impact International Journals and Publications

© IIJP 2026 | Volume 2, Issue 4, pp. 529-545 | ISSN: 2636-4484

CARDIOPULMONARY RESUSCITATION AND THE PRESERVATION OF HUMAN LIFE: A BIBLICAL-THEOLOGICAL APPRAISAL OF CHRISTIAN ETHICAL RESPONSIBILITY IN EMERGENCY CARE

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ARTICLE INFO
Article No.: 0664
Accepted Date: 11/09/2026
Published Date: 31/10/2026
Type: Research

ABSTRACT
Cardiopulmonary resuscitation (CPR) is an emergency intervention designed to restore circulation of blood during cardiac arrest and improve survival prospects. However, decisions concerning its application create ethical tensions between religious convictions about life's sacredness, clinical prognosis, patient autonomy, and the appropriateness of continued intervention. This study addresses the insufficient integration of biblical-theological reflection with ethical decision-making in emergency resuscitation. Its objectives are to examine scriptural perspectives on human dignity and life preservation, evaluate Christian moral responsibilities in CPR, and establish principles for constructive engagement between theology and emergency medicine. The theoretical framework combines Sanctity of Life Theology with Christian Biomedical Ethics, particularly beneficence, non-maleficence, autonomy, and justice. A qualitative documentary methodology guides the examination of biblical passages, theological scholarship, peer-reviewed medical literature, and established resuscitation guidelines. The study excludes interviews, clinical observations, experiments, and statistical procedures. Its principal limitations are dependence on secondary sources, variations in theological interpretation, and the absence of explicit biblical instructions concerning contemporary resuscitation technology. Documentary findings indicate that compassion, stewardship, human dignity, and responsibility towards vulnerable persons provide a theological basis for supporting appropriate life-saving interventions. Nevertheless, these principles do not justify indiscriminate resuscitation irrespective of clinical circumstances or patients' informed wishes. The study concludes that responsible CPR decisions require ethical discernment informed by Christian values, medical evidence, and respect for individual dignity. It recommends that churches encourage certified CPR training, healthcare institutions strengthen communication about resuscitation preferences, and theological educators collaborate with medical professionals to promote informed, compassionate, and ethically proportionate emergency care.

Keywords: Cardiopulmonary Resuscitation, Sanctity of Human Life, Christian Biomedical Ethics, Patient Autonomy, Emergency Care.

Introduction

Cardiopulmonary resuscitation (CPR) is a critical emergency intervention designed to restore circulation and breathing in individuals experiencing cardiac arrest, thereby creating an opportunity for survival. Beyond its clinical significance, CPR raises fundamental ethical and theological questions concerning the sanctity of human life, human dignity, compassion, and the moral obligation to assist persons in life-threatening situations. These concerns are particularly important in Nigeria, where emergency response capacity, public awareness of CPR, access to trained responders, and the availability of resuscitation equipment may influence the chances of survival following cardiac arrest. Consequently, CPR should be understood not merely as a medical procedure but also as an ethical responsibility requiring coordinated action from healthcare professionals, communities, and religious institutions.

The 2025 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care emphasize beneficence, non-maleficence, respect for autonomy, justice, and dignity as essential considerations in resuscitation decisions (American Heart Association [AHA], 2025). These principles provide a valuable basis for examining how Christian moral convictions can inform emergency care in Nigeria without replacing evidence-based medical practice. In a context where churches often serve as centres of community mobilisation, public education, and social support, Christian institutions can contribute to CPR awareness, basic life-support training, and the promotion of timely referrals to appropriate medical facilities.

Biblically, the creation of humanity in the image of God establishes the inherent worth of every person (Genesis 1:26–27), while the commandment against murder affirms the seriousness of human life (Exodus 20:13). Jesus' teaching on loving one's neighbour (Mark 12:31) and the parable of the Good Samaritan (Luke 10:25–37) further demonstrate that compassion must be expressed through practical assistance to people in distress. Similarly, 1 Kings 17:17–24, which recounts Elijah's intervention in the restoration of a widow's son to life, provides a theological point of reflection on the preservation of life and the limits of human power. Although these passages do not prescribe modern resuscitation techniques, they offer ethical resources for considering the Christian responsibility to protect life, relieve suffering, and respond compassionately to emergencies. Within Nigerian Christian communities, these scriptural principles can encourage believers to regard CPR training and appropriate emergency assistance as practical expressions of love, stewardship, and service to humanity.

The Nigerian context also reveals a significant gap between awareness of CPR and practical preparedness to perform it. A study of 475 final-year undergraduates at the University of Ibadan found that 82.5% had heard of CPR, but only 29.7% had received CPR training; nevertheless, 94.7% expressed willingness to undergo basic life-support training (Olawale et al., 2021). Although this study was institution-specific and should not be generalized to the entire Nigerian population, its findings demonstrate the potential for expanding CPR education beyond healthcare institutions. Churches, theological colleges, Christian organisations, and community ministries could therefore complement existing health initiatives by promoting certified training, emergency preparedness, and responsible referral practices. Such involvement would translate Christian compassion into practical life-preserving action while recognising the need for qualified medical intervention.

Nevertheless, Christian commitment to preserving life does not imply that every resuscitation attempt must be pursued irrespective of medical evidence, patient preferences, or the likelihood of benefit. Contemporary resuscitation ethics recognises the need to balance life-

preserving interventions with respect for autonomy, proportionality, avoidance of unnecessary harm, and equitable access to care (Mentzelopoulos et al., 2021; Elmer et al., 2025). These considerations are particularly relevant in Nigeria, where emergency response resources and access to specialised care may vary across communities. Christian ethical responsibility should therefore encourage timely assistance, appropriate CPR training, respect for patients' wishes, and collaboration with qualified healthcare professionals rather than reliance on prayer or spiritual intervention as substitutes for emergency treatment.

Against this background, this study critically examines the biblical-theological foundations of CPR and the preservation of human life within the Nigerian context. It pursues three specific objectives: first, to examine scriptural perspectives on human dignity and life preservation; second, to evaluate Christian moral responsibility in the provision of CPR and emergency care; and third, to establish principles for constructive engagement between theology and emergency medicine. The study argues that Christian theology can contribute meaningfully to resuscitation ethics by grounding compassionate action in the dignity of human life while affirming clinical evidence, professional competence, and ethically responsible decision-making. Such engagement can strengthen public awareness, encourage church-based CPR education, and foster collaboration between religious institutions and healthcare providers in Nigeria, ultimately advancing a more humane, informed, and responsible approach to the preservation of human life.

Statement of the problem

Cardiopulmonary resuscitation (CPR) is a potentially lifesaving intervention whose effectiveness depends on early recognition of cardiac arrest, prompt resuscitation, adequate training, and access to emergency medical care. In Nigeria, the gap between CPR awareness and practical preparedness remains a concern. A study among final-year students at the University of Ibadan found that although 82.5% had heard of CPR, only 29.7% had received training, indicating a substantial gap between awareness and practical competence (Olawale et al., 2021).

Beyond these practical challenges lies a theological and ethical concern: whether Christian convictions about human dignity and the preservation of life translate into informed action during medical emergencies. While Genesis 1:26-27 establishes the biblical foundation for human dignity and Luke 10:25-37 illustrates compassionate assistance to vulnerable persons, these principles require practical application through appropriate emergency care. The American Heart Association's (2025) resuscitation ethics guidelines emphasize that life-preserving interventions must be balanced with respect for patient autonomy, avoidance of harm and justice.

The central problem is therefore the insufficient integration of biblical-theological principles, Christian ethical responsibility, and evidence-based CPR practice within the Nigerian context. Without a coherent framework linking Christian convictions with medical competence and responsible emergency action, the contribution of churches and Christian organizations to CPR education and emergency preparedness may remain limited. Accordingly, this study examines scriptural perspectives on human dignity and life preservation, evaluates Christian moral responsibility in CPR, and establishes principles for constructive engagement between theology and emergency medicine in Nigeria.

Conceptual clarifications

Cardiopulmonary resuscitation (CPR)

Cardiopulmonary resuscitation refers to an emergency procedure involving chest compressions and, where appropriate, rescue breaths and defibrillation to support circulation and restore effective cardiac activity during cardiac arrest. Its purpose is to improve the possibility of survival while maintaining evidence-based standards of emergency care (Del Rios et al., 2025).

In this study, CPR represents the clinical intervention through which the preservation of human life intersects with Christian ethical responsibility.

Preservation of human life

Preservation of human life refers to the moral, practical, and professional responsibility to protect human existence, prevent avoidable death, and provide appropriate interventions when life is threatened. In the context of cardiopulmonary resuscitation (CPR), it involves the prompt recognition of cardiac arrest, initiation of appropriate resuscitative measures, and access to emergency medical care. The American Heart Association's (AHA) 2025 guidelines emphasise timely resuscitation while balancing beneficence, non-maleficence, respect for autonomy, justice, and human dignity (Elmer et al., 2025).

Theologically, human life possesses inherent worth because humanity is created in the image of God (Genesis 1:26–27). Welz (2016) explains the significance of the imago Dei for understanding human dignity, arguing that human worth cannot be adequately understood apart from the human person's relationship to God. Similarly, Genuis (2016) examines the theological foundations of human dignity and their implications for bioethics and end-of-life care. These perspectives support the principle that people experiencing cardiac arrest deserve compassionate and appropriate assistance regardless of their social status, religious affiliation, or economic circumstances.

In Nigeria, preservation of human life therefore entails not only the availability of appropriate emergency interventions but also public CPR education, equitable access to care, and cooperation between healthcare providers and community institutions. The concept does not imply that every resuscitation attempt must continue indefinitely; rather, it requires medically appropriate, ethically justified, and compassionate efforts to preserve life.

Christian ethical responsibility

Christian ethical responsibility refers to the obligation of Christians to translate biblical teachings and moral convictions into actions that promote human dignity, compassion, justice, and the welfare of others. In emergency care, this responsibility includes offering timely assistance within one's competence, obtaining appropriate CPR training, summoning qualified medical help, respecting patients' wishes, and avoiding actions that could cause unnecessary harm. The biblical command to love one's neighbour (Mark 12:31) and the example of the Good Samaritan (Luke 10:25–37) provide ethical grounds for active concern for people experiencing medical emergencies.

Contemporary resuscitation ethics similarly emphasises beneficence, non-maleficence, autonomy, and justice as guiding principles for clinical decisions (Elmer et al., 2025). Jähnichen (2022) further argues that Christian theological reflection can contribute to bioethical responsibility by connecting the biblical understanding of creation with the protection of human dignity and responsible action. This perspective supports the view that Christian compassion should be expressed through practical assistance rather than moral sentiment alone.

Accordingly, Christian responsibility in CPR should not be reduced to prayer or spiritual encouragement; it should include practical assistance consistent with established medical guidance. In Nigeria, churches and Christian organisations can support this responsibility through CPR awareness campaigns, certified basic life-support training, emergency referral education, and partnerships with healthcare professionals. Such participation demonstrates that Christian compassion is most meaningful when expressed through informed, responsible, and life-preserving action.

Biblical-theological appraisal

A biblical-theological appraisal is a systematic examination of an issue through relevant scriptural teachings, theological principles, and their ethical implications for contemporary life. Applied to CPR, it evaluates how biblical understandings of human dignity, the value of life, compassion, stewardship, and responsibility can inform moral decisions concerning emergency care. Genesis 1:26–27 establishes human dignity through the image of God; Luke 10:25–37 illustrates compassionate intervention on behalf of a vulnerable person; and 1 Kings 17:17–24 provides a theological narrative for reflecting on the restoration of life. These passages offer ethical and theological insights rather than direct instructions for modern resuscitation procedures.

Welz (2016) provides a theological-anthropological foundation for this appraisal through her examination of the imago Dei and the inalienable dignity of human beings. Genuis (2016) complements this approach by considering the role of theological understandings of dignity in bioethics and end-of-life care. Together, their contributions support a critical interpretation of Scripture that connects Christian convictions with contemporary ethical challenges rather than treating biblical narratives as clinical protocols.

A credible biblical-theological appraisal must also engage critically with contemporary medical evidence and professional ethics. Elmer et al. (2025) emphasise that resuscitation decisions require careful consideration of patient autonomy, potential benefits and harms, justice, cultural and religious values, and the circumstances of individual cases. Therefore, in the Nigerian context, this appraisal seeks to establish a constructive relationship between Christian convictions and emergency medicine, ensuring that scriptural reflection encourages rather than obstructs appropriate clinical intervention. Its central concern is to demonstrate how theology can strengthen the moral foundations of CPR while respecting medical expertise, patient rights, and evidence-based standards of care.

Emergency care

Emergency care encompasses the prompt assessment and treatment of acute conditions that threaten life or bodily function. In CPR-related situations, it includes rapid recognition of cardiac arrest, timely resuscitation, coordinated professional response, and appropriate post-resuscitation management. The 2025 European Resuscitation Council guidelines emphasise evidence-informed approaches across the resuscitation process (European Resuscitation Council Guidelines 2025 Collaborator Group, 2025).

Theoretical framework

This study adopts two complementary theoretical perspectives: Sanctity of Life Theology and Christian Biomedical Ethics. Together, they provide a theological and ethical foundation for examining cardiopulmonary resuscitation (CPR), Christian responsibility in emergency care, and constructive engagement between theology and medicine in Nigeria.

Sanctity of life

Theology maintains that human life possesses intrinsic worth because human beings are created in the image of God (Genesis 1:26–27). Accordingly, the value of a person does not depend on wealth, social status, physical ability, age, or perceived usefulness. Kilner (2017) explains that the imago Dei has significant implications for Christian bioethics, particularly in determining how human beings should be valued and treated in situations involving vulnerability and medical need. Similarly, Genuis (2016) examines the theological meaning of human dignity and its implications for bioethics and end-of-life care. Clarke (2023) further analyses the sanctity of life as a sacred value and considers its significance within contemporary ethical debates.

Applied to CPR, this perspective establishes a moral presumption in favour of appropriate efforts to preserve life when cardiac arrest occurs. The biblical injunction to love one's neighbour (Mark 12:31) and the compassionate intervention depicted in the Good Samaritan narrative (Luke 10:25–37) reinforce the responsibility to assist people facing life-threatening emergencies. However, sanctity of life does not require indiscriminate or medically futile intervention. Rather, it calls for respect for human dignity, timely assistance, and ethically justified treatment that recognises clinical evidence and patients' wishes.

For Nigeria, Sanctity of Life Theology provides a basis for encouraging churches and Christian organisations to promote CPR awareness, practical training, and cooperation with emergency healthcare providers. Its central contribution to this study is the conviction that preserving human life is both a medical priority and a significant expression of Christian moral responsibility.

Christian biomedical ethics

Christian Biomedical Ethics is an ethical framework that evaluates medical decisions and healthcare practices in the light of Christian moral teaching, human dignity, compassion, justice, and responsible stewardship. It brings theological convictions into dialogue with medical knowledge to guide decisions about treatment, patient welfare, and the appropriate use of life-preserving interventions. Körtner (2011) argues that Christian theology can contribute to biomedical ethics by engaging contemporary understandings of human dignity and human rights, while Kilner (2017) demonstrates how the biblical doctrine of the imago Dei can shape responses to biomedical dilemmas. More recently, Camosy (2025) argues for the importance of theological perspectives in medical humanities, particularly in protecting the dignity of profoundly disabled and vulnerable people.

In CPR, this framework is operationalised through four central principles: beneficence, which requires action directed towards the patient's welfare; non-maleficence, which requires avoiding unjustified harm; respect for autonomy, which recognises patients' informed decisions and preferences; and justice, which demands fair and equitable treatment. The American Heart Association's (2025) resuscitation ethics guidelines affirm the importance of these principles alongside dignity, equity, shared decision-making, and the responsible assessment of the benefits and burdens of resuscitation.

For the Nigerian context, Christian Biomedical Ethics offers a practical basis for constructive collaboration between churches, theological educators, emergency responders, and healthcare professionals. It encourages churches to support CPR education and prompt referral while discouraging practices that substitute spiritual claims for necessary medical treatment. It also recognises that preserving life must be balanced with clinical evidence, patient preferences, and professional judgment. Thus, the framework connects Christian moral conviction with responsible emergency practice and provides a basis for evaluating how theology can contribute constructively to CPR and the preservation of human life.

Relevance of the framework to the study

The two perspectives are complementary. Sanctity of Life Theology establishes the theological significance of human dignity, while Christian Biomedical Ethics guides the evaluation of practical resuscitation decisions. Together, they examine how Christian beliefs can support life-saving care without disregarding medical evidence, patient autonomy, or professional responsibilities.

The framework also provides a basis for evaluating the roles of churches, healthcare professionals, and theological educators in promoting CPR awareness, emergency preparedness, compassionate care, and ethically informed collaboration.

Methodology

Research design

This study adopts a qualitative documentary research design to examine cardiopulmonary resuscitation (CPR) and the preservation of human life from a biblical-theological perspective. Documentary research is appropriate because the study relies on existing scriptural texts, theological scholarship, peer-reviewed medical literature, and authoritative resuscitation guidelines rather than interviews, questionnaires, observations, or statistical analysis (Bowen 2009).

Sources of information and databases

The primary sources comprise relevant biblical passages, particularly Genesis 1:26-27, Exodus 20: 13, Mark 12:31, Luke 10:25-37, 1 Kings 17: 17-24, and Psalm 139:13–16. The New Revised Standard Version (NRSVue, 2021) serves as the principal Bible translation, with attention to literary context, historical setting, genre, and theological significance.

Secondary sources include scholarly publications on sanctity-of-life theology, Christian biomedical ethics, human dignity, and emergency care, alongside the American Heart Association's 2025 resuscitation guidelines.

Literature searches cover January 1, 2016 to 28 October 2026, with earlier foundational works included where necessary. Searches were conducted between 1 and 28 October, 2026 using Google Scholar, PubMed, and relevant journal and institutional websites. Search terms include cardiopulmonary resuscitation; CPR ethics, and church-based CPR training in Nigeria. Sources were selected for relevance, scholarly credibility, theological significance, and applicability to the Nigerian context. Foundational methodological works, including Bowen (2009), is retained where appropriate.

Biblical interpretation employs historical-grammatical exegesis and theological-ethical interpretation. Each selected passage was examined in its literary and historical context before its ethical implications for life preservation, compassion, and emergency responsibility are established.

Themes were developed through systematic reading and comparison of scriptural passages and scholarly arguments, focusing on human dignity, the duty to preserve life, Christian moral responsibility, patient autonomy, avoidance of harm, and collaboration between theology and emergency medicine. These themes then guide a critical discussion of how Christian convictions can support evidence-based CPR practice in Nigeria without treating biblical narratives as clinical instructions. The study is entirely documentary, relying exclusively on secondary sources without collecting or analyzing primary data. Its conclusion emerges from critical interpretation, comparison, and synthesis of the selected texts and literature, with attention to differences between theological convictions and established medical guidance.

Methodological limitations

The study is limited by its dependence on published documents and the possibility that relevant scholarship may be inaccessible or absent from the selected databases. Differences between Christian traditions may also produce contrasting interpretations of life preservation and end-of-life care. These limitations were acknowledged when drawing theological conclusions.

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Literature review

CPR as a clinical and moral responsibility

CPR is a time-critical intervention intended to sustain circulation during cardiac arrest and create an opportunity for recovery. Its significance extends beyond clinical technique to the moral responsibilities of rescuers, healthcare professionals, families, and communities. A critical review of the literature reveals three interconnected concerns: the effectiveness of resuscitation, the ethical limits of life-preserving intervention, and the theological responsibility to protect human dignity. Cummins et al. (1991) described the influential chain-of-survival framework, demonstrating that successful resuscitation depends on coordinated emergency recognition, prompt CPR, defibrillation, and subsequent care. Their contribution establishes that preserving life requires organised action rather than good intentions alone. Perkins et al. (2021) subsequently consolidated evidence-based resuscitation recommendations, reinforcing the importance of systematic emergency response. These clinical perspectives establish the practical foundation upon which theological and ethical evaluation must proceed.

The International Liaison Committee on Resuscitation (ILCOR) advances this evidence-based approach through systematic evaluation of resuscitation science (International Liaison Committee on Resuscitation, 2025). Its contribution is methodologically important: Christian ethical arguments about CPR should engage established clinical evidence rather than substitute theological conviction for medical competence. More recent guidance strengthens this connection. Elmer et al. (2025), in the American Heart Association's dedicated ethics guidelines, address resuscitation decisions through the principles of beneficence, non-maleficence, autonomy, and justice, alongside dignity, virtue ethics, and equity. Unlike earlier discussions that could treat ethics as an adjunct to clinical practice, this framework places moral reasoning within resuscitation itself. The Nigerian context makes this relationship particularly significant. Kolawole et al. (2026), in a multicentre study involving six teaching hospitals, identified substantial weaknesses in out-of-hospital resuscitation. Only 15.2% of patients received attempted pre-hospital CPR, while survival to hospital discharge was 1.8% among the 387 cases studied. These findings expose a practical gap between the availability of life-saving knowledge and its timely application. Although the study does not examine Christian ethics directly, it provides an empirical justification for investigating how churches can support community CPR education, emergency preparedness, and advocacy for accessible emergency services. Its hospital-based sample, however, limits generalisation to the entire Nigerian population.

Biblical theology and the inherent worth of human life

Biblical theology provides a moral foundation for cardiopulmonary resuscitation (CPR) by affirming human dignity, the significance of life, and the responsibility to respond compassionately to life-threatening emergencies. Genesis 1:26-27 establishes human worth in the imago Dei; Psalm 139:13-16 portrays human existence as known and formed by God; and Luke 10:25-37 translates these theological convictions into practical neighour-love. Together, these passages provide a framework for examining Christian responsibilities in resuscitation without substituting biblical interpretation for medical evidence and clinical judgment.

Genesis 1:26-27 grounds human dignity in humanity’s creation in God’s image (selem) and likeness (demut). This status is not presented as dependent on health, consciousness, intellectual ability, or social standing. Crouch (2010) examines the image-of-God language through the concept of divine parentage, while Towner (2005) emphasizes humanity’s distinctive relationship with God and creation. Their interpretations support the principle that unconsciousness during cardiac arrest does not diminish a patient’s inherent worth.

Takeuchi (2025), however, emphasizes intellectual and communicative capacities in interpreting the divine image. Although these abilities illuminate aspects of human distinctiveness, they cannot adequately determine eligibility for emergency care. Genesis 9:6 strengthens the ethical argument by linking the divine image with the prohibition of human bloodshed. Applied to CPR, these texts support respect for every patient and the rejection of discriminatory treatment. Nevertheless, they do not command resuscitation regardless of clinical circumstances; rather, they establish the dignity that should inform resuscitation decisions.

Psalm 139:13-16 portryas human formation through the imagery of God knitting his unformed substance. Whitekettle (2025) examines the literary significance of the womb and darkness, highlighting the contrast between human limitations and divine knowledge. The passage therefore presents human existence as significant beyond what can be externally observed. In relation to CPR, this theology challenges the assumption that unconsciousness, bodily vulnerability, or dependence diminishes human worth. Job 10:8-12 and Psalm 22:9-10 reinforce the biblical theme of divine involvement in human formation and preservation. However, Psalm 139 is poetic theology, not a clinical directive. Its ethical contribution is to encourage reverence for life and compassionate care, while resuscitation decisions must also consider patient preferences, clinical evidence, and the likelihood of benefit

Ramsey (2002) connects medical ethics with the moral obligations arising from the relationship between caregiver and patient. His approach helps explain why CPR must be understood as an act of responsible care rather than an unquestionable demand to prolong biological functioning. Meilaender (2013) similarly situates human vulnerability, suffering, dependence, and mortality within Christian moral reflection. Both perspectives resist the reduction of human dignity to survival alone. The Good Samaritan narrative complements these theological positions by emphasising compassionate action towards a person in danger. Its relevance lies not in supplying a technical CPR protocol but in establishing a moral imperative to respond to preventable suffering. Thus, the doctrine of the sanctity of life provides a theological basis for emergency assistance, while clinical evidence and ethical reasoning determine how that responsibility should be exercised.

Biomedical ethics, proportionality, and the limits of resuscitation

The relationship between preserving life and respecting the patient's interests is central to biomedical ethics. Beauchamp and Childress (2019) identify beneficence, non-maleficence, autonomy, and justice as major principles for ethical decision-making. Beneficence supports interventions intended to benefit patients, while non-maleficence requires consideration of potential harm. Autonomy recognises patients' preferences, and justice demands fair treatment and access to care. Gillon (1994) similarly presents principlism as a practical framework for addressing medical dilemmas. Its strength is that it allows competing obligations to be examined systematically. Its limitation is that the principles do not always determine which action should prevail. Christian theological reasoning can contribute by grounding dignity in the image of God while retaining the need for clinical judgement. Pellegrino and Thomasma (1993) emphasise the patient's good and the moral character of medical practice. Their approach shifts attention from the mere performance of an intervention to whether the intervention serves the person receiving care. Jonsen et al. (2015) provide a complementary clinical framework that considers medical indications, patient preferences, quality-of-life issues, and contextual circumstances. Taken together, these scholars establish that resuscitation decisions require more than a general desire to save life.

Mentzelopoulos et al. (2021), in the European Resuscitation Council's ethics guidelines, address advance directives, advance care planning, shared decision-making, and decisions about resuscitation and end-of-life care. Their contribution is particularly relevant because it integrates ethical reasoning into routine resuscitation practice. Truog et al. (2008), in their work on end-of-life care in intensive care, further illuminate the moral difficulties associated with treatments whose benefits are uncertain or whose burdens may outweigh their expected benefits. Although their discussion extends beyond CPR, it helps distinguish the protection of human life from an unconditional obligation to continue every intervention. Elmer et al. (2025) bring these concerns together in contemporary resuscitation ethics, highlighting the importance of dignity, patient preferences, clinical judgement, and equitable care. Their guidance challenges two extremes: withholding potentially beneficial CPR without adequate justification and continuing resuscitation without regard for valid refusals or established clinical circumstances. The literature therefore supports a carefully qualified position: CPR should be initiated when clinically indicated and should not be withheld merely because of disability, age, dependency, or assumptions about social worth. Equally, the sacredness of life does not make every intervention obligatory when it is medically inappropriate or contrary to a valid refusal of treatment.

Resuscitation outcomes and the meaning of successful recovery

Clinical effectiveness is essential to evaluating CPR's moral significance. Sasson et al. (2010), through a systematic review and meta-analysis of out-of-hospital cardiac arrest, examined factors associated with survival and demonstrated the importance of the circumstances surrounding arrest. Yan et al. (2020) further assessed survival among adults receiving CPR following out-of-hospital cardiac arrest, providing a broader international perspective on resuscitation outcomes. These studies caution against treating CPR as a guarantee of recovery. They also challenge the opposite assumption that resuscitation is generally futile. Outcomes vary according to the circumstances of arrest, the timeliness and quality of intervention, and subsequent care. Accordingly, neither optimistic religious assertions nor pessimistic assumptions should replace evidence-based assessment. Perkins et al. (2021) reinforce the importance of post-resuscitation care, demonstrating that restoration of circulation is not the final stage of treatment. Nolan et al. (2021), in their European guidelines on post-resuscitation care, similarly address the management required after successful initial resuscitation. Their contributions broaden the concept of successful care beyond the immediate return of circulation.

For Christian ethics, this distinction is crucial. Preserving life involves seeking appropriate opportunities for recovery while recognising uncertainty, vulnerability, and mortality. A theological commitment to life should therefore motivate competent intervention and continuing care, not promises of inevitable recovery or the condemnation of every unsuccessful resuscitation attempt.

