articolo

Some Personal Reflections on the "Appearance" of Bioethics Today

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Virtue ethics: Pre-history of bioethics

The pre-bioethics era of medical ethics and the non-western sources has often been overlooked. Chinese and Indian medicine had "codes" of ethics for physicians – i.e., rules of conduct based in Confucianism and in the Vedas. What is quite remarkable is the cross cultural similarity of the norms that define the good doctor. We do not know precisely how much communication there was between East and West in the 4th and 5th centuries BC. I suspect there was more than we realize today. Suffice it to say, the ethics of Eastern cultures was like that in the West, an ethics of virtue.

During the Hellenic period, competing philosophical systems yielded different philosophies of medicine and some resulting differences in ethics, e.g., the differences between Platonic, Aristotelian, Epicurean and Stoic moral philosophies had repercussions on medical ethics. All, however, had connections with the Hippocratic Oath. The Oath is primarily an ethical document – not etiquette as some claim. The Corpus does deal in several of its books with professional etiquette – relationships between doctors. This distinction is important since some modern bioethicists dispose of the oath as "Etiquette" and thus claim that it can easily be changed when social mores change.

Even though it has been considered by many as such, "*Primum non nocere*" is not the "golden rule" of medical ethics. The first genuinely moral precept of the Oath (right after the preamble) states that the physician must use his regimen for the benefit of the patient and do not harm (paraphrase). Thus in modern terms, the principle of beneficence precedes the principle of non-maleficence. This is an important distinction. If *primum non nocere* is first, all we would have is what law prescribes. The law does not require beneficence. This is moral minimalism. Rather, the Oath requires beneficence as a duty. Medical ethics thus goes beyond law and is based in a positive, not a negative moral precept.

This is more than a pedantic distinction. Many ethicists, like Robert Veatch, tend to reduce the physician-patient relationship to a legal contract. They deny that the physician can determine what is "good" for the patient[1]. The physician must, of course, not assume that what is good for him is good for the patient. The physician's obligation is to take into account also what the patient believes is good. This may not correspond with what the physician would want for himself. Thomasma and I have treated this in our papers on balancing the autonomy equation[2].

In late antiquity the Oath was adopted by Jewish scholars from Isaac Israeli to Mai-

monides, and Muslim scholars like Averroes and Avicenna. Many modern scholars – Veatch, Baker, Porter – insist that the Oath had little or no influence and was always limited to a small group of physicians[3]. This might have been true of observance of the Oath but not of its acceptance as a guide to ethical practice. In late antiquity and the Middle Ages, the Hippocratic Oath often incorporated in religiously inspired medical writing. The medical profession in the major religious traditions has always demanded strong moral conduct. Many scholars deny this to attenuate the influence of religion, and the Oath on medical ethics.

Thomas Aquinas does not discuss medical ethics specifically except rarely as an example. What is significant for medical ethics is Aquinas' treatise on the Virtues which expanded to Aristotle's teaching of the natural virtues by addition of the supernatural virtues. The virtues in both classical and medieval times strongly influenced the ethics of medicine at least until the Enlightenment. The "Christianization" of Hippocrates began in the early years of the medieval period when the Oath was seen as congruent with being a Christian physician.

The philosophy of the Renaissance with its emphasis on "humanism" moved thinking to more anthropocentric concerns. The Renaissance did not abandon religion but it also did not focus so exclusively on the next world as did the medieval thinkers. Many of the early humanists in the Renaissance were themselves physicians. Pico della Mirandola's treatise on man had a wide influence[4]. It did focus on man and his special standing in nature and was one of the earlier treatises on what now would be called philosophical anthropology.

The history of bioethics

Now, we venture into the definition of bioethics. I will state my opinion without debating current practices. For me *bioethics* is neither "new" nor a "discipline" *per se*. I take the word etymologically to mean simply that branch of *ethics* which considers the moral questions arising from the application of biological knowledge to human affairs. *Ethics* I take to be the systematic, orderly, critical examination of questions of right and wrong, good and evil in human conduct in any of its forms. The mother discipline is ethics – philosophical or theological – whether confined to reason alone, or reason informed by Revelation.

The "ethics" in bioethics is thus not "new" – unless one wishes to follow some contemporary ethicists who substitute particular studies like literature, history, law, and politics for ethics and grant them normative status. Others call for a "new" medical ethic meaning a new set of ethical norms superceding the Hippocratic ethic and agreeing more closely with contemporary mores. This is not a "new" ethic but a *different* ethic strictