like you mentioned, you discussed about the most important historical event ever is the incarnation of Jesus Christ and his rising from the dead. as a physician, especially too thinking about now how I see my work taking care of patients. I always sort of had this idea that my patients mattered, but I probably wouldn't have been able to tell you why before my baptism.

But even now, thinking about my, my patients being made in God's image, that he, they bear God's image. They were loved, created, willed into creation by him. But then also just thinking about I take care of people who don't... Not just they don't have bodies, they are their bodies, but thinking about even the importance of the body because of the incarnation, that matter matters because of the incarnation.

As you said, Jesus had a body. He has a body, and central to our faith are, is the idea that is the reality of, of the g- resurrected, glorified body. So again, as someone who takes care of broken bodies, to understand that the importance of the body and the importance of people in this way that now is really anchored and meaning through my faith, has really brought my scientific work and medical work into a Technicolor because of the reality of incarnation.

Gerson Moreno-Riaño: 'Cause I wa- I wanna speak about your domain a little bit for our listeners because there's so much happening today in the world of medicine. Mm-hmm. And, and so much happening, when I think about the American Medical Association and its perspective or on life, right? and the human person, which is at the core of this conversation we're having.

Mm-hmm. That the importance of the human person being made in God's image, the Imago Dei, the incarnation. And when, and, I went to the AMA and have looked at this throughout my, my academic journey to get a sense of its direction because they have such an influence, obviously, in the industry, on medicine, in how we educate future doctors and researchers and so on.

And one of the interesting, sad things, and perhaps you can help us to understand, is the lack of a definition really or an anchor, a metaphysical anchor point on life and the human person Which you would think that the Am- American Medical Association would have to be able to provide guidance and direction, if we're training, development, all, education, so on and so forth, but it doesn't do that.

It, it falls-- it defines it around social policy and personal instinct or preference and, and those kinds of things. So there's no anchor point, and it seems to me that that is at the core of some of the key debates and questions we're having right now in our country with medicine, and, and, and pro-life issues and the body and so on.

Can you talk with us and our listeners a little bit about that whole issue of the human person, the Imago Dei, and the lack of that definition or that anchor point in, in the American Medical Association?

Kristin Collier: Yes. I have, I have so much to say on this, so I will try to keep my comments podcast worthy.

Yes, I do agree with you that to me it's a strange paradox that in medicine when we take care of human beings, human persons... I was in Austin, Texas, giving a bioethics, talk this weekend, and there were a lot of learners there. And I asked the learners, "You know, can you-- For those of you that went to medical school," and a lot of them had, "How many courses in med school did you have about human beings?"

Or like, "What is a human being?" Or, "What is a person?" And like, no one raises their hand, which is so strange because the entire vocation of medicine is directed towards the flourishing of human beings, yet there are no medical school courses really about what is a human being, what is a human person, are those things different, should they be separated, et cetera.

And I think it's because... I don't know for sure, but I think it's because people just sort of assume that people know what those terms mean. But actually, there are very different anthropologies actually right now in medicine that are operating, and I think if we're not explicit about what those anthropologies are and discuss them and think about are some of them false, are some of them pernicious, are some of them right, even thinking about it through a justice lens, then we can sort of fall into the error of thinking that things like physician-assisted suicide is in the interest of the good, or that euthanasia is in the benefit of the sick.

So I do think our crisis in medicine, you, you put the right word on it, is metaphysical, is anthropological. And so in m- I think about-- I, I really appreciate the work of Abraham Heschel, who was a Jewish theologian actually, who gave a talk to the AMA, since you brought up the AMA, to the AMA in the 1970s, and the, the talk was titled "Patient as Person."

And Abraham Heschel said that medicine shouldn't be this impersonal practice on sick bodies, but a personal vocation on ill persons. So actually, that's a totally different framework. Like seeing your patient as just like this sick body, or that life is molecules in motion, or that the people you're taking care of are just sort of sacks of like meat Legos, as Mary Harrington calls it, or a bag of blood and bones, is very different than seeing them as an ill person.

And, as Christian people, we know the reality is that all of our patients also are made in the image of God. So I think, yes, th-this anthropology question is a really important one. And when I was talking in Texas this weekend, I really tried to make sure that the students knew the correct anthropology and to sort of speak and witness to that, which is human as image-bearer.

And I do think the false anthropologies that have affected some of our medical societies, which aren't maybe explicitly Called out, but I would like to give name to them for your listeners, and this borrows from some of the work of Carl Trueman and others, is either man as machine, which is a false anthropology, man as plastic, that we have this plastic anthropology that we can just alter and sort of s- swap around our bodies at will for our subjective idea of wellbeing, and really dangerously also, man as commodity.

The Imago Dei is not for sale. So we should not be selling in the marketplace either people or parts of people, 'cause that's an affront to human dignity. So yes, I, I think it would be helpful i- in medicine broadly, not just in the medical societies, but in medical schools and in departments of medicine, to have more t- talks about anthropology, because I think if false anthropologies are adopted, then of course there's no concern about disrupting people if you think they're just upgradable platforms in a machine, or selling body parts as what happens in human surrogacy or IVF technologies.

Because you don't see them as, as image-bearers of God. We should have a fear and trembling actually about who we're taking care of. And then, and lastly, just thinking about the societies also, I think a lot of us feel beholden, a lot of my colleagues feel beholden to societies. not just the AMA. I think the AMA actually is less relevant than it used to be.

But actually, and many of your listeners might not know actually, the AMA used to have committees actually on religion, that have gone away after the schism around the R- the Roe decision in the '70s. But a lot of physicians feel, beholden to their other professional societies or their departments.

And I once heard John Patrick, who's a Christian physician in Canada, say, "That's interesting, but who would you rather have as your physician? Actually someone who's accountable to the AMA or to their department or to themselves, or actually a physician who actually was accountable to the Lord, someone who after death feared actually the judgment of the Lord?"

Because it's only in that framework does what you do now matters. If you're not, if there's no divine accountability to the Lord, and we're not in fear and trembling of how we're, taking care of the Imago Dei entrusted to us, then, like, what does it matter what we do? So even thinking about the definition, but also this accountability, for the work that we do, not just to the AMA, or, which is full of fallen people, but to the Lord himself.

Gerson Moreno-Riaño: I mean, that should have... That's, that's a very different paradigm, I think, that it, it's missing in most of academic medicine. Yeah, so I remember Years ago, reading some of the guidelines from the AMA on education as, as I was at another university thinking about how do we educate undergraduates for medical school and the kinds of things that are happening.

And I remember then, they posted something to their, their concern that, so much, of medicine and, and, and, did not treat people humanely. That we needed more humanity in the way we deployed medicine and deployed treating people. But that sort of went away, right? when you talk about the anthropologies now at work, the man as machine, as plastic, right, as, as, as a commodity.

And now with the AI, which we'll talk about AI here soon, what they will do. there seems there's a great need for re-injecting, right, as if I can put it that way, reinserting the, a, a robust anthropology or at least robust anthropological considerations. Right. How, how realistic do you think that is, whether it's the AMA or specialized societies, professional societies?

We're having the same conversations in my areas of political science or in history. We have the, the large professional bodies really pushing, and they have been pushing against these kinds of things for a long, long time. But how realistic do you think it is or what could be done, should be done to address it?

Kristin Collier: Yeah. So I, I have a lot to say about that as someone who is very interested in the humanities and trying to keep medicine actually as a human-to-human vocation. and, and also before I forget, I do wanna also actually give a little bit of a shout-out to the AMA recently, 'cause I know the AMA gets, a lot of critique, as all of our society should be open to critique.

But the AMA actually recently, within the past year, recommitted itself to, a non-neutral stance, which I think is very helpful, about physician-assisted suicide. There was a lot of pressure for the AMA to either adopt neutrality or a positive stance, but they actually have recommitted as saying that they think physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and poses societal risks.

So thankfully, because you have a lot of people who've advocated for that position, and also the AMA refused to change its language to medical aid in dying and kept it as physician-assisted suicide, and also has still robust language also about physician conscience. So I do think that was the right- Yeah, yeah, yeah.

With the right, with the right, with the right, advocacy, many people testified about that. The AMA kept their eye on that. but thinking about your question, yes, I do think that we know, which is, I think, so interesting. I think when I came into medical school in the, turn of the century when I graduated from med school, there was a lot of pressure for us to, the pre-meds, to focus mostly on the biosciences.

Most of us were biology major, physics majors, et cetera. And more of the medical students now, which I think is lovely, about a third of our students are coming into med school actually with a non-STEM

major. philosophy, like my son who's a pre-med at Hillsdale College, he's a philosophy major, and we're very thankful about that because, like, having time actually before you have to get into the technical aspects of medical education to think about some of those pressing questions around the existential questions that medicine engages with and should engage with thoughtfully around suffering, what it means to be human, what a sort of life looks like.

So we actually know from data actually too that the, that the students that come to us with a non-STEM background actually by the time they leave medical school have higher levels of empathy. There's something maybe protective for them about their humanities work in the grind of medical education that protects them.

And also, it's really interesting to think about their framework of how they see the work. And I do think that there's so much, I don't know, I sort of call it educational malpractice. I think there's been a, there's been an impoverishment of asking big questions in the university. There's been a gutting of humanities, programs across the country, and it worries me because that's the place where we engage with these big questions outside of the technical aspects of the field that undergird our right thinking about human beings and ideas about human flourishing.

That's gonna happen with engagement of the great books and seekers of wisdom who are philosophers and our music majors. So I don't think that... I, I would hope that this is something that the formation of the giving shape of our future doctors happens mostly in, in people's homes through the loving direction of their mother and father, and then through schooling that engages people.

I'm a, I'm a fan of the work of St. John Henry Newman. he talks about this circle of knowledge. Can we have our students be exposed to the entirety of the circle of knowledge, and they understand medicine, the biosciences are one sliver within that, but they have a phil-philosophical habit of mind, as Newman says, where they can engage that work, from the perspective of a human person engaging with another human person?

I think that can be one way, but I, I agree it's gonna be hard to do without a broader 30,000-foot view of education as a whole because by the time they get to us in medical school, sometimes these I would say these ideas sometimes that are very rooted in them about an improper view of the human person have taken root, and it's hard for us to unroot them.

It'd be great if some of this happened before they even get to us.

Gerson Moreno-Riaño: Yeah. So, I wanna, I am wondering if part of what the AMA has been dealing with, focusing on, if I can put it this way, methodology, right? I think- Focusing on a technique- Mm ... is also what I've seen happening in the humanities for decades, right?

Because whether it's secular humanities or, or Christian humanities, for the last four or five decades, what's happened is there, there's been a shift to focus on methodology and critique, not the meta-metaphysical, right? Yes. and that's been a significant problem. So whether it's a Christian humanities program at a university or a secular one, what you really end up doing oftentimes is developing sophisticated skeptics and critics.

Yeah. I agree. You focus on methodology, you focus on critical theory, critical analysis only, right? And then you have students who leave, who are very good at that, by the way, very good at doing that. But we're unable then to educate in the metaphysical existential questions- Mm ... as well as the potential answers and the better or best answers to that.

Well, I'll give you a case in point. Years ago, I was on a, on a plane from New Mexico to Virginia, and a young man sat next to me. He was a senior at probably the most premier great books program in the

country, and he was graduating. And he sat next to me and he asked me, "What do you do for a living?" I told him, "I'm, I'm a professor, I'm an academic."

And he said, "Great. I need your help." He said, I'm about to graduate from," and he tells me, and he says, "I've read all the great books and have done all these things for four years. I am more confused than I've ever been. I don't know what to do. I don't know what to believe. I don't know what's right, wrong, true.

Can you please help me?" And for two and a half hours, I remember the, it's in- the Lord putting on my mind- Yeah ... all your training education's for this- It is ... conversation. Yep. Don't mess it up. Yep. So for two and a half hours, from the pre-Socratics till now, I began to talk to him about how everything points to Jesus.

