

Ferment in Bioethics

– How Can the Christian Tradition Help?

Pádraig Corkery

Controversy and disagreement have been an almost constant feature of academic and public debates in the area of bioethics. Consensus is clearly difficult to achieve on issues like euthanasia, reproductive technologies, and cloning. This is reflected in the variety and scope of policies governing these practices worldwide. Present and past experiences in Ireland on the question of abortion reveal the same disagreement and indeed confusion.

Several realities that contribute to this lack of consensus can readily be identified; differing understandings of the scope of human freedom and of the nature of the human person; the difficulty of keeping reflection in step with scientific advances; uncertainty about the goal and philosophy of 'modern' medicine. The latter point has generated much reflection amongst bioethicists as they reflect on a perceived crisis in contemporary medicine.¹

Though the above factors contribute to the current situation a more significant cause is the disagreement on how to evaluate human actions or how to 'do' ethics. How do we determine what is 'good' or 'appropriate' behaviour? How do we discover the actions that are in harmony with the rights and dignity of the person? Over the centuries the science of ethics has proposed many different systems – utilitarianism, Kantian ethics, virtue ethics, natural law etc. The latter tradition, developed in pre-Christian times, continues to be very influential within the Christian tradition and beyond. It reflects a belief in the existence of an objective moral law and optimism in the ability of persons to discover it through the use of reason. There is a 'right' way of living, that corresponds to the 'nature' of persons and the world we inhabit, that can be grasped by all. This approach, though less prominent than in the pre Vatican II era, is still very much a part of Catholic moral methodology. It is not, however, without its

1. Kevin Wm. Wildes, 'The Crisis of Medicine. Philosophy and the Social Construction of Medicine' in *Kennedy Institute of Ethics Journal* 11 (2001), pp. 71-86. See also 'Medicine, Philosophy of' in *Encyclopedia of Bioethics*, ed. Warren Thomas Reich, vol. 3, rev. ed. (1995) pp. 1680-83.

Pádraig Corkery is a priest of the diocese of Cork and Ross. He lectures in Moral Theology at St Patrick's College, Maynooth, Co. Kildare.

difficulties. In recent decades there has been debate about the foundation and validity of such a framework and about the specific content of the natural law.² In reality many different understandings of the natural law have been proposed. Significant questions have been raised about the existence of an unchanging 'human nature' and about the role of religion, culture and experience in our grasp of the natural law. Contemporary defenders of the natural law approach are responding energetically to these criticisms.³ The central claim of this approach is very attractive – the existence of a natural moral law that is accessible to all – and continues to generate scholarly reflection.

The modern discipline of bioethics has employed these systems and others in its search for an acceptable methodology. A standard and hugely influential textbook on bioethics proposes four basic principles to approach ethics; justice, beneficence, respect for autonomy and nonmaleficence.⁴ This approach is sometimes called 'principlism'. It is used widely in bioethical debates and discussions worldwide and indeed is seen by many to be the dominant model in operation. Like all systems though it is not without its weaknesses and critics. Questions arise as to the exact content of these principles and about the resolution of conflict when principles clash. Other critics highlight the abstract and dilemma-orientated nature of the approach.⁵ In the ongoing search for acceptable systems of analysis some have proposed a return to casuistry.⁶ Such an approach – well established in the history of Catholic moral theology – identifies a well-established case about which there is almost universal agreement and uses this as a paradigm case. New situations are then compared to this case, similarities and discontinuity are noted etc. In this way a corpus of experience and reflection is built up. Virtue ethics⁷ and feminist ethics⁸ have also been applied to the area of bioethics.

2. Gerard J. Hughes, 'Natural Law' in *Christian Ethics: An Introduction*, ed. Bernard Hoose (Cassell, 1998), pp. 47-56.

3. For example, Jean Porier, *Natural and Divine Law: Reclaiming the Tradition for Christian Ethics* (Wm. Eerdmans Publishing Co., 1999).

4. James F. Childress and Tom Beauchamp, *Principles of Biomedical Ethics*, 5th ed. (Oxford University Press, 2001).

5. Edwin R. DuBose, et al (eds.), *A Matter of Principles?: Ferment in U.S. Bioethics* (Trinity Press International, 1994).

6. Stephen Toulmin, 'Casuistry and Clinical Ethics' in *A Matter of Principles?: Ferment in U.S. Bioethics*, op. cit., pp. 310-18.

7. Edmund D. Pellegrino, 'Toward a Virtue-Based Normative Ethics for the Health Professions' in *Kennedy Institute of Ethics Journal* 5 (1995), pp. 253-77; James F. Drane, 'Character and the Moral Life: A Virtue Approach to Biomedical Ethics' in *A Matter of Principles?*, op. cit., pp. 284-309.

8. Margaret Farley, 'Feminist Theology and Bioethics' in *On Moral Medicine: Theological Perspectives in Medical Ethics*, 2nd ed. (William Eerdmans Publishing Company, 1998), pp. 90-103.

A CHRISTIAN APPROACH

Given a plurality of approaches and conclusions in philosophical bioethics it is reasonable to ask whether Christian sources and theology can make a worthwhile contribution. Can the Christian vision enlighten our engagement with contemporary biomedical issues and assist us in our search for the 'good'? What are the distinguishing features of a Christian approach to bioethics?

The Christian community is formed around the person of Christ revealed to us primarily in the Scriptures. As a living community it reflects in an ongoing way on the nature of discipleship in a world far removed from the times of Christ. In responding to this task it accepts Revelation as its primary and formative narrative. Revelation gives us a worldview or stance on life; it provides the 'eyes' through which we see and understand ourselves and the world. At a more particular level it introduces us to the person of Christ as Lord and model to be followed on the journey of discipleship.

The limitation of the Scriptures in providing ethical wisdom and concrete solutions to some contemporary questions is readily acknowledged. We cannot move directly and definitively from the life and teaching of Christ to the morality of issues like cloning, nuclear deterrence or the recent 'war against terrorism'. We also have to tap into the voice of reason and experience and the inherited wisdom of the tradition. Scripture does, however, provide us with a vision of life and a range of values, attitudes and dispositions that we are invited to engage and make concrete in our times. These assist us in the process of discerning the moral character of human actions, even those that are far removed from the context of the Gospel.

The exact nature of the relationship between faith and reason has been the subject of detailed reflection and writing by theologians over many years.⁹ Theologians have reflected on whether Christian faith reveals some 'new' material content; elements of the natural moral law that are inaccessible to those outside the faith community. Or does Christian faith simply provide confirmation and clarity about the moral law that is available to all through the use of reason? Putting this debate, with its many nuances, to one side it must be accepted that Christian faith provides us with a unique way of looking at the world and a unique motivation for seeking to do good and avoid evil. This worldview shapes and informs our use of reason. It does not replace reason but rather provides the prism or framework within which reason works.

9. For example, Vincent MacNamara, 'The Distinctiveness of Christian Morality' in *Christian Ethics: An Introduction*, op. cit., pp. 149-160.

What then are the particular truths of faith that shape a Christian approach to bioethics and inform the reason of believers?¹⁰ Four central truths can readily be identified. More often than not they do not automatically or painlessly lead us to 'solutions'. Their impact is primarily one of attitude or stance that help us on our way to formulating a moral response. Church teaching on biomedical issues draws on these Christian sources as well as arguments from tradition, natural law and elsewhere.

1. CHRISTIAN ANTHROPOLOGY: IMAGE OF GOD

A foundational Christian claim is that we are created in the 'image of God'. This has profound implications for how we 'see' ourselves and others.¹¹ Our understanding of human dignity is shaped by this central motif; our dignity belongs to us as sons and daughters of God. In this view of the human person 'dignity' is not dependent on achievement, virtue, health, age or the goodwill of others. It is intrinsic to our very being. Also, if we, in some mysterious way, mirror the life and essence of God then we also mirror the relational essence of the Trinity. As the Father, Son and Spirit share life we too are called into a life of relationship. We flourish and realize our potential through a web of relationships. We are both sacred and social beings. This claim counters the rugged individualism that is often a feature of contemporary debates. A less adequate anthropology, for example, emphasizes autonomy in a radically narrow and individualistic way.¹²

The 'image of God' motif also proclaims a radical equality of persons; we each mirror and are loved by God. Working out of a Christian anthropology there can be no justification for cherishing some more than others. Finally understanding the person as *imago Dei* acknowledges the spiritual dimension of life; we are both corporal and spiritual beings. If God is our origin and our destiny then our relationship with God needs to be acknowledged and facilitated. The provision of spiritual care as part of the overall care of the person is one practical acknowledgement of this faith claim.

10. Kevin D. O'Rourke and Philip Boyle, *Medical Ethics: Sources of Catholic Teachings* (Georgetown University Press, 1999), pp. 315; Benedict Ashley and Kevin O'Rourke, *Health Care Ethics: A Theological Analysis*, 4th ed., (Georgetown University Press, 1997), pp. 177-223.

11. Germain Grisez, 'Bioethics and Christian Anthropology' in *The National Catholic Bioethics Quarterly* 1 (2001), pp. 33-8; Gregory Glazov, 'Biblical Anthropology and Medical Ethics' in *Issues for a Catholic Bioethic*, ed. Luke Gomally (Linacre Centre, 1999), pp. 90-115.

12. Michael M. Mendiola, 'Overworked, but Uncritically Tested: Human Dignity and the Aid-in-Dying Debate' in *Secular Bioethics in Theological Perspectives*, ed. Earl E. Shelp (Kluwer Press, 1996), pp. 129-43.

2. CREATURELINESS: HUMAN STEWARDSHIP

The Christian narrative of creation by a loving God has important implications for how we see the world and our role in it. Such a vision invites us to see life in all its wonder and mystery as a gift from a personal loving God. We are not creators or masters of the wonderful world we inhabit but beneficiaries. As such we are invited to exercise a responsible stewardship over the 'gift' of creation. Our attitude to the control and manipulation of nature should be shaped/marked by this faith claim; respect, and a sense of awe and responsibility should be distinguishing features of a Christian approach. At the level of stance then the stewardship model has significant implications for developments in biomedicine and indeed for ecology.

Our self-understanding as creatures should also alert us to the reality both of human finitude and human sinfulness. The creation narrative and the history of humankind leave us in no doubt about our capacity both for great good and for evil and self-deception. An awareness of these realities should temper our claims to be ever wise and benign. They should rather encourage in us an attitude that is cautious, reflective and welcoming of criticism before embarking on new proposals with far reaching consequences.¹³

3. INCARNATION AND CALL TO DISCIPLESHIP

The truth of the Incarnation – Christ assuming human form and entering human history – further affirms the dignity and sacredness of human life. All of human life has been touched and elevated by the Incarnation and neither life nor human experience can be dismissed or trivialized. Christ's call to see others as his brothers and sisters provides a 'paradigm' that powerfully motivates Christians to respond with respect and love to all people – irrespective of health, wealth or virtue.

Christian discipleship strives to respond to Christ's call 'to do likewise'.¹⁴ It involves allowing the example and person of Christ to be formative; to decisively shape our character, dispositions and attitudes. Love and service of others, compassion, respect and an openness to the transcendent are among the key elements of Christian identity. Over the centuries Christians have tried to make these elements define the ethos of Christian hospitals and caring institutions.

13. Brian Johnstone, 'The Human Genome Project: Catholic Theological Perspective' in *The Interaction of Catholic Bioethics and Secular Society*, ed. Russell E. Smith (Pope John Center, 1992), pp. 265-79.

14. Luke 10:37.

4. RESURRECTION DESTINY

As Christians we believe that we are called and enabled to share in the resurrection destiny of Christ. We are a people of hope that experience our mortality through the prism of resurrection faith. This is very beautifully prayed in the Preface of the Mass for the Dead: 'Lord, for your faithful people life is changed not ended. When our mortal bodies lie in death we gain an everlasting dwelling place in heaven.' This faith shapes our response to sickness and death. This is dramatically seen in the Christian attitude to martyrdom and to death in the service of others. It is also reflected in the Catholic approach to the use of 'extraordinary' means to sustain human life. Through the eyes of faith death is not annihilation but promises union with God through resurrection. Consequently the use of 'extraordinary' means to prolong life are morally optional.

The themes identified above are central to Christian identity and to a Christian interpretation of reality. Over the centuries they have been reflected on by the living community of faith and their implications for daily life teased out. The corpus of Catholic social teaching is one example of such a systematic reflection and some of its central insights may cast light on the field of bioethics.¹⁵

CATHOLIC SOCIAL TEACHING (CST): HELPFUL INSIGHTS

The common good is a central insight of CST and is understood as the 'the sum total of those conditions of social living whereby men/women are enabled to achieve their own integral perfection more fully and more easily'.¹⁶ The root of the concept is found in Christian anthropology; as created in the 'image of God' we are called into relationship and community. The promotion and protection of the common good of society is judged to be essential for human flourishing. Consequently developments in the fields of economics, politics, and bioethics are evaluated from the perspective of their impact not only on individual persons but also on the overall good of society. This emphasis on the community can serve as a corrective to the overly individualistic thrust of many contemporary debates. This is clearly seen in the euthanasia/physician assisted suicide debate where individual autonomy has been exalted to a supreme value. It is argued that the freedom to

15. Kevin P. Quinn, 'Method in Catholic Bioethics' in *Kennedy Institute of Ethics Journal* 10 (2000), pp. 353-63; John Langan, 'Catholic Social Teaching and the Allocation of Scarce Resources' in *Kennedy Institute of Ethics Journal* 6 (1996), pp. 401-5; B. Andrew Lusic, 'Reform and Rationing: Reflections on Health Care in Light of CST' in *Secular Bioethics in Theological Perspectives*, op. cit., pp. 31-50.

16. *Gaudium et spes*, 26.

decide the time of one's own death is an inevitable consequence of the principle of self-determination. Christian responses to this issue have, in contrast, emphasized the impact of euthanasia on society as a whole. Such a practice would erode the principle of respect for life on which every society is built and would have a negative impact on the elderly and vulnerable.

The virtue of solidarity has been clearly articulated by Pope John Paul II as part of the ongoing development of CST. The virtue encourages and enables us to view others as neighbours¹⁷ rather than strangers or adversaries. It reminds us of our shared humanity and encourages us to identify with and respond to the sufferings of others. It turns the fact of human interdependence and connectedness into a moral and ethical enterprise.

Catholic social teaching claims that the world and its fruit were meant for everyone. At the root of this claim is an understanding of a loving Creator God who wills for all to share in the gifts of creation. Obviously that is not a reality in the world in which we live. Most of the world's wealth is owned by relatively few. There is a huge gulf between the standard of living of those who people the developed world and those in the developing world. Within societies this difference is also evident. Given this reality the Church in its teaching has embraced an 'option for the poor'. This commitment amounts to working for the cause of the poor and marginalized in society. The recent campaign to eliminate international debt is one example of such commitment. It also involves the Church showing solidarity with the poor in terms of its own lifestyle and priorities. In the area of bioethics this insight of CST could be used to highlight the need to attend to the basic health needs of all before we allocate resources into non-essential areas of healthcare. In particular the First World focus on – if not pre-occupation with – reproductive technologies, genetic engineering, cosmetic surgery and cloning must be looked at from the wider perspective of the denial of basic health care to hundreds of millions.

CONCLUSION

Theology is often described as addressing three 'publics'; the Church, the academy and society. How helpful is Christian faith/theology to these 'publics' as they engage with contemporary issues in bioethics? Clearly for the first constituency the claims and language of theology are both essential and helpful. For the individual and community of faith the articulation of the above truths and insights should serve as a source of inspiration and motivation as they reflect on ever new challenges in the area of

17. *Sollicitudo rei socialis* (1987), 38-40. See also *Centesimus annus* (1991), 10.

bioethics. Though these truths on their own do not readily yield answers to complex questions they do provide the parameters within which Church reflection is conducted and its teaching formulated. They encourage in us particular dispositions and attitudes towards others and towards creation that will impact on our process of reflection. The central truths of creation, Incarnation and Resurrection-destiny, are rich sources for reflecting on the human story and are ever capable of yielding new insights. The revisiting of the Christian narrative in prayerful reflection – ever necessary for the Christian family – is essential today in light of rapid change and growing uncertainty about the meaning of existence.

The role of theology in the second public is equally clear; Christian theology must engage in conversation with other theologies and disciplines. Its understanding of the human condition must dialogue with other understandings as it strives to be 'the salt of the earth and the light of the world'. In this way the Christian faith will continue to be articulated in ways that engage the questions and mindframes of today.

What about the third 'public'? Has the Christian vision of reality and its central themes – clearly important for the Christian community and within the academy – any relevance for *public* discussion in society? Has the language of God, Incarnation, Resurrection, Gospel any place in discussions on particular legislative or policy issues? In a modern pluralistic society is such language redundant in the public domain?

Society's discussion on bioethical issues is conducted today using non-religious language and approaches; the demands of justice, natural law, human rights, individual freedom, the common good etc. Such discussion strives through shared reflection and dialogue to reach a consensus about what is appropriate in society. There are many good reasons for such an approach. Centrally such public discourse recognizes the necessary distinction between the roles of church, state and society. Moreover it provides a common language in societies that no longer work out of a shared faith-inspired vision of life. The participation of diverse communities within society in public policy debates, including the Churches, is thus facilitated. However, as acknowledged already this approach does not prevent disagreement and conflict.

The role of a faith-vision in public discussion is limited but potentially very enriching. It is limited because the primary language in society must always be that of natural law, rights, reason, justice etc. This is in keeping with the nature of society and the tradition of western democracy. It is also in keeping with the

Church's understanding of the relationship between church, society and state. However, a faith-vision and its language will always have an important secondary role; inspirational, supportive, and explanatory. Since such a vision ultimately explains how Christians 'see' themselves, others and creation, its articulation has to be important for any fruitful exchange on bioethics.

The tone and manner of the introduction of faith-claims into the public domain is however vitally important. The articulation of these faith-claims should be done in a way that is consistent with the spirit of the Gospel. Their presentation should be positive and gentle, driven by the conviction that they are indeed 'good news' and have a valuable contribution to make to the well being of individuals and society. Presentations should not carry a tone of reprimand or appeal to the authority of Christian truths with the expectation of closing the discussion or having the last word. Believers must have faith in the power of the 'good news' to enlighten and convince. Finally, clear practical witness must accompany the presentation of faith-claims into public discussion. Theological claims about the sacredness of life must be accompanied by practical interventions that are supportive of human life in all conditions and circumstances. As Pope John Paul clearly articulated, 'people today put more trust in witnesses, than in teachers, in experience than in teaching, and in life and actions than in theories'.¹⁸ The Christian narrative gains credibility and persuasive power when it is seen to be formative of the character and actions of the faith community itself.

The public articulation of the narrative and vision out of which Christians live could be prophetic and enriching for society. It could impact positively on society's awareness and enable its imagination to see issues in a new and fresh way. The articulation of a Christian anthropology when accompanied by decisive action could sensitize the whole community to the awesome dignity of humanity. The creation narrative in all its simplicity and profundity might encourage a greater sense of reverence for creation and a different model of human engagement with nature. The insights of CST could generate an awareness of the bigger picture – the existence of concerns and interests beyond those driven by a narrow emphasis on the rights of the individual. The resulting dialogue could also be enriching for the Church as it continues to sharpen its own grasp of the 'good' in a complex world.

18. *Redemptoris missio* (1990), 42.