Catholic Health Care Ministry and Contemporary Culture The Growing Divide

By Edmund D. Pellegrino, M.D.

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> *Therefore man's personal dignity represents the criterion by which all cultural application of techno-scientific knowledge must be judged.*
>
> **— John Paul II**

The theme of this conference could not be more timely, nor more prophetic, for both the Catholic health ministry and contemporary culture. Both appreciate the unprecedented powers of modern biotechnology to reshape how we live, and even what it means to be human. Both wish to use those powers wisely and well, and thus within some set of ethical restraints. But each sustains a different notion of the nature of human good, the ends to which it ought to be directed, and the morality of the means used to attain those ends. It is at the junction of these diverging ends and means that the "tension" arises to which this conference is addressed.

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Catholic health ministry sees care for the sick as a sacred ministry pursued in fidelity to the example and teachings of Jesus Christ. It is dedicated to the relief of suffering within the constraints of divine law. It gives primacy to man's spiritual destiny as well as his temporal well being. Contemporary culture for its part also seeks to relieve suffering and to improve the quality of human life. Its restraints, however, are imposed by human law, and its end is primarily the quality of man's material life, without reference to divine law.

These two world views overlap in their use of biotechnology to heal, help, and relieve the suffering of the sick. They differ sharply, however, in their conceptions of the personal dignity which His Holiness John Paul II designated as the criterion for all use of biotechnology. For Catholic health care, personal dignity is an intrinsic, inviolable, God-given quality of all human life. It is possessed equally by the weakest and most fragile among us as well as by the most robust and the strongest. Contemporary culture acknowledges human dignity as a first principle of human rights and bioethics.[1] But it does so as a quality conferred by human law. On this view human dignity can be gained, lost, weakened, or transformed according to human will.

Today the trajectories of these two views of what it means to be human are diverging sharply. Each gives rise to a different system of bioethics, a different way of defining the good for humans and the right and wrong uses of biotechnology.[2] This divergence is most concretely evident in the academic and public debates regarding the "human life" questions, e.g., technically assisted procreation, abortion, the uses of embryonic stem cells in research and therapy, the appropriation of biotechnology for purposes of enhancement beyond the needs of therapy, assisted suicide, and euthanasia. These debates are becoming more querulous, making dialogue more difficult. As John Courtney Murray warned a half century ago, "civility dies with the death of dialogue."[3] We are not yet at the point of the death of dialogue, but we are drifting perilously close to it as the language of bioethical discourse becomes more petulant. The necessity of a sustained dialectic and dialogue becomes more apparent even as the intensity of the tensions escalates. Catholics today must meet the challenge of maintaining the integrity of their health care ministries in a democratic, sometimes hostile morally pluralistic society.

This is the challenge this conference puts before us. The nature of the tensions, the points at issue, and the boundaries of discourse will be defined more concretely by the speakers who make up the substance of this program. My task as a keynote speaker is to examine some of the root causes of the moral dissonance, the points that are increasingly in conflict with the tenets of Catholic Christian bioethics, the difficulties this conflict produces in a democratic, pluralist society in which bioethical issues are becoming matters of policy and legislation, and the necessity of maintaining a Catholic presence in a climate which

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is tending to disenfranchisement of Catholics in public debate.

I will speak as an individual and not as a member or as chairman of the President's Council on Bioethics. My reflections are those of a Catholic layman and a participant for many years in teaching and writing about bioethics.

The Great Commission

Let me begin with what has come to be known as the Great Commission, the charge Jesus gave his disciples to spread the good news of his life and teaching to the whole world. This is the mission Jesus entrusted to his disciples, as we read in the last words of Matthew's Gospel: "Go, therefore, make disciples of all nations; baptize them in the name of the Father and of the Son and of the Holy Spirit, and teach them to observe all the commands I gave you. And look, I am with you always; yes, to the end of time" (28:19–20, NJB). This commission lies behind the conviction of the third Synod of Bishops in 1974 "to confirm anew that the mandate to evangelize all men constitutes the essential mission of the Church."[4]

This mission of evangelization is expressed in a multitude of activities and vocations in the life of the world. Prominent among them is the vocation of healing and helping the sick. As the Pontifical Council for Pastoral Assistance put it, "the therapeutic ministry of health care workers is a sharing in the pastoral and evangelizing work of the Church."[5] Clearly, care of the sick and suffering is for many the way Christians respond to the mission encapsulated in the words of Matthew's Gospel.

The health care ministry has occupied the Church and its members for many centuries. In recent decades the conduct of this ministry has become more complex, and it encounters rising resistance in contemporary culture. The Church and its members, especially those committed to the health care professions, now confront a direct challenge: How is the ministry of health to be actualized in a world that is morally pluralistic and politically democratic? How are individual Catholics and Catholic institutions to be faithful to Jesus's command in a culture the values of which are sometimes in opposition to many of the basic tenets of what has been called "our bioethical magisterium."[6] That magisterium comprises the principles and norms which enlighten the conscience and guide the decisions of Catholics in the midst of the biotechnical possibilities they must confront daily.

Challenges of this magnitude have never before been encountered. At the end of his commission to his disciples, Jesus said, "I am with you always; yes, to the end of time" (Matt. 28:20). Without this assurance few would have the courage to undertake the Catholic health care mission. God's promise that He will never leave us to face our troubles alone provides the grace we need to continue healing in his name. It sustains the hope that we can and will be faithful to Jesus's example.

How Did the Present Tensions Come About?

Even as we are emboldened by Jesus's promise, we must assess the cultural obstacles to the realization of our mission. Given the centuries-old contributions of Catholic health care even in non-Catholic countries, how did the current dissonance with modern culture come about? Why is the Catholic medical- moral tradition that is so vital to the conduct of Catholic health care under so much attack?

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This question is particularly puzzling given that the ethics of health care has had strong religious roots for almost all of its history. What we now call bioethics arose out of the ancient practice of medical ethics. In the West, that tradition is usually attributed to a small group of physicians, presumed by many to be followers of Pythagoras.[7] These physicians were so disaffected with the fraud, money grubbing, and incompetence of their confreres that they sought to distance themselves from them. They did so by taking a solemn oath before their pagan gods to be faithful to a set of moral precepts whose prime principle was the good of the patient. That oath, and a series of deontologic treatises known as part of the Hippocratic Corpus, became identified in succeeding centuries as the common ethic of the medical profession.

In late antiquity, and in the Middle Ages, this ethic was adopted, without reference to the pagan gods, by Christians, Jews, and Moslems. It was compatible with the fundamental teachings of each of those three religious traditions. The Hippocratic Oath, or a modified version, became a universal declaration of medicine's public commitments to the welfare of patients. Its moral hegemony began to be seriously questioned only in the mid-1960s.[8]

For its part, the Catholic Church has a five-hundred-year-

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old tradition of pastoral medicine and medical morals.[9] That tradition was gradually expanded as new medical discoveries raised new issues. After World War II, the major writers in English in medical ethics were Catholic theologians like O'Donnell, Flood, Kelly, McFadden, and others, who were held in high regard even by non-Catholics.[10] They provided a common source of orderly reflection on the challenges medical practice and progress were beginning to pose for both believers and nonbelievers.

The prophetic voice of Pope Pius XII is particularly noteworthy in modern bioethics. In the mid-1950s, he gave a series of allocutions to physicians and physicians' organizations which anticipated ethical issues still significant today, e.g. organ transplantation, use of ordinary and extraordinary measures, professional ethics, and patient autonomy.[11] This was about fifteen years before "bioethics" was officially baptized, in 1972. Thus, in some ways Pius XII was the first modern bioethicist.

In the earliest days of bioethics, the principal thinkers, the patriarchs of bioethics, so to speak, were three theologians: Rev. Richard McCormick, S.J., Paul Ramsey, and James Gustafson. They provided the kind of serious critical analysis of medical- ethical issues that gave intellectual foundation to the nascent movement of bioethics. They drew on the Catholic and Protestant moral traditions. They, too, were highly regarded by both believers and nonbelievers for the intellectual substance they gave to the ethical reflection of the nascent discipline and to the equally religious and sustained tradition of ancient lineage existing in Judaic ethics.[12]

Even the educational movement within bioethics had religious roots. In the mid-1960s, a group of campus ministers joined with a small number of medical educators to "do something" about the growing technical bias of medical education.[13] Their concern was with the teaching of human values, ethics, and the humanities in medical schools. The story of their influence on the emergence of bioethics has been largely neglected. It was through their efforts that teaching of "bioethics" in medical schools was initiated. Relevant to this discussion are again the religious origins of a movement that both believers and non-believers took to be crucial in the best care of patients. So much was this the case that the idea of medicine and health as a "vocation" was widely adopted by non-believers as well as believers.

Toward the end of the 1960s, the tensions between the religious origins of bioethics and the a-religious, anti-religious trajectory of modern culture began to develop. The reasons for this centrifugal movement away from religion are too complex to review here. However, it is relevant to the theme of this conference to examine four of the most significant cultural determinants of the drift away from a religious center in health care. These forces acted synergistically. Each exerted significant power over popular opinion. Each must be confronted, in its strength and its weaknesses, as a shaping force in modern bioethics. Each must be engaged by the Church and its members as they struggle to actualize the mission with which Jesus charged them. The four most significant are (1) the ideology of scientism, (2) the secularization of American life, (3) the nihilist tendencies of modern philosophy, and (4) the precarious conjunction of bioethics with politics in a democratic society.

The Ideology of Scientism

One of humankind's grandest achievements has been the discovery of the scientific method, by which we have gained unprecedented power over nature and human life itself. There is every indication that unless man destroys himself in an atomic cataclysm fueled by national pride, science will continue to teach us more about the world and ourselves. The powers we now exert over reproduction, life and death, over our genetic endowments, the cure of disease and the fate of future generations are products of scientific inquiry. Some speak now of re-engineering the human species to eradicate, from its future, the defects of disease, death, and even unhappiness. Medicine and science are becoming salvation themes, i.e., man's control of the means of redemption by man himself. "Science" uncritically understood, is for many the new genie of utopia.

The scientific method is unquestionably a tribute to the capacity of the human mind. It tells us how things work, how we can modify those workings, and how to control their powers. The more we learn about nature and man, the more we learn about the mystery of God's creation. This is why the Church has never opposed science but instead has nurtured it in its universities. Science, however, contributes to the tensions between church and human

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culture when it is transmuted from science into scientism, i.e., an ideology, a quasi-religious affirmation that scientific method is the only source of true knowledge and that every other inquiry into reality is worthless.

Scientism is the ideology that most influences much of academic bioethics today. It undergirds the technological imperative which says that we should do all that we can do technically, so long as it satisfies some humanly determined purpose. The first principle of scientism is positivism, the doctrine that all truth is attainable by the scientific method and that religion and metaphysics are simply the myths or fantasies of a disordered thinking. This view also holds that no experiment has proved the existence of God; therefore, God does not exist. In its own way, scientism like any ideology has become a surrogate religion, the ultimate determinant of moral truth. According to this view, Roman Catholics and other religious believers are misguided opponents of progress whose beliefs should be anathematized. The Roman Church, the mother of universities in the West, is condemned for standing in the way of our chances to cure every disease, to enhance every physical and mental capacity, to give parents perfect babies and all of us perfect bodies. Increasingly, the ideologists of scientism urge us to subject religious belief to the scientific method to show religion's inadequacies.[14] In the absence of experimental proof for religious belief, it is argued, the believer should at least be banned from participation in serious bioethical debates.

Secularization of American Society

Early in his pontificate, Pope Benedict XVI pointed out to the Church and the world the importance of the secularization which has gripped Europe so tenaciously. In the Mass following the death of John Paul II, he warned about the "dictatorship" of relativism, which is the child of secularism. In his much discussed Regensburg address of 2006, Benedict further lamented Europe's secularization.

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The sharp divide secularism has opened between faith and reason, and the erosion it has produced, are devastating European culture. With many "believers" in Christianity who are not "belongers" to the institutional Church, Benedict fears the de-Christianization of the West.[15]

The processes of secularization in the United States have somewhat different cultural and historical roots but they also share some of the trajectories of European secularism. Significant numbers of Catholics hold to their belief in Christianity but feel less allegiance to magisterial teaching. This is especially so among those American Catholics who are so dazzled by the promised utopia of biotechnology that they are tempted to compromise official teachings. Conscience and moral conviction, as a result, are sometimes too readily yielded to expedience. Pragmatism is mistaken for prudential thought when biomedical moral choices are as complex as they have become.

Bioethics was born in the United States in a context of moral pluralism. That pluralism did not destroy the unity of American life because our founders were wise enough to enact the First Amendment to our Constitution: "Congress shall make no law respecting religion or prohibiting the free expression thereof." These few words have ensured that civil peace would not be destroyed by factionalist religious strife. The State thus admitted its incompetence in settling religious disputes, and wisely so. John Courtney Murray, the most astute interpreter of the "American proposition," put it this way:

> The one civil society contains within its unity the communities that are divided among themselves but it does not seek to reduce to its own unity the differences that divide them. In a word the pluralism remains as real as its unity.[16]

In the beginning, secularism was simply one of the ways one might believe in any of the religious creeds or in none. However, in secularization there was always the seed of antipathy to any religion in public life. The devaluation of religion was accelerated by the social revolution of the mid-1960s, in which all sources of authority, especially religious authority, were challenged. Pluralism drifted in the direction of secularism as the preferred ideology of public life. Secularism for some was more than simply one choice. Soon it became the only choice most conducive to a truly free, liberal, democratic society. Today secularism has become a militant force for many progressivists who would banish the influence of religion in the public square.

Within bioethics, secularism is most palatable to those who see religion as an erroneous, ill-motivated restraint on the benefits of technology. Some bioethicists pursue

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secularization with religious fervor. Secularism not only favors the banishment of religion from moral discourse but castigates believers as "unreasonable" at best, and bewitched by myth at worst. Secularism now has its own gurus, and its own substitute clergy. It has spawned a multitude of authorities eager to advise Americans and the world on how to think about bioethics.

The most recent proponents of secularization are the new militant atheists. They deem it insufficient to hold atheism as a dissident opinion of personal choice. They see all religion as evil, the cause of world conflict, racial and genetic discrimination, and a deterrent to progress. Religion by this view is an evil to be eradicated. The Catholic Church is its major target, since the Church is unrelenting about the supremacy of the spiritual over the material. Worst of all, the Church deigns to teach with authority and does so with clarity. Recent books by Dennett, Harris, Dawkins, Stenger, and others argue atheistic militancy with religious vigor and an air of triumphalism.[17] All presume the case against God to be already closed and judge religion as fantasy. A most extensive and well-documented study of the secularization of American bioethics since its beginnings has just been completed.[18]

The Nihilism of Moral Philosophy

The Catholic Church for centuries has taught that philosophy and theology are both essential elements in any comprehensive moral philosophy. No one has enunciated this better than John Paul II in his later encyclicals, especially Evangelium vitae, Fides et ratio, and Veritatis splendor. These encyclicals clearly identify those tendencies of contemporary philosophy most inimical to Catholic teaching and most productive of the tensions between the Church and contemporary culture.

Most crucial is contemporary philosophy's abandonment of all metaphysics as a foundation for ethics. This move robs moral philosophy of its protection from relativism. It leaves the determinants of morality to raw pragmatism or strict social determinism. The criteria of what ought to be done becomes whatever will resolve conflict, not what is morally right and good. On this view moral philosophy and bioethics become simply instruments for conflict resolution.

Many modern thinkers have lost faith in reason itself and have turned to empirical science instead. Having no confidence of its own abilities, contemporary philosophy has been too often content to be the handmaiden of empirical science. Bioethics as a result has become "biological ethics," the study of species survival shaped by natural selection, not what is good for man as man. Sociobiology now supplants any classical attempt at a philosophy and ethics of society.

Much more can be said, but the trend is unmistakable—philosophical ethics has drifted away from its normative responsibilities.[19] In short, bioethics is often a technical exercise, not a search for moral truth. In clinical ethics this often implies the abandonment of the search for right and good decisions in favor of any decision that resolves conflict or is mutually agreed upon. Ethics is simply a matter of individual choice.

Professional ethics no longer has the universal commitment of physicians who now pick and choose whichever of its ancient precepts they prefer, or none of them. Even more disturbing is the growing tendency of physicians to adopt some form of moral neutrality. In a recent empirical study the majority of clinicians were willing to cooperate in several ethically dubious procedures. Catholics, Protestants and nonreligious physicians did not differ very significantly in their responses.[20] More outspoken bioethicists have gone further to argue that physicians (especially Catholics) who refuse procedures they judge unethical should not be doctors at all.[21]

Bioethics and Politics

The enormous potentiality of modern biology and biotechnology to transform human life has generated the need for some way to judge what ought to be done and what ought not to be done in policy formulation. In the early days of bioethics this question was referred to the academies. Soon it became apparent that the power of biotechnology must eventually affect all of society. As a result, it could not be left entirely to experts. Public policies were needed to protect the common good as well as the good of individuals.[22] Consequently, bioethics has become a political reality at the national and international levels. Today it is debated daily in the public media and in legislatures. Declarations, conventions, and policies are promulgated by international bodies like the United Nations and UNESCO and our own state and federal legislatures. A multitude of national ethics councils and committees now exist in the developed world to guide the policy and laws related to bioethics.

Once politicized, bioethics became subject to a variety of

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conflicting political philosophies. Soon it became classified on that basis into "liberal" or "conservative." Political divisiveness has muddled the debate as partisan politicians seized the issues to advance their own agendas. Most democratic countries have moved away from an established state religion and embraced some form of democratic liberalism. As a result, ethical choices and opinions, especially in the United States, are held to be the domain solely of private choice. Everyone seeks to secure his choices by legislative fiat. What is legal soon becomes what is "ethical," with consequences for Catholics and others for whom religion provides an authoritative source of moral guidance.

What has emerged is an antipathy to religion in ethical discourse in the public square. Academic bioethics, which exerts the broadest influence on public opinion, is decidedly a-religious, or anti-religious and often anti-Catholic. In this setting the magisterium of the Catholic Church must often stand against popular sentiments on how biology should be used to shape human life. Catholics especially, but believers in general, are a scandal to progressivists who see a biotechnical utopia being frustrated by church authorities. Believers as a result are often effectively disenfranchised in bioethical discussion. Even when they argue a point without religious or ecclesiastical reference they are accused of bias and their opinions judged to be inadmissible de facto. The very fact that an argument—even if based on reason alone—might be consistent with Church teaching makes it, for some, automatically out of bounds.

Human Dignity, A Pivotal Point in the Tension

Since classical times, ethicists of many philosophical and theological persuasions have accepted the uniqueness of human dignity as the core grounding concept of ethics in general, and medical ethics in particular. Of late, as a result of the cultural forces now shaping modern bioethics, dignity has become the subject of scrutiny and attack. A brief reflection on the current state of the concept of dignity should underscore how the current cultural trajectories threaten the idea of dignity, which John Paul II called "the criterion" for the uses of biotechnology.

The Christian conception of dignity is centered on the unique worth of the human person, created in the image of God, the one species chosen by God for the Incarnation of his only Son. God's only Son died that man might be redeemed. For this reason, dignity is the source and foundation of human worth, the grounding for all the moral, political, and legal entitlements owed humans simply because they are humans. This inherent God-given dignity is radically different from the dignity we attribute to those we admire or respect because of certain external or acquired capabilities. It is different from the dignity we attribute daily to ourselves and others sometimes rightly, and sometimes wrongly.

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Dignity is inherent in being human, and no reason of pragmatism, expediency, or even the good of others can justify its violation. It cannot be gained, nor can it be taken away by human agency or even by the heinous acts of the person himself. It is not defined by social convention, nor is it socially or historically defined. Much as we may admire sentient beings or other species, their dignity is not inherent in their very being.

For Catholics, God-given dignity begins at conception, with the first moments of our being. It remains with us no matter how much physical and psychic deterioration may afflict us or how we respond to that affliction. The way we interpret dignity distinguishes Catholic bioethics. John Paul II, and now Benedict XVI, perceive it as the root concept for ethics, rights, and obligations. Benedict XVI links the ethical perspective of Catholic health care workers to human dignity. For him this is strengthened by the commandment of love, the center of the Christian message of healing.[23] Dignity is the source of Christian humanism and its ramifications. The way we interpret dignity is a root cause of the tension we are experiencing between Catholic health care and contemporary culture.

Contemporary culture, at least in academic bioethics and much of the media, is undermining the Christian concept of inherent dignity in favor of a notion of dignity conferred by society on the basis of certain admirable external attributes. The capacity for "meaningful" relationships, social worth, the quality of life, freedom from disability, satisfaction of aspirations, autonomy and dozens of other capabilities as judged by humans to be important for human happiness—these are considered the foundations of dignity, not man's uniqueness as a rational, responsible, and accountable moral agent. In the bluntest way, the cor-

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rosive view of contemporary culture is summarized in a rejection of the concept of dignity by one important bioethicist.[24] She rejects dignity as a "useless" concept, too vaguely defined, a poor surrogate for autonomy and, in any case, a covert way of introducing the forbidden subject of religion into ethical discourse.

Others, in what is called the "Great Ape project," are already taking to its logical extremes the denial of dignity as a unique feature of humans. Some of the zealots for animal rights want to grant chimpanzees the same rights as humans. In Brazil, a writ of habeas corpus has been executed for a chimpanzee. Chimpanzees have had suits entered in their names in Germany, Brazil, and Austria. Primatologists are urging elimination of the species distinction entirely. Our "cousins" the chimpanzees are now to be fellow persons.

Some ethicists have already granted greater worth to a healthy chimpanzee than to a human being in a permanent vegetative state. The resulting devaluation of seriously disabled and demented adults and severely ill infants is a logical consequence of such thinking.[25]

Defense of the inherent dignity of the human person by the Catholic Church is an offense to these proponents of animal equality. This is an example again of the reality and the seductions of the much-maligned slippery slope argument. One wonders what advocates for chimpanzee personhood will do with conflicts between duties to apes and humans and why they exclude non-primates.

The ravages of serious, incurable, and protracted illness are an everyday threat to our perceptions of inherent human dignity. The bodily wasting, the loss of control of bodily functions, the sense of loneliness and despair are often interpreted as a loss of dignity. This can only be a loss of attributed dignity, however. From the Catholic perception, inherent dignity cannot be lost or diminished. Understandably, the suffering patient cannot often easily distinguish between attributed and inherent dignity. In the Catholic health care ministry, the physician has the duty to recognize when the patient's suffering causes him to see himself as without "dignity" in his own eyes, and in those of others. An important aspect of the care of patients in this state is to reaffirm that there is no such thing as a death without dignity. God made man in his image, and no event, feeling, or misfortune can take man's intrinsic dignity away. God loves every man and will not abandon any human person in his moments of gravest suffering. The Church possesses a theology of dying and suffering which stands against the fears so many have of dying without "dignity." Only their attributed dignity can be lost, that attributed to them by others or by themselves—not by God.

The differences between a God-given inherent dignity possessed equally by all humans and a man-attributed dignity could not be greater. It is a difference of kind and not of degree. The most crucial decisions pivot on that difference: we justify decisions to destroy or preserve, respect or abhor, love or demean the very young, the very old, the sick and poor, the disabled and the outcast. The way we define dignity shapes what we think we owe to others simply as fellow humans. It is the root of the moral obligations which generate our notions of the rights of other humans. Dignity confers rights; rights do not confer dignity.

Easing the Tensions

Given the current trajectories of world culture, there is every likelihood that the dissonance between religious and secular visions of bioethics will continue and deepen. In democratic societies, this is inevitable and ultimately healthier than unstable compromises in the interests of civil peace. Even more dangerous is abandonment of dialogue by retreating to discourse only with those who agree with us. We are reminded of Murray's statement, "Civility ends with the death of dialogue, and civilization gives way to barbarism."[26]

Secular and religious bioethicists share a responsibility to sustain dialogue. It is this kind of dialogue that John Paul II urged from his first to his last encyclical, from Redemptor hominis to Fides et ratio. For John Paul II this dialogue was part and parcel of our obligations as Catholics to carry out Jesus's charge to teach all nations all that He and the Father commanded.

There is hope for such dialogue. Fifty years ago, the United Nations made the inviolability of human dignity the first principle of all human rights. Two years ago, UNESCO made human dignity the first principle of bioethics. Last December, the United Nations adopted a convention protecting the rights of the disabled against discrimination, even against deprivation of food and water.[27] These documents are flawed in some ways but they do protect the idea of inherent human dignity across the markedly different cultural and religious values of the signatories.

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Dialogue alone is not sufficient. To be sure, the conversation must be sustained as a moral obligation, since the alternative is to make the fulfillment of the Christian mission of giving witness to the Gospel an impossibil-

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ity. But dialogue does not assure dialectic, which is the rational and critical engagement of opposing opinions in a civil and formal way. This is not the place to review this ancient technique of discourse between humans with opposing views on topics of mutual importance. It is a technique that goes back to ancient times in Western culture, starting with Socrates. It enables opponents to decide where they agree, where they disagree, and where their views are irreconcilable.

Sustaining the dialogue is a moral obligation for Catholics if they are to take Jesus's exhortation to teach all nations what he taught his disciples. This obligation binds the whole Church as well as its individual members. Each of us in a way most appropriate to our station in life is called to this obligation. For physicians and other health professionals it is intrinsic to their professional identity. For others it is a special obligation to their social or public roles. But bioethics today is a topic of everyday discussion in the media and private conversations. Eventually all Catholics are asked for their opinions. It is part of the decision-making process at the beginning and end of life and any serious illness. Every educated Catholic must be able to explain the Catholic position on key bioethical issues knowledgeably—for his decisions and for his response to those who do not share his beliefs.

Dialogue with those who disagree with us requires humility, turning the other cheek to insult, and admitting our own errors in the past as John Paul II has done so graciously. Above all we must practice charity, and always respect the person if not the opinion. Treating others charitably is prime evidence that being a Christian does make a real difference. Not to do so is to vitiate the message and fall victim to hypocrisy. There is no room for pious denunciations, choleric attacks, or sanctimonious rhetoric.

The Catholic Christian should not enter the process of dialogue unless he has a firm knowledge of magisterial teachings. This calls for better education than is now available. In some places Catholic higher education has so diluted its teaching of both philosophy and theology that many Catholics will be at a disadvantage in a true dialectic with the secularist. These deficiencies are an impediment to the formation of one's own conscience and poor armamentarium for serious discussion with a serious secularist.

Catholic social institutions must bear witness to the intrinsic dignity of the human person. We must continue to support Catholic hospitals and medical schools so that Catholic health care can be authentically practiced and taught. I lament the current trend of some who favor retreat of the institutional church from the health care ministry. Financial constraints are understandable deterrents, but the Church cannot abandon the sick who were so much a part of Jesus's daily public ministry.

The Church must continue to be immersed, as it has been for centuries, in continuing engagement with the new ethical issues as they emerge from the efforts of the world's scientists. The Catholic tradition of fusing philosophy and theology in its considerations of biomedical ethics was never needed more than it is now. We need to educate Catholic health professionals, Catholic college students, and a cadre of Catholic bioethicists. Properly educated laypersons and professionals are essential if Church teachings are to be represented in the ongoing debates.

The tensions to be examined in this conference will continue given the powerful influences of scientism, politics, secularism, and relativist moral philosophies on the way policies and decisions are made in the uses of biotechnology. Neither studied antagonism nor retreat from dialogue is tolerable when we remind ourselves of the Great Commission Jesus gave us. We have no choice but to do a better job than we have done at times in the past. In that past our apologetics has sometimes been over-aggressive and perhaps over-rationalized. As Avery Dulles has argued so well, we need to recover a more authentic dialogue and dialectic, and examine our epistemological presuppositions more carefully.[28]

The shape of a truly effective apologetic suited to our times is still developing. What is clear is our duty to stay engaged and to use the methods available in our democratic society to represent the Catholic moral tradition and

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what it can contribute to the humane and morally sensitive practice of bioethics. Our only assurance in the midst of the dialogue with contemporary culture is Jesus's promise that he will be with us to the end of time. What greater assurance can there be?

Endnotes

1 UN General Assembly, "Universal Declaration of Human Rights," December 10, 1948, GA res. 217A (III), preamble; UNESCO, *Universal Declaration of Bioethics and Human Rights*, October 19, 2005, art. 3, pars. 1 and 2.

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