

# Religious corrective to secular bioethics

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## Introduction

Leon Kass had this amusing story to tell: «Good afternoon, ladies and gentlemen. This is your pilot speaking. We are flying at an altitude of 35,000 feet and a speed of 700 miles an hour. I have two pieces of news to report, one good and one bad. The bad news is that we are lost. The good news is that we are making very good time.»<sup>2</sup>

Here, Kass was trying to point out how contemporary bioethics has been obsessed with the wrong questions. For instance, if we look at the debate on euthanasia, the issues raised are invariably centered on patients' rights and autonomy against those of the physicians, or they frequently become quality of life measurements and legal concerns. Very rarely do we find deliberations on the nature of human suffering, the meaning of life and death, and the question of immortality—all of which are interestingly religious queries.

Religion has traditionally sought to address them, but its role has been side-tracked due to historical reasons. Recently, there is increasing interest to re-examine its possible function. The current secular approach to bioethics is grossly insufficient. Because of Enlightenment bias, secular bioethics could not address the deeper questions of life and death, justice, and the ends of medicine. Accordingly, this paper will look at how religious bioethics can supplement or correct this deficiency of contemporary bioethics by mentioning five possible contributions of religion to bioethics and several challenges that await this endeavor.

## Religious supplements to bioethics

What added value could religion bring to contemporary bioethics? Religion continues to provide the historical nexus to a rich tradition of medical ethics. Religious narratives—on creation, idolatry, human nature, dominion, suffering, aging, sin, death and salvation—may just proffer such a tradition, by addressing the questions on the meaning and purpose of life with definite implications for bioethics. The prophetic task of religion can remind society of the weightier questions of common good, justice, and care for the poor and the voiceless. The communitarian aspect of all religions offers a drastic departure from the liberal vision of individual autonomy. Religious communities therefore can be the *loci* of dialog and participation, where unity in diversity of opinions is possible, where believers can grow in virtue, character and holiness, and where one is nurtured and motivated to effect change when resistance to injustices is in order. Finally, religious community, as the dynamic living out of God's covenant, may serve as a model of renewal for healthcare, doctor-patient relationship, and concrete pastoral assistance to the needy.<sup>3</sup>

## Historical nexus and religious symbolism

Religion continues to provide the historical nexus to a rich tradition of medical ethics. We are children of culture, and culture developing in time becomes history and tradition. Society cannot easily renounce its cultural roots without denying itself, and the same can be said of ethical traditions. As

Daniel Sulmasy eloquently highlights, every *ethos* has an underlying *mythos*; and secular bio-*ethos* cannot, as hard as it may try, escape from its secular *mythos*. He gave the examples of Engelhardt and the myth of the American frontier, Robert Veatch and the myth of the physician as stranger, Dan Brock and the myth of the life plan, Daniel Callahan and the myth of the natural life span, and Laurie Zoloth and the myth of the patient as stranger.<sup>4</sup> Western tradition with its religious roots is the ground for modern secular culture with its underlying *mythos* and *ethos*.

The Judeo-Christian language of sanctity of life, human dignity, and ordinary-extraordinary means, even though ambiguously interpreted, continues to dominate current bioethical discourse and provides a reference point to address these issues.<sup>5</sup> One such example of the importance of religious symbols is given by Lebacqz in her analysis of the concept “procreative liberty” presented by John A. Robertson’s *Children of Choice*. As she compellingly concludes, while Robertson has rejected religious symbols because they are not universal, he has paradoxically and uncritically embraced such symbols as “freedom” and “childbearing” with their underlying religious connotations.<sup>6</sup>

### *Religious narratives*

Narratives can provide the background “cosmologies” on biomedical issues which are shared not only by believers but are also extendable to society at large. These cosmological accounts of creation, fall, and redemption can still offer many patients, family members, and health workers an interpretive framework to understand their situations, give expression to their moral sensibilities, and shape professional motives and aspirations.

Biblical narratives can place God’s dealings with us in a cosmic perspective—cloning in the context of creation and idolatry; illness, suffering and death in the story of Job, redemptive suffering and the cross; healing in the context of the miracles of Jesus; social

structures, practices and loyalties in the context of faith; patient’s ordeal and identity crisis during illness in the perspective of a conversion experience; allocation of resources and compassionate care in the parable of the Good Samaritan and charity; technical and physician errors in the milieu of sin and fallibility; and professional bodies, independence and interdependence in the context of covenant community.<sup>7</sup>

In all, they can provide the needed “alternative imaginations” to principles or financial models of health-care, for believers and non-believers alike. These imaginations may even provoke personal transformation and social renewal.<sup>8</sup>

### *Meaning or telos in bioethics*

One complaint of secular bioethics is its overemphasis on dilemma-solving. Ironically, many problems cannot have solutions unless the deeper questions are addressed—which mostly touch on the *telos* of human life, human good, human nature, and medicine. Secular bioethics is unable to deliver precisely because it cannot agree on what this *telos* and this *good* ought to be.<sup>9</sup>

There is a long-standing theological tradition to think out these profound matters, and it would be a great failure, if not foolishness, for bioethics to shun this wisdom. The wisdom of religion may not offer solutions to consensus-seeking dilemmas, but as shown above, it can provide the needed framework for open discussion. Religion can therefore offer an “added value” to thicken the conversation. Indeed, many dilemma facing bioethics today—abortion, cloning, procreation, euthanasia, enhancement—are loaded with religious significance. They all one way or another raise the issue of suffering and mortality, death and immortality, and the proper attitude one should take either individually or collectively. They are enquiries from which religion can provide some insights drawn upon a wealth of traditional wisdom.

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### *Prophetic dimension*

The prophetic task of religion can remind the society of the weightier questions of common good, justice, and care for the poor and the voiceless. Hence, churches and theologians are often called to testify the supremacy of God, and in the word of Verhey, they “must talk of one God and call an idol an idol” when false expectations on technology and manipulations of human lives are brushed over.<sup>10</sup> Religion’s prophetic task can help in the discovery of oft-ignored problems in bioethics, possibly because of oversight but more likely because of complicity and vested interests. Once the root

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causes are disclosed, the prophet must speak out and convey an alternative vision, consisting not so much in articulating concrete changes in policies but alerting people of the neglected wrongs and injustices.<sup>11</sup>

The prophetic voice of religion must call into question the unjust practices that perpetuate the scandalous situation and call into accountability those in a position to effect change.<sup>12</sup> A few current examples of prophetic challenges are: health insurance for socially disadvantaged groups, the amount of money being spent on rare diseases rather than providing basic care in the Third world, the role of pharmaceuticals and research scientists and their lobbying leverage that may be unjust, etc.

### *Religious communities*

Religion can offer bioethics a contribution in stable communities with shared traditions, values and commitments. Community can be a needed corrective to the individualistic notion of decision-making common in bioethics today.<sup>13</sup> In addition to family and friends, the congregation, pastors and chaplains could often be the normal channel for patients when faced with moral quandaries.<sup>14</sup>

The Church as a covenant community can offer itself as a model of patient-physician relationship for bioethics. Medicine seen as a covenanted profession would be a superior to the model of contract and transaction medicine. Medicine as a calling to a special commitment can also benefit from the religious implication of *vocation*. Both medicine and nursing would be better off when conceived as a *profession* rather than a career choice or any other occupation.<sup>15</sup>

Religious communities can teach modern medicine this truth—to be present to those who are weak by accepting our finitude and vulnerabilities. Vulnerability can be a common ground where both patients and physicians could meet in the healing encounter. It means that physicians, too, could acknowledge their weaknesses and limitedness, despite the armamentarium offered in modern medicine.<sup>16</sup>

Last but not least, religious community can become the seedbed for growth in virtues and character, faith and holiness. For both the patient and the healers, character development of the moral agent has sorely been absent in the secular approach.

### *Challenges facing Religious input*

Now that we have seen the positive contribution religion may have on bioethics, there remain several challenges and prejudices that need to be overcome. Of these, four that are most pressing will be mentioned here, namely, the separation between Church and State; the translation of religious language into neutral ones, the debate on whether we have been given the task to manipulate nature, and the challenge of engagement.

### *Church-State Separation*

The principle of church-state separation claims that no particular religion, or even religion itself, is to be given privilege in the public space. With secularization occurring in the western world, this has been extended to the questions regarding bioethics where it

is deemed that religiously based convictions are out of place in pluralistic societies. Thus, not only were many bioethicists with theological background are reticent on enunciating faith-based perspectives in the academic setting, but the religious voice has become progressively banished in the clinical setting, in hospital ethics committees, in governmental policy and in the media.<sup>17</sup>

Some examples of discrimination against religious voices in public debates can be observed in the media treatment of several bioethical issues. Recent debates on therapeutic cloning, embryonic stem cell research and sexual ethics reveal how religion has been vigorously attacked. In California, supporters of Proposition 71 aver that opposition to embryonic stem cell research “rests on religion attempting to block science and amounts to imposing religious views on public policy.” *Newsweek* charges that “[t]he Christian right’s wrongheaded invocation of religion to restrict stem-cell research ranks up there with the medieval sanctioning of Galileo because his scientific views conflicted with church doctrine.” *Washington Monthly* accuses the religious right of promoting pseudo-science by its own experts. The Catholic Church invariably gets blasted by the BBC, UNAIDS and the *Lancet* for its rejection of the condom in the fight against AIDS.<sup>18</sup>

Religion can therefore appear divisive and an infringement upon the sacrosanct church-state separation. However, it might be possible to argue that in societies which champion tolerance and cultural pluralism, all points of departure are founded on some socio-cultural, political or ideological bases, be they secular or religious ones. Thus, the pluralistic argument can also be used for the inclusion of a legitimate religious point of view. Since in multicultural and multi-religious settings, it would only be fair for all voices to be given equal hearing in the public debate and no voice should be discriminated against, religion can rightfully find its voice in the public forum.<sup>19</sup> Moreover, many religiously motivated arguments such as those opposing abortion, human embryonic stem cell research, euthanasia, etc. are

also central to the natural law tradition.

#### *Translation of religious languages*

Another related challenge deals with how the religious language in bioethics could attain a wide appeal. Religious involvement in bioethics may be undesirable because its language is often seen as *irrational*, “sectarian” and inaccessible to nonbelievers; and ultimately bars consensus-forming.<sup>20</sup> In order to address this problem, many early bioethicists like Paul Ramsey advocated a translation of the theological language into a more neutral, non-religious language that would have a greater appeal. Consequently, image of God became translated into human dignity, neighborly love became justice or beneficence, sanctity of life became personhood and autonomy, covenant became contract, and today’s prevalent use of informed consent owes in a great part to Ramsey’s canon of loyalty.

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However, this approach is not without its difficulties. Some authors felt that this approach of Ramsey and others was done at the cost of diluting the rich theological insights into poorer mundane ones. Translating the substantial thick (religious) into the formal thin (secular) vernacular for public ethics may actually be one of the causes of secularization of bioethics.<sup>21</sup>

The value of translation or interpretation of religious language to suit the secular ears is still controversial. While theological truths always need to be contextualized and interpreted in each particular era, this process of “inculturation” is normally a long process and studded with pitfalls, as the history of the Church as shown. Prudence is needed, or else as experience has verified, the cure could be worse than the disease.

#### *Manipulation of nature*

The next major challenge comes from within theology itself. The creation account

has portrayed humans as co-actors with God, given a certain responsibility to maintain and safeguard the well-being of creation. Technology is essentially humanity's endeavor to better his surroundings and improve his well-being. However, the creation account also spoke of human finitude and sinfulness. Acceptance of our limitation may also allow for self-criticism and a check against unhindered and indiscriminant acceptance of any technological advance.

It is not very clear how far we could manipulate nature, especially our human nature, without *playing God* and thus crossing the line should not be crossed. What is God's relation to the world as creator? What is the relation between creator and creature? In

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what sense are we co-creators, collaborators or stewards of creation and what limits, if any, are to be placed on human (technological) manipulation of nature? What is our relationship to God, as fallen and redeemed

creature? How has sin affected human reason to know moral truths, with or without revelation? What are the sources of religious moral knowledge—Scripture, Tradition, and authentic teaching bodies? To what extent could philosophy, science, history, law and experiences contribute to these moral sources?<sup>22</sup> These are the interrogatives without simple answers. Different theological traditions have come up with contrasting positions. They range from those who favor restriction of technological manipulations of nature which in a sense usurp God's sovereignty, to those who believe that it is a God-given talent that we use science and technology any way we could. In other words, the current debate is between those who hold that the human body is integral to the being of a human person and those who regard the human body as an instrument of the person and part of the subpersonal world over which the person has dominion. As a matter of fact, the debate on *Humanae vitae* was in part about this crucial point—

has God given us the ability to control our fertility by means of contraceptive technologies, or are we trespassing a line that would profoundly change our understanding of sexuality and thus of human nature.<sup>23</sup> Current bioethical issues are just different spin on the same theme: stem cells, cloning, IVF, hybrids, nanotechnology, neuroethics are all questions on manipulation of nature with the fear that in doing so, man himself will be abolished.<sup>24</sup>

### *Engagement*

The last area of challenge is that of engagement where there is a liberal-conservative divide in religious bioethics. Even though the so-called liberals, be they Protestants, Jews or Catholics, have dominated in the halls of the academia, the press and politics, their cooperation with the secular is so enmeshed that it is no longer possible to separate the two on many issues. The conservatives are nevertheless making a comeback, their influence growing as shown in the religious right in politics and the growing number of young people embracing orthodoxy.<sup>25</sup>

There is a dire need for orthodoxy to make a difference in bioethics today, to be a "dissident" presence of Christian bioethics as protest to the hegemony of liberal secularism by entering into the area of public policy, media, law and education.<sup>26</sup> By entering the debate, theological bioethicists should also avoid the temptation to become a ghetto—publishing in their own journals and think tanks alone—by engaging in dialog with the secular academic world, spicing it with religious perspectives.<sup>27</sup> Thus, the golden moment has come for those trained in theology to make an authentic and unapologetic contribution. The stakes are high and its failure would be too costly to contemplate.

### **Conclusion**

The earlier anecdote of the plane ride reminds me of another experience. Flight at-

tendants have different reactions when they see me, dressed in Roman collar entering the vessel. Most of them are cordial, and not a few times they give a sigh of relief, commenting that they should be safe now that a priest is on board. Once, I could not resist the remark, “Well, I can’t guarantee anything, but one thing is for sure. If something happens to us, we are closer to the heavens here than when we are on the ground.” Therefore, there is great hope that religion can bring us an additional perspective to secular bioethics, offering a viewpoint from above and can point us to our true home and eternal destiny.

#### NOTE

<sup>1</sup> This paper was presented in the panel of “The Culture of Life vs. The Culture of Death: from *Humanae Vitae* to Cloning and Assisted Suicide” organized by the Culture of Life Foundation, Washington, DC, September 20, 2008.

<sup>2</sup> L.R. KASS, «Making Babies: The New Biology and the ‘Old’ Morality», in ID., *Toward a More Natural Science: Biology and Human Affairs*, The Free Press, New York 1985, 43.

<sup>3</sup> See D.S. DAVIS – L. ZOLOTH (eds.), *Notes from a Narrow Ridge: Religion and Bioethics*, University Publishing Group, Hagerstown, MD 1999.

<sup>4</sup> See D.P. SULMASY, «Every *Ethos* Implies a *Mythos*: Faith and Bioethics», in D.S. DAVIS ET AL. (eds.) *Notes from a Narrow Ridge*, 227–246.

<sup>5</sup> See N. CAPALDI, «From the profane to the sacred: why we need to retrieve Christian bioethics», in *Christian Bioethics* 1 (1995), 65–83; D.E. GUINN, «Religion in public bioethics», in *Second Opinion* 9 (2002), 29–30; D.E. HALL – H.G. KOENIG – K.G. MEADOR, «Conceptualizing ‘Religion’: How language shapes and constrains knowledge in the study of religion and health», in *Perspective in Biology and Medicine* 3 (2004), 386–401.

<sup>6</sup> See K. LEBACQZ, «Religious Studies in Bioethics: No Room at the Table?», in D.S. DAVIS ET AL. (eds.) *Notes from a Narrow Ridge*, 201–213, citing J.A. ROBERTSON, *Children of Choice: Freedom and the New Reproductive Technologies*, Princeton University Press, Princeton, NJ 1994.

<sup>7</sup> See D.H. SMITH (ed.), *Caring Well: Religion, Narrative, and Health Care Ethics*, Westminster John Knox Press, Louisville 2000; A. VERHEY – J.D. COX, «Introduction to theme Issue», in *Christian Scholar’s Review* 3 (1994), 229–231.

<sup>8</sup> See J.P. WIND, «What Can Religion offer Bioethics?», in D. CALLAHAN – C.S. CAMPBELL (eds.), «Theology, Religious Traditions, and Bioethics», in

*Hastings Center Report* 4 suppl. (1990), S18–20.

<sup>9</sup> «Consistently, despite the ubiquitous faith in secularity, pleasure, and science, there is a persistent yearning to see a moral, meaningful trajectory in one’s private arena, in one’s workplace and in the social goals of a state. Alasdair MacIntyre and Stanley Hauerwas have reminded us that we learn secular history in discreet sections; secular history does not have an intrinsic thematic importance, an end, a goal, or a good, let alone such a shared good as the group project of Exodus. But religion persists in asking about goal, telos, ultimate meanings, and long-term consequence», L. ZOLOTH, «Faith and Reasoning(s): Bioethics, Religion, and Prophetic Necessity», in D.S. DAVIS ET AL. (eds.) *Notes from a Narrow Ridge*, 257.

<sup>10</sup> A. VERHEY, «Talking of God—But with Whom?», in D. CALLAHAN ET AL. (eds.), «Theology, Religious Traditions...», S24

<sup>11</sup> See D.W. SHRIVER, JR., «The Interrelationships of Religion and Medicine», in S.E. LAMMERS ET AL. (eds.), *On Moral Medicine: Theological Perspectives in Medical Ethics*, Eerdmans Publishing, Grand Rapids 1993, 17–18.

<sup>12</sup> See C.S. CAMPBELL, «Religion and Moral Meaning in Bioethics», in D. CALLAHAN ET AL. (eds.), «Theology, Religious Traditions...», S9.

<sup>13</sup> See D. CALLAHAN, «Can the Moral Commons Survive Autonomy?», in *Hastings Center Report* 6 (1996), 41–42.

<sup>14</sup> See J. GLASER – K. BUCK, «Health Ministry and Community», in *Health Progress* 5 (2004), 34–37, 61.

<sup>15</sup> Even the word “profession” has religious origin that comes from members of a religious order professing their vows. See E.D. PELLEGRINO – D.C. THOMASMA, *Helping and Healing: Religious Commitment in Health Care*, Georgetown University Press, Washington, DC 1997, 84–104.

<sup>16</sup> See S. HAUERWAS, *Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped, and the Church*, University of Notre Dame Press, Notre Dame, IN 1986.

<sup>17</sup> See D.M. SULLIVAN, “A thirty year perspective on personhood: How has the debate changed?», *Ethics & Medicine* 3 (2001), 177–186.

<sup>18</sup> See ANONYMOUS, «Stem-cell dispute not reason versus ignorance, theologian says», *Catholic News Service* (Oct. 19, 2004); E. CLIFT, «Stem-Cell Hypocrisy», in *Newsweek* (June 5, 2005), in <http://www.msnbc.msn.com/id/8008028/site/newsweek/> [September 20, 2005]; C. MOONEY, «Research and Destroy: How the Religious Right Promotes Its Own Experts to Combat Mainstream Science», in *Washington Monthly* 36 (2004), 34; ANONYMOUS, «Vatican in HIV Condom Row», in *BBC News* (Oct. 9, 2003), in [www.news.bbc.co.uk/1/hi/health/3176982.stm](http://www.news.bbc.co.uk/1/hi/health/3176982.stm) [August 10, 2006]; T. RACHMAN, «Cardinal’s Comments on AIDS and Condoms Draw Criticism from UN Health Agency», in *Associated Press* (October 10, 2003) in <http://www.aegis.org/news/ap/2003/AP031013.html> [September 20,

2005]; ANONYMOUS, «The Pope's grievous errors», in *Lancet* 9463 (2005), 911-912.

<sup>19</sup> See D. CALLAHAN, «The social sciences and the task of bioethics», in *Daedalus* 4 (1999), 275-294; C.B. MITCHELL, «Is moral ambiguity all we have to offer?», in *Christian Scholar's Review* 3 (1994), 323.

<sup>20</sup> See D.E. GUINN, «Religion in public bioethics», in *Second Opinion* 9 (2002), 24-29.

<sup>21</sup> J. EVANS, *Playing God? Human Genetic Engineering and the Rationalization of Public Bioethical Debate*, University of Chicago Press, Chicago 2002; S. HAUERWAS, «How Christian Ethics became Medical Ethics: the Case of Paul Ramsey», in A. VERHEY (ed.), *Religion and Medical Ethics: Looking back, looking forward*, William B. Eerdmans Publishing Co., Grand Rapids, Michigan 1996, 61-80.

<sup>22</sup> See J.M. GUSTAFSON, «Christian Ethics», in J. MACQUARRIE - J.F. CHILDRESS (eds.), *A New Dictionary of Christian Ethics*, 87-90 at 89; ID., *Intersections: Science, Theology, and Ethics*, The Pilgrim Press Cleveland, OH, 1996.

<sup>23</sup> Among the theologians, Karl Rahner believes that the essence of the human is a radical *transcendental* freedom which “takes on a historical form in modern culture; as biological and historical beings, it pro-

vides the conditions for increased powers of human self-manipulation.” Influenced by the theology of Rahner, Bernard Häring sees humanity as stewards in creation, manipulation of the unfinished work creation is a manifestation of human freedom. J.M. GUSTAFSON, *Intersections*, 89-91, citing K. RAHNER, *Theological Investigations*, Vol. 9, Herder and Herder, New York 1972, 215-216, 219. See R.P. HAMEL, «On Bernard Häring: Construing Medical Ethics Theologically», in A. VERHEY - S.E. LAMMERS, *Theological Voices in Medical Ethics*, 209-238; B. HÄRING, *Manipulation: Ethical boundaries of Medical, Behavioral and Genetic Manipulation*, St. Paul, Slough England 1975.

<sup>24</sup> See C.S. LEWIS, *The Abolition of Man*, Harper-Collins, Glasgow 1986<sup>6</sup>.

<sup>25</sup> See C. CARROLL, *The New Faithful: Why Young Adults are Embracing Christian Orthodoxy*, Loyola Press, Chicago 2002.

<sup>26</sup> See N.M. DE S. CAMERON - S. DANIEL - B. WHITE (eds.), *BioEngagement: Making a Christian difference In Bioethics Today*, Wm. B. Eerdmans Publishing Company, Grand Rapids, MI 2000.

<sup>27</sup> See D. CALLAHAN, «The Hastings Center and the early years of bioethics», in *Kennedy Institute Ethics Journal* 1 (1999), 70.