At the end of two and a half hours, he said this to me. I'll never forget it. He said, "If you're right about Jesus, it turns everything upside down." I've gotta think a lot about this. So I prayed and shared my contact information with him. Mm. He left, never saw him again. Mm-hmm. I have prayed for him many times since then.

Mm. But I came across a way of thinking, here's this university, world-class, best humanities you could ever imagine, and we're educating young men or women who leave coming full of doubt, skepticism, cynicism, whatever you may wanna call it, and that made me pause a lot, right? Yes. Because I think you're right.

I think we need to engage these things in profound ways. The dilemma is that so many universities, so many engage only in terms of method and critique- Mm-hmm ... not affirmation of truth, pursuit of truth, or defense of truth, right? And that's the problem, and it seems that that's going into the professional societies as well.

Kristin Collier: They focus on methodology. Yes. Yes. totally. That, y-yes, that's a perfect, that's a perfect example, I think, of the educational malpractice that is happening even in some of these, renowned universities, and our young people are the victims of that, that leave confused. There's sort of this abandonment of this idea that truth is something that should be or can be pursued.

There's a, yeah, a gutting of the thickness of the, of the, of the approach. it's an impoverishment, really, I think, of, of what the humanities are about and should be for. Right. So there's this crisis in higher education, and I agree it's something that's very concerning as a, as a mother of four young men.

It's probably, something that weighs on mine especially heavily, so I appreciate the work of Cornerstone and for you trying to right the ship of trying to understand how do we gauge these things thickly. I do think also, too, just thinking about medical education and sometimes the students who want to bring, I would say, metaphysical commitments or maybe asking existential questions, how, not only sometimes is it, are there not opportunities to do so, but they're discouraged sometimes from pursuing those questions.

So the example that I sometimes use is I say, imagine something like just thinking about how medical education is sort of like guts you a little bit of your, of part of your humanness and your ability to see it in other people. I say think about the first time you looked at something under a microscope to the scientist.

And I'll say, "I wonder what you looked at. Maybe it was a drop of your sister's blood or a splash of pond water or an onion off your mom's kitchen counter." Imagine you have to look through an old-fashioned microscope, the one where you have to close one eye, but open eye becomes like a technical lens, and what you see under that slide actually is really beautiful.

But now I say, I say to students, "Picture yourself now looking up and gazing at a patient lying in the bed in front of you. What's needed to see him in the fullness of who he is? Actually, you have to look at him with both eyes open, and that other eye is like your religious, spiritual, moral, ethical eye."

But a lot of times I get it. That eye has atrophied because it does take so much time to hone the technical eye in medicine, right? That you forget about that eye, so it becomes, like, unfocused or atrophied. Or even worse than that, sometimes you're told, "You better not bring that religious eye to the, the work of academic medicine.

That eye has no place here. Shut that humanity's eye. It doesn't belong here. This is a purely empirical," right? "We have to be quantitative about everything." And so the k- the students shut that eye. But there's no way that you can see the image of God through that technical eye, So medicine has to have this binocular vision, I think, for us to see fully the person in front of us as the image-bearer of God and as a person, not just as a sick body.

And then I have this slide that I show of, like, a zygote, a, a, a, eight-week fetus, a newborn baby, a person with disability, and as someone at the end of life, and I say, "Without that second lens- Open. You will only look at that slide of those pictures of human beings as organisms who are messy and are burdensome, and there would be no concern that you would have for them unless you had that other eye open.

So yes, like, how do we, like, not only, like, start to train and hone that other eye rightly informed through the work of education, but also make sure that students who really, are trying to, like, train the other eye feel like they even have the ability to do so. 'Cause I think, right, medicine also in its, approach to being like a hard science where everything can be measured also has tried to, like, leave metaphysical and sort of transcendent goods behind to the impoverishment of the experience of our patients and of our learners.

So how can we, make sure that the culture of medicine actually is more welcoming to people who actually come into medicine either with that eye, like, wanting to be operative or who are trying to make sure that it stays operative in medical education? 'Cause there's hostility sometimes to that eye, to be, to be frank.

Gerson Moreno-Riaño: Yeah. Yes. Yes, indeed. So let me ask you a question about, I know you've done some-- I know you've done a lot of thinking and, and sharing about the future of medicine. just a few weeks ago, The New York Times wrote in an article entitled, "AI Is Forcing Doctors to Ask the Following Question: What Are You For?"

Question mark, right? And so, a- and, and, and no one really knows what the future will hold. Lots of conversations. Is this a bubble? Is this permanent? What, what are you seeing and thinking i- in your world with, with the AI in medicine and the role of the doctor and the role of physicians and so on i- in terms of the future when it comes to either healthcare or even more than that, sort of the, the profound moral questions that AI raises, even as we talk about males, human beings, and machines, right?

Men or women, machines or plastic or those kinds of things. What, what should we be on the lookout for? What advice could you give us as we think about that world that's upon us?

Kristin Collier: Yeah, I definitely am a slow adapter of technology, and I'm very, very cautious, I would say, about anything that is going to interfere or affect or change that very sacred dyad of patient and physician.

So, there's a lot of enthusiasm around AI in medical education, and I think we are some-- We're like, to use a Midwestern analogy, we're sort of like getting out over our skis a little bit, and I think we're quickly adopting this and trying to sort of be like, ahead of the game when it comes to AI.

And it, there doesn't seem to be, in my opinion, but again, I'm, I come to this from a, maybe a philosophical and ethical lens, which we think a little bit more slowly, enough thoughtfulness about not just like can we do it, but the should we do it, and what is its effect on even questions that I care deeply about, about anthropology, medical education, the nature of medicine, what medicine is for.

And part of that enthusiasm, I think, is driven by money. There is so much grant money out there right now for people in academic medicine and for schools to grab, so that people are like, obviously, like the fear of missing out. They're trying to grab these grants because there's a lot of money to be funding AI.

There's not as much grant money to be funding humanities in medicine, which is a different story. So I think people are trying, to sort of secure this funding, and then we'll think about it later. What I worry about the most, couple things. One is there are more and more, like, schemas that I-- when I talk about AI, I sh- I show this slide, and it's from the prestigious New England Journal of Medicine, and it shows a phys- it's like a, shows like a, it's a diagram.

It shows a physician, and it shows a patient. And usually, like, again, that is the very sacred dyad there. But now, actually, there's a, there's an- another line, and it goes to this AI. And it says, "AI should be considered a partner in care." And I'm like, "Wait a minute. Wait just a minute." Like, I've been so protective actually of my sacred space with my patient because I do primary care.

I, I especially think it's important for us to preserve that, that dyad. But I, I haven't even, I've never even had, like some of my partners have a scribe in their room. I don't even have a scribe in my room. Like, it's just me and the patient. and so to say now that I'm gonna have this machine also as a partner in care, first of all, machines can't care for anyone.

But also, right, and they c- they're not a partner. Like, to even sort of give it this anthropology of its own is like, what does that mean? And I also really worry about for our learners in particular, and for my colleagues- The de-skilling that will happen, that if we sort of outsource, like people like the medical students are very excited sometimes when they're like, "Well, why am I..."

I teach clinical reas- reasoning, which is how we sort of take a chief concern if someone comes in and they have shortness of breath. I'm like, "What are you thinking about? What should be on our list of our differential diagnosis?" Like, how do you type a question to ask? What are the things that are life-threatening you don't want to miss?

Like, what do you think is going on? And it takes a lot of time actually to do that with new learners. But they're like, "Why would I do that when I can just put the case into AI and it spits out the answer right away?" And I'm like, "Well, hold on a second." Like, you learn... That's a- that's, again, a mis- it's an educational malpractice idea of what learning is.

Learning is not just like this filing cabinet where I put something in you and then I take it out. Actually, the process of learning education actually is formative. It gives shape to you. So how can you learn to be a physician without learning how to think like a physician? That thinking of a physician actually makes you into a physician.

And so how are we gonna like have physicians if they just have outsourced what it means to be a physician to a machine? And the de-skilling, obviously that, that, that risks, I think, the entire profession. But also, I've been thinking a lot about the threats about anthropology too. And again, I think sometimes

the biggest threat is not that we're gonna start to see our machines as people, but again, but that we'll start to see people as machines.

And again, if we already sort of see people as machines, then there's like nothing wrong, people think, with putting people's symptoms into this machine and getting out some type of like diagnosis. There's this movie clip that I used to show that's from, I don't know if you've seen the movie Passengers.

It's a 2016 s- I love sci-fi. It's a sci- sci-fi movie in 2016. It's called Passengers. And in the movie, Earth has become uninhabitable, and Chris Pratt and Jennifer Lawrence are these two passengers on this ship. And have you seen it? Okay, okay. So this, the, the story is that Earth has become inhabitable.

You have to, we found a new planet that people can go live on, but to get there, because it's so many billions of light years away, people have to go into cryopreservation so they don't die a natural death before they, before they get there. So during the movie, Chris Pratt and Jennifer Lawrence wake up, and they panic because they need to go, to get back to sleep but they don't know how.

So they wake up the ship's captain, who's played by Laurence Fishburne. So during the movie, Laurence Fishburne becomes sick, but there's no doctor on the ship. Not to worry, they have this very complex machine. So they put Laurence Fishburne's body, they put him into this machine. It scans him very quickly and out shoots a list of what's wrong with him very quickly, and out shoots a, a pile of pills.

So you see Laurence Fishburne's character looking at the list of diagnoses, looking at the pills, and the next scene he has presumably died because, the two other characters are pushing his dead body out of the spaceship and his body floats away. So when I sto- show that sh- that scene to people, I'm like, "Is that a good vision of what healthcare is?"

And people are like, "No." And I'm like, "Why not? He got all the diagnoses, actually very quickly, very accurately, and he got probably what was like evidence-based medications for what he had. Maybe he got palliative sedation or that type of thing. So why does that seem dystopian to you?" And we think about it, actually, is because there is no care in his healthcare.

There was no one to sit with him and understand his experience, not just of disease, but of illness, which is patients' subjective idea, right, of how they're experiencing the existential grief and just pure suffering that he had, and he thought maybe he was going to die. How was he processing? There was no one there to compassion, to suffer with with him.

So it's not just, we can't think of AI as like going to be the savior of healthcare because it gives us the right diagnosis very quickly, m- maybe picks up imaging lesions that maybe were missed. Having those diagnoses are necessary, but that's insufficient for good healthcare. And because machines are not embodied persons, they lack wisdom, so they're not going to like be able to understand why a woman actually might subvert her own health to carry a risky pregnancy because she doesn't believe abortion is something that's in the good of her child or herself.

Or, so I, I worry about that, that framework of the impoverishment of just seeing people as like symptoms that can be, sort of like assessed in this mechanistic way when people's whole person, their social suffering, spiritual suffering, emotional suffering, physical suffering, machines cannot understand concepts like that.

They can't understand hope, grief, and love. They don't understand my patient's a sister, grandmother, best friend, lover. They'd understand, to be honest. So again, I'm worried about this impoverishment of what medicine is, probably because we're moving that way anyway, and seeing our patients as just like molecules to be tweaked.

I'm also worried about the de-skilling that can happen, and again, even the, the moral and ethical locus of what happens if the machine makes an error also is a very interesting topic to me. So a, a lot to come But I am, I, I don't consider myself a Luddite, but I do consider myself someone concerned about the vocation.

And I'm not being a pain around AI. I do think AI may have its role, but I think we need to be philosophically minded about the risks. One last thing on that, there's a philosopher, Marshall McLuhan, who said, "Whenever we have a new technology or a new something in f- in, in sort of a tech space, there's always an aug- an augmentation."

So there probably will be some type of augmentation. Something will be augmented by the machine. But he said, "Whenever there is an augmentation, there is an amputation." So what will be amputated in medicine? And w- how much of our vocation can be amputated before it ceases becoming a profession at all?

Gerson Moreno-Riaño: Yeah. I think one of, beautiful, thank you. I think one of the, the really powerful things you have mentioned, that I wanna just park and, and speak with you a little bit about is, is the, how the, the role of physician or the caregiver in, in some ways taking on as much as possible the suffering of the patient, right?

Mm-hmm. Sometimes empathy loses that, the word empathy itself, right? We- it's thrown around so much. it- in Spanish, the word mercy, misericordia, literally means in the midst of, in the heart of suffering or misery, right? And thus we have compassion. So that, that powerful, teaching of, of suffering with those who are suffering.

Yes. Yeah, I think of the shortest verse in the scriptures, "Jesus wept." Yes. That speaks volumes to Christ taking on our suffering and, and, and understanding our pain and so on. when you think about human beings as machines, plastic, as, as parts, right? the meat Lego piece, all that goes away, right?

There's such a... To use what you just mentioned, amputation of that. It's gone. But, you see that throughout our world now, right? You see it in, in, in abortion, you see it in end-of-life issues, how we treat the elderly. You see it in, in the, the antagonism of neighbor to neighbor. There's such a lack of mercy in our world now in the way we look at and treat each other.

It's not just in one area, it's throughout. So what I wanna ask you to talk with us about, I've had several people come to my office talk, sharing this with me. We need revival in our country. Mm-hmm. We need revival in West Michigan. We need revival, and what can we do? What can Cornerstone do? And we've been praying a lot about that because this is really a crisis of the soul, right?

A crisis of the spirit that's affecting all the work that we do, whether it's medicine or whether it's education, right? Or whatever it is, 'cause it's such a crisis. So tell us what you see in your world, as you educate future doctors and physicians and with your colleagues. What's the move of the spirit, if I can put it that way, in the world of medicine?

What are you seeing and sensing, Kristin?

Kristin Collier: Yeah, sure. this is such a complex topic, the, the role... thinking about what it means to suffer and, what is, what is compassionate response to suffering look like, and thinking about, us or human beings being obviously embodied souls and how does that, how, how we recognize the suffering in that person?

How does medicine respond to suffering? What does a compassionate response to suffering look like? we all encounter suffering, whether we're in medicine or not. How do we think about that? Yeah, I have a

few thoughts on that. I think when I think about, when I talked about my conversion story, it really was and still remains, the problem of suffering, which is the, the toughest thing, And it's not like I have, this s- it's not like the, the, the, the, the theodicy or that, that struggle I, I originally talked with you about, about this idea that God is, good and all-powerful but evil exists, like I have this... I don't have this tidy answer to that now. But I don't need to.

Like, I don't have to define God's goodness. I know how the story ends, so I, I can have trust in that, even though there's such lament that I have now, and I think that's okay. I, I, I love that you mentioned the, the shortest verse in the New Testament, which is, "Jesus wept." Jesus is the Great Physician, and if Jesus Christ, the Great Physician, can weep, like, so can I.

And I think about the, my, the, it's first in I- in Isaiah where we're told that the suffering servant is acquainted with grief. And I think that the ph- as a physician, that to me, on most days, I think of probably the identity of Jesus Christ that I, the, resonate with the most, 'cause I feel like I'm very acquainted with grief.

And thankfully, because of the faith that I have though, I'm not left there. I then think of St. Paul in the letter to Thessalonica who says to us, "But we do not grieve like people who have no hope because, we believe in the resurrection." So I am acquainted with grief, but also because I now have this idea of the eschaton and eschatological view, and I know how the story ends, that I'm not left there.

Does it fully take away the grief that I have, moment I have now? No. but at least I have a, a, a, a, a least a way now to somewhat process the grief that I have because before my conversion, I had no way to even think through it. There was no meta-narrative of creation, fall, resurrection, redemption for me to anchor my, my thoughts into. So I wanted to sort of say that about suffering.

And I think when I think about suffering and the spirit and persons in medicine, the work that I rely upon the most when I teach this to students and I think about addressing suffering is the work of Dame Cicely Saunders. So Cicely Saunders lived in the last century. She was born in the UK in the early 1900s.

She first trained as a nurse, then she became a physician, and she started the first modern hospice in London. St. Christopher's Hospice in the '60s. It was the first hospice that really combined bedside care, clinical teaching, and research. So Cicely Saunders has this model that I really love. It's called her model of total pain or total suffering, and I draw it for students.

It's like a circle, and it has four quadrants. And she says that patients, all of us, people, suffer in four intersecting ways: physical suffering, social suffering, emotional suffering, and spiritual suffering, and they all intersect. So for example, we know that, for example, patients that have under-recognized or undertreated spiritual distress at end of life, let's say they're, they're, they have distress like, "Is God punishing me?

Why is God doing this to me?" Like, "What's gonna happen, you know, when I die?" those are, those are spiritual s- that's spiritual distress right there. If, if we do not address that and get a member of clergy or the pastoral care, the chaplains to come in and work with our patients' spiritual distress, we know that actually that can present in physical ways.

Patients at end of life who have really bad nausea, for example, or pain, and we're, like, giving them all the nausea medicine and the pain medication, but it's not responding. It's not responding because we're using tools that are in the wrong bucket. Actually, it's not until their spiritual distress is, is helped along by a member of clergy or the chaplains does the nausea improve or the pain improve.

But when I saw that diagram for the first time several years ago, I thought, "Oh my gosh, I trained at one of the best medical schools in the country. I'm a general internist, and I feel very well-equipped to, like,

pick up and diagnose and manage physical suffering." I'm pretty well equipped to pick, pick up and diagnose and manage s- emotional suffering.

But I was like, "Social suffering? Spiritual suffering?" Like, what are... I didn't even know what those things were. and I, knew that like I felt shame. Like, I'm a general internist, and I'm only seeing half my patients because I've been trained to see my patients only as like molecules in motion, not even people that, were ensouled beings.

And I was like, "This is not okay. I need to understand how to ask about and use my interdisciplinary team to address social suffering, spiritual suffering, so that I can deliver what's called whole person care." And not only did I become convicted that I didn't know what I was doing, but our students and other people needed help understanding the totality of suffering that our patients have.

So that's been part of my work in the, in the medical school program. And I know now because I've been practicing medicine for 25 years, and I see patients with a multitude of chronic illness, oftentimes the suffering that they experience isn't even the most dramatic from their physical ailments, but it's actually these existential questions that they have.

"Why did this happen to me? Is God punishing me? What will happen to me when I die? What kind of meaning does my life have now that I don't have a leg?" Or these questions that like, honestly, medicine oftentimes is not fully equipped to answer. A- a- or we... And we don't even know how to give the answers if we don't even have these questions on our radar sometimes, but the patients are suffering with these things.

So that's one way in which I, I teach this topic, is talking about total pain. And the last thing I'll say about this is that because I think it's something that I care about too, around physician-assisted suicide, most of my patients I take care of are probably over 65, and, end of life issues weigh heavily on my mind, especially at the margins of life.

But I think this question societally that we need to understand as Christian people is what does a compassionate response to suffering look like, And I think it's an error for us to think that in our attempts to eliminate suffering, that we eliminate the sufferer. Because physician-assisted suicide is a total impoverished response to suffering.

If I do believe, which is real, that my patients were made in God's image, it is always wrong to aim directly at their death and call that healthcare. And it would never fit any coherent model of healthcare for my patient to say, "Oh, I have this symptom. I have this disease," and for me to say, "Well, then I'm going to kill you."

That doesn't even make any sense, So we have to at least get that off the table, but what I fear, what I, I once heard Leah Libresco Sargeant, who's a Catholic writer, she said once in a talk that I heard, "When there's an error in the culture- And this culture hears Christians saying no to something.

They hear our no much louder than they hear our yes. So they hear us saying no to physician-assisted suicide, no to euthanasia, no to abortion, but they're, like, not really sure what we're saying yes to. so I think that's one way with, prayer and discernment and advice from, from our, our brothers and sisters in Christ and from the Lord.

How can we help narrate a positivist moral vision to recapture the cultural imaginary of what a good death looks like, for example? What does dying well look like? And so for a pr- a practical resource about that, that I'm, really been happy to be able to have read, my good friend Charles Camosy, who is a Catholic moral theologian and speaks a lot about end-of-life ethics, he wrote a book called, like, Living and Dying Well: A Catholic Response to Physician Assisted Killing, is what he calls it.

But he talks about how, as Christians, we can reclaim, this, hopefully through a revival, a way about thinking about how to die well and support people in community as the body of Christ so that we don't feel tempted to eliminate the sufferer through things like physician-assisted suicide, which is a total affront to human dignity.

Gerson Moreno-Riaño: I often times will ask, students this question, and- Yeah ... I'm a big film, movie fan, and I always look at the, the, movie houses, right? The big ones that put out films. I think of A24 being one of them, and many others, who focus solely on, the darkest part of human nature and human life, right?

And the worldview they, they, they put out in their films. Mm-hmm. This self-destructive, destructive in general, dark, hopeless, these incredibly negative contradictions, right? And no hope, nothing that we can ever get out. Life is this way, period, right? And so they, they, they really do use this lens of darkness, hopelessness- Mm-hmm

self-destructiveness, right? But I'm also mindful that life without Jesus Christ

is like that. It can be that way, Christopher Beha' novel several years ago, The Index of Self-Destructive Acts, right? Mm-hmm. and he just professed Christ a few months back, I believe, so Christianity Today interviewed him. But, in that, in that novel talks about the, this tendency we have as human beings to hurt ourselves, even to destroy ourselves.

We call it sin, in general, right? Yeah. But you see this thing, and you see how it's affecting our disciplines and, and the work that we do, right? So I, I appreciate your comment about, comment about Christianity not just saying no and calling that out, right? But also can we put forth a different, more beautiful vision?

And, but w- but it's seldom out there, Kristin. That's the challenge, right? If I were to look at films, the overwhelming majority of films oftentimes explore the hopelessness, darkness, evil of human life, and it's like we want to see it, right? People wanna watch it. Mm. Seldom do you see films, that speak about dying well or the importance of living virtuously and the beauty of a virtuous...

Kristin Collier: You just don't see films often that have that. And so I do think it's a significant opportunity, but also a significant challenge. One, because it takes a lot of creativity and excellence to do it. Two, because there seem- we're so commodified that there seems to be no market for it. Yes. I have an interest in narrative medicine, which is the use of stories in patient care, education, and research.

And so I love thinking about story and thinking about narrative, and specifically language, about how we use dehumanizing language, in particular in medicine, especially to hide the dignity of people whose dignity we find inconvenient. But thinking about story, yes, it is really, Stories captivate people, and they captivate people oftentimes more than arguments.

And I think about the stories that are captivating the, the cultural imagination that are out there, and there's so much garbage out there. I agree. I do think that these stories hopefully are, are most compellingly told in lives. Like, we can start living the story and, and helping to narrate through these pockets of a counter-cultural revival that speaks to a different way of moving through the world in witness to Jesus Christ.

And also, to me, it's interesting that, the stories that are captivating people are dark and false when we are, like, part of, like, the best story that there is. Like, how have we lost so many young people to a false story? I know so many of our young people want to be part of a story of good versus evil and of battle against dark forces and, right?

These things actually that are true, in the story of the best story that there is. Again, this, the, the historical redemptive scriptures, the story of creation, fall, resurrection, redemption. And I think about when I ask young people who they look up to and, like, what stories have captivated them, they oftentimes tell me stories about reality TV stars or sports stars.

And again, there are, like, very inspiring stories there, but wouldn't-- what would it look like actually for, like, the stories of the saints actually to be the stories that young women in bed, bring to mind? I once heard a talk at Notre Dame about the saints, and someone once said that the saint- the stories of the saints and those folks in our mind are sometimes, we think that they're just, like, so far apart from whom we could ever be.

But the, the saints were just ordinary people actually who heard the will of God and, like, obeyed, and their stories are amazing. Like, why have we lost those stories? I think about Alasdair MacIntyre, who's my favorite philosopher, and MacIntyre said that, "I can only answer the, the s- the question of what am I to do if I can answer the question of what story or story do I find myself a part."

So we are part, again, of the best story that there is. I just finished the book by, Paul Kingsnorth. It's called "Against the Machine." It's very, very good. And Paul says in the book that if there is a false story that's captivated society, which there is, it's a very dark story. It's one of nihilism, absolutely, and, and raw materialism, which is empty.

Paul says that the way to overcome a false story, you have to do three things individually, each one of us. We have to, number one, we have to stop believing the false story. Number two, we have to stop telling that false story to other people. Most importantly, number three, we have to start telling a new story.

And again, we're part of the best story that there is, so we have to be storytellers. We have to be-- I don't think anymore we can keep our Christianity private. We have to be able actually to start talking into so- society about the beautiful reality of the best story that there is. And I agree, it's gonna in some pockets seem totally radical and countercultural, but it's beautiful and true, and people are longing and needing to hear a new story.

And for medicine, I agree, medicine, I'm at the University of Michigan today. Medicine has its own very rich story, no doubt, but I have to remember and, and, and that it's properly nested within the meta-narrative of creation, fall, resurrection, redemption. Only then do I see the fullness of the proper rooting of medicine's story.

So yes, I do think there's a lot of work to do for us to start telling a new story, and that's also not just gonna be just telling the story, but actually living as if we believe that to be true.

Gerson Moreno-Riaño: Kristin, thank you. one, another question. Of course. So the, the conversation is happening around, about pro-life and issues now in IVF.

You've done s- I know a lot of work in thinking, speaking about this. some of our listeners are fully aware of that, some of them are not. Mm-hmm. And I speak to a lot who are really wrestling with it because of personal, difficult issues- I know ... losses they've had. So it's a very difficult issue, but tell, talk with us about IVF because it raises some, not just questions.

Kristin Collier: There's some, some very wrong things in this model of, of, that, that many are pursuing, as an answer to their very real problems. So talk with us and give us some advice, counsel, and direction on, on the best, the best thinking on this issue for us Christians right now. Yes. Thank you for that question.

This is such a hard topic, and I just want to acknowledge the fact that so many of these topics, whether it be IVF or physician-assisted suicide or abortion, are really hard. And in IVF, I want to acknowledge that infertility is hard. Not being able to have a biological child or more when you desire one or more is really hard.

But as Katie Faust, she's a Christian woman who developed a nonprofit called Them Before Us, the them is children, we need to put children before us. Katie says, "Yes, it's hard, but someone's got to do hard things. And when adults don't do the hard thing, then the burden then becomes shifted to the vulnerable other, to the children."

And that's exactly what happens in IVF. So, not everything that is rightly desired or that is desired should be like rightly pursued, is how I think about it. So I just want to be clear that children absolutely are, a, a gift and a, a very desired end, but the means by which we get there also matter.

So we are definitely, as Christians, pro-life and pro-baby, but we are not pro-baby by any means necessary. And so what concerns those of us, I think, that consider ourselves pro-life, and I know that term means different things to many people But for people who care about human life, I'll just sort of say that we should have considerable pause about the methods of IVF because we know the data isn't great because this is very just lightly regulated industry, that there are so many embryos created in cycles of IVF, more actually that can be implanted and come to live birth.

But only about probably, 2% to 7% of all the embryos that are created in IVF technology actually come to a live birth, and the other, like, 93% of embryos are either killed, discarded, abandoned, cryopreserved indefinitely, or donated to medical research. So we know from science actually the new member of Homo sapiens begins with fertilization.

So these embryos actually are members of our moral human family. And to have all that massive loss of life, we know that those numbers of embryos that are lost each year, probably in IVF, either rival or even exceed the amount of life lost in abortion. So that's very concerning. And again, I know this is hard because a lot of us know people and love people who were conceived through IVF.

And what I want to say is, like, we are so happy that those folks are-- We love you. We are so happy those folks are here. But what's also embedded within that sentiment is a lament that we also wish ma- 3% of other human beings who have been created in the process of IVF also could have made it. And so there is that concern about the ends and the means and the means by which g- get their shape as, as a society.

So I think that's one thing, the massive loss of life is a concern. And also when we think about even, which I think Katie Faust is the one that told me this, when we think about the parallels, which I never realized before, between IVF and abortion, obviously there's very similar loss of life, which is interesting.

'Cause I think what some people, I think Christians are sometimes, because we just haven't had time to think about it, that IVF is pro-life, but abortion is not. But actually, the loss of life should give us pause in both. But Katie said actually that they're also very similar because abortion Because people are seeking, again, the will and desire of adults, it forces children out of existence for the desires and needs of adults.

IVF forces children into existence for the needs and desires of adults. But both lead to massive, massive, massive loss of life that we should be deeply uncomfortable with. I also think the other ethical concerns about IVF as a Christian person that I have concerns with, again, come back to this idea of anthropology.

Once we start seeing our children not as gifts begotten from the Lord in the marital embrace, but actually as products to be made in the marketplace that we start to sort of transact for, and then there

are all these parallel technologies that I'm sure your listeners have heard of, apps like Orchid, which you can make your designer baby, where you get all the embryo reports on your phone.

You can swipe left and swipe right depending on eye color and gender and chromosome number and all these things, which is a type of eugenics obviously. Once we start disconnecting on purpose the unitive and procreative aspects of sex out of the marital embrace the way that God designed and put it into a lab, it, it, it-- there's a whole host of problems that are gonna come from that, and it shows like a hubris that we can sort of try to assume control over, I use the word procreation when I talk about marital embrace, and reproduction in this way because it is a product.

Then it changes our anthropology. so I'm worried about what, what's gonna happen if we start seeing our babies not as gifts to be begotten and cherished, but as then products to be optimized where success is seen in these metrics otherwise that are part of the techne of IVF. I think the last thing that Katie talks about that as a mother I think more and more about also is Katie says that children have a right to their biological mother and father.

And once you use the technology in IVF, you could have actually an egg donor, a sperm donor, or sometimes, again, these gametes are transacted in the marketplace for, for funds, a surrogate mother And then the social parents. And sometimes the social parents are not even biologically related at all to the children.

Sometimes the social parents are like a throuple, like three people who have decided to start a family. And we know that children do best actually when they know when they're with their bio- they're safest. Katie has data around this. They're safest with their biological mother and father, and they have this existential grief if they're not with them, always wondering like, "I didn't sign up for this."

Like, " Whose am I?" Like, "Why was I brought around?" Let alone, there are so many medical concerns with high-risk pregnancy with IVF babies, the ethics of putting literally small human beings on ice for cryopreservation. These are people literally in bondage, in ice for decades. Like the industry's lightly regulated.

There's been mix-ups in IVF clinics. There are people who are like, basically selling babies in this way. there's no background checks. You can just go home and just take these baby... Like why? With you. the embryos are considered property in legal disputes. It's, there's just so much going on there.

It's like almost like AI. It's like, it's the wild, wild west of like assisted reproductive technologies. And the last thing I'll say about this too is once we start seeing infertility as being addressed through techne, through IVF, it, it becomes a framework by which we see all infertility. And we know actually infertility is a symptom of another issue, either male f- factor infertility, female factors.

And there isn't much, as much resources into things like restorative reproductive medicine and, and physicians who are trying to, improve surgical techniques for endometriosis, which is a very common problem of infertility, or trying to find out like, well, actually biologically why can we s- can we try to help restore people's bodies to be able to, be able to bear children and not go through techne?

And the reason I think IVF is becoming so, again, popular and lightly regulated and not maybe more, curtailed despite ethical and moral challenges is the money. It's a huge, huge business. And so when money's involved, it has a tendency to sort of put scales over people's eyes in terms of regulators and legislatures to be like, "Hey, when human life is at stake, especially these vulnerable babies who are just being frozen and discarded and selected and discarded, why isn't there more regulation?"

Gerson Moreno-Riaño: It's be- I fear 'cause it's 'cause of money Big fertility Yeah, I, I'm wondering, I'm thinking of a coup- couple of things. I mentioned the Christopher Beha novel, The In- Index of Self-

Destructive Acts, that at some point in time through our hubris, our pride, our blindness, we, we're gonna inflict significant severe wounds on ourselves, right- Right

through all these things that may be irreparable. But I'm also thinking about the judgment of God, and I'm thinking of the Tower of Babel, right? what, what, was happening in, in God steps in and says, "No more," right? Right. Or what, this incredible judgment, these are not just mere stories. These things are, are, are evidence of God's judgment on human pride and wickedness and so on.

I look at now how we treat the body, the temple of God, right, as we're told, and, and how we as human beings have commodified it, right, have violated it, have, have done so many things that we continue to, and now with the aid of technology is becoming even worse and more terrifying in some ways.

What do you think could happen? how does this stop, right? how does this stop, so we recapture ground here i- i- in, in, in redirect? Or is this just a, a fast-moving train without brakes heading down toward the abyss?

Kristin Collier: Yeah. No, that's, that's a really good question. I, my, I, I care a lot about the body, obviously, as a, as a physician, and as a Christian, we talk about the importance of the body because of the incarnation.

And again, drawing back on McIntyre, the philosopher McIntyre, McIntyre said once, again, several decades ago, but he was so right, that modern medicine and bioethics will become and has become forgetful of the body. And how did we let that happen? Again, I think part of it is because I think as Christians, we've been too silent, in spaces of academia and in other spaces where decisions are being made around policies.

I think it's, it's going to have to be a multifaceted approach about how we rewrite the ship in medicine, society, bioethics, law, regulation. I, I like this, this sort of, maybe tripartite approach that so many people ask me around abortion, like, "Well, Collier, what is your end game around abortion?"

Or physician-assisted suicide. I'll take abortion as an example. Like, what do you hope is gonna happen someday? And what I say, which is true, is that, regardless of, like, how absolutely crazy the laws are, that it wouldn't matter because abortion would be unthinkable. Like, how are we gonna get abortion to be unthinkable?

And that's gonna happen through hearts and minds and conversations that we have. Like I was militantly pro-choice until 2018, and it wasn't until I had a conversation with someone who loved me enough to take the time to talk with me about abortion, and the Lord lifting the scales off my eyes for me to change my mind.

So it is possible to have people's minds changed about really big things even later in life. That's gonna happen through conversation. But also I know this was the topic of our wisdom conversations the year before that I was on about the role of politics and the law. I think also I'm more and more a cli- inclined to think this the, the more I do this work, is also can we make it also unlawful in the meantime?

Like, the law is a teacher, And so, yeah, the law is a teacher, so can it be unlawful, unthinkable, unnecessary? Like, whatever it takes, that's gonna be multifaceted. And again, like physician-assisted suicide, most people choose it because they fear, feel like they're a burden.

That wouldn't be necessary if they were really shown in a, in a very loving way that they're not burdens. That's gonna be done through the work of the church. So there's many a- aspects to all these topics I care about. But in terms of the law, like, the law used to tell you something about yourself. The law, it has a pedagogical function.

So I, I once heard writer Susannah Black say that the law used to teach you something about yourself with respect to physician-assisted suicide. She said that it used to say that you were t- too holy to harm, in a sense, and that it was wrong to kill yourself, and it was wrong to kill someone else. But now if the law doesn't say that in 11 states in the United States where physician-assisted suicide is legal, for example, what it says is, "You know what?

There's not really something special about yourself, and, it's fine if you aren't here anymore, and actually, maybe it might be preferred." She says that actually then you're less likely to see that sacred nature in yourself and other people, 'cause most people are at least somewhat affected by what the law tells them, right?

So there's a role of politics. There's the role of law to protect the most vulnerable of the United States as a just society. We can't protect the most vulnerable members of Homo sapiens here. What are we even doing? But also remember that the conversations in the universities, in the church, in our communities, in our families to make all these things, right, the desecration of the body, the selling of the Imago Dei, the killing of people at the margins of life unnecessary and unthinkable also, and protected, as Neuhaus would say, we should protect people not only by the bonds of love, but by the rule of law.

Gerson Moreno-Riaño: Yes. Kristin, with that note, thank you for giving us over an hour of your valuable time. Oh, thanks, brother. It's been great to have a conversation with you, Kristin. Blessings to you. I know we'll see you soon, but, blessings in all you do, and thank you for being with us on Wisdom and Influence podcast here at Cornerstone.

Kristin Collier: Thanks, brother. It was such a privilege to talk with you today.

Gerson Moreno-Riaño: Great. Thank you, Kristin.

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