Patient autonomy, compassion, and Christian care

Respect for patient preferences constitutes a significant dimension of ethical resuscitation. Beauchamp and Childress (2019) establish autonomy as a central principle, while Jonsen et al. (2015) explain its practical importance in clinical decisions. These perspectives become particularly relevant when patients have documented preferences concerning resuscitation or have validly declined particular interventions. Meilaender (2013) adds a Christian perspective by challenging the assumption that suffering and dependence diminish human worth. This insight guards against decisions influenced by prejudice towards older adults, persons with disabilities, or patients requiring long-term support. Ramsey (2002) likewise highlights the moral obligations inherent in the caregiver–patient relationship, reinforcing the

need for accountability and compassion. The 2025 American Heart Association ethics guidelines strengthen these arguments through their attention to dignity, advance directives, shared decision-making, and equitable treatment (Elmer et al., 2025). Their approach suggests that Christian care should neither disregard patient autonomy in the name of preserving life nor use autonomy as an excuse to abandon vulnerable people. Rather, ethical practice requires careful attention to the patient's wishes, clinical circumstances, and legitimate interests.

This literature supports an understanding of CPR in which technical intervention and compassionate care are complementary. The Christian responsibility to preserve life must therefore be exercised with respect for the individual, not merely as an abstract commitment to biological survival.

The Church's responsibility in Nigeria

The Church's potential contribution to CPR extends beyond theological teaching to public education, practical training, and advocacy for stronger emergency-response systems. The biblical command to love one's neighbour (Luke 10:27) provides a moral basis for helping people in immediate danger, while the doctrine of human dignity supports nondiscriminatory assistance. Kolawole et al. (2026) provide contemporary Nigerian evidence of weaknesses in out-of-hospital resuscitation. Their findings suggest that emergency preparedness should be treated as a public-health priority rather than left entirely to hospitals or individual rescuers. Churches can contribute by partnering with qualified healthcare professionals to provide CPR awareness and training, establishing appropriate emergency-response arrangements at congregational events, and supporting public advocacy for accessible emergency services. Nevertheless, the Church's contribution must be clearly defined. Religious leaders should not present prayer as a substitute for emergency medical intervention, encourage untrained people to exceed their competence, or imply that a patient's death demonstrates deficient faith. Spiritual support, pastoral care, and evidence-based emergency assistance can operate together without confusing their distinct purposes. The American Heart Association's 2025 guidance on ethics and systems of care (Dezfulian et al., 2025; Elmer et al., 2025) reinforces the importance of equity, coordinated response, and attention to structural barriers in emergency cardiovascular care. These priorities provide a basis for Christian advocacy directed towards communities with limited access to emergency training, equipment, and professional services. The literature thus supports a practical theological model in which the Church contributes through education, responsible collaboration, compassionate support, and public accountability. This approach makes the preservation of life a concrete expression of Christian social responsibility.

Critical synthesis and research gap

Existing scholarship provides theological and ethical foundations for understanding human dignity and the preservation of life, but important gaps remain in applying these principles to CPR within the Nigerian Christian context.

First, a theological-to-clinical application gap persists. Kilner (2017) examines the implications of the imago Dei for Christian bioethics, while Genius (2016) explores human dignity and the Church’s role in bioethics and end-of-life care. However, these discussions do not specifically establish a biblical-theological framework for Christian responsibility in CPR within Nigeria.

Second, a church-based practical preparedness gap remains. Although a recent study of church laypersons in Johannesburg examines CPR training and basic life-support practice, comparable evidence on how Nigerian churches translate Christian teaching into CPR training and emergency preparedness remain limited. This study addresses the issue by examining how

churches can connect scriptural convictions about life preservation with practical, medically appropriate emergency action.

Third, an interdisciplinary ethical integration gap exists. Christian bioethics scholarship explains the moral significance of human dignity, while resuscitation guidelines address clinical and ethical decision-making. Nevertheless, the relationship between biblical interpretation, Christian moral responsibility, patient autonomy, and evidence-based CPR requires more focused theological analysis in Nigeria. The present study addresses this gap by integrating Sanctity of Life Theology and Christian Biomedical Ethics to establish principles for constructive engagement between theology and emergency medicine.

Findings

1. Human dignity provides a theological foundation for CPR

The study finds that the biblical teaching that humanity is created in God's image (Genesis 1:26–27) establishes a moral basis for protecting human life during cardiac emergencies. Kilner (2017) supports the ethical significance of the imago Dei, while Clarke (2023) critically examines the sanctity of life as a sacred value. These perspectives reinforce the argument that appropriate emergency assistance should not be withheld because of a person's social status, disability, or economic circumstances.

2. Awareness of CPR does not necessarily translate into practical competence.

Evidence from Nigeria reveals a significant gap between knowledge of CPR and readiness to perform it. Adewale et al. (2021) found that 82.5% of surveyed final-year University of Ibadan students had heard of CPR, but only 29.7% had received training. This finding demonstrates that awareness campaigns alone are insufficient; practical basic life-support training is necessary to translate willingness to help into competent action.

3. Christian compassion requires practical intervention during emergencies.

The study finds that Christian ethical responsibility extends beyond prayer and spiritual encouragement to appropriate, timely assistance. The Good Samaritan narrative (Luke 10:25–37) presents compassion as active concern for a vulnerable person. This interpretation supports Genuis's (2016) emphasis on human dignity in bioethical reflection and strengthens the argument that churches should encourage CPR training, emergency referral, and collaboration with qualified healthcare professionals.

4. Sanctity of life must be balanced with responsible medical judgment.

The study establishes that respect for life does not require every resuscitation attempt to continue regardless of clinical circumstances. Clarke (2023) critically examines conventional interpretations of the sanctity-of-life doctrine, while the American Heart Association's guidelines emphasise balancing potential benefits and harms, patient preferences, and dignity in resuscitation decisions (Elmer et al., 2025). The finding is that Christian commitment to life preservation should support medically appropriate interventions rather than indiscriminate treatment.

5. Christian biomedical ethics provides a framework for responsible CPR decisions

The study finds that beneficence, non-maleficence, autonomy, and justice offer complementary principles for evaluating CPR. Elmer et al. (2025) emphasise their relevance to resuscitation decisions, including the need to respect patients' wishes and address inequities in emergency care. These principles demonstrate that Christian moral convictions can support evidence-based treatment while recognising professional competence, patient rights, and the prevention of unnecessary harm.

6. Churches can contribute to CPR education and emergency preparedness in Nigeria.

The study finds that churches and Christian organisations have the potential to complement existing healthcare initiatives through public awareness, certified basic life-support training, and partnerships with emergency medical providers. The training gap identified by Adewale et al. (2021) provides a practical justification for such initiatives. However, effective participation requires trained instructors, appropriate resources, and referral arrangements rather than assuming that religious influence alone guarantees resuscitation competence.

7. Constructive engagement between theology and emergency medicine is essential.

The study finds that theology and emergency medicine are complementary but distinct disciplines: theology provides moral reflection on human dignity, compassion, and responsibility, while medicine supplies the clinical knowledge and techniques required for resuscitation. Elmer et al. (2025) demonstrate the importance of integrating ethical reasoning, clinical evidence, and patient-centred decision-making. Their constructive engagement can help Nigerian Christian institutions promote life-preserving action without substituting spiritual practices for appropriate medical treatment.

Conclusion

Cardiopulmonary resuscitation constitutes more than a clinical response to cardiac arrest; it represents a significant intersection of medical responsibility, human dignity, and Christian moral commitment. This study concludes that the biblical affirmation of life's sanctity obliges Christians to support timely, competent, and compassionate emergency care while recognising the ethical importance of patient autonomy, clinical proportionality, and professional judgment. In Nigeria, the Church's responsibility should extend beyond spiritual exhortation to practical CPR education, collaboration with healthcare professionals, and advocacy for equitable emergency services. Ultimately, faithful stewardship of human life requires the integration of theological conviction, medical competence, and responsible action, ensuring that Christian concern for life becomes a practical expression of love for one's neighbour.

Recommendations

1. **Integrate CPR training into church programmes:** Christian denominations should organise regular, certified CPR and basic life-support training for clergy, church workers, youth leaders, and congregants to strengthen emergency preparedness.
2. **Establish church–healthcare partnerships:** Churches should collaborate with qualified medical professionals and emergency-response agencies to ensure that resuscitation education, first-aid provision, and emergency referrals meet accepted clinical standards.
3. **Develop a biblical-theological framework for emergency ethics:** Theological institutions should incorporate the sanctity of life, human dignity, patient autonomy, and clinical proportionality into ministerial training to promote informed and responsible decisions during medical emergencies.
4. **Strengthen emergency-response infrastructure:** Church authorities should establish appropriate emergency action plans, maintain accessible first-aid equipment, and identify reliable emergency contacts for worship services, conferences, and other large gatherings.
5. **Promote respect for patient preferences:** Healthcare institutions and Christian care providers should respect valid advance directives and informed treatment refusals while ensuring that resuscitation decisions are based on sound clinical judgement rather than prejudice or religious assumptions.
6. **Expand equitable access to CPR education:** Government agencies, healthcare organisations, and religious institutions should prioritise underserved communities

through affordable training initiatives, public awareness campaigns, and advocacy for accessible emergency medical services.

7. **Reject spiritual explanations that discourage lifesaving treatment:** Church leaders should teach that prayer and pastoral support can complement, but must never replace or unjustifiably delay, appropriate emergency medical intervention.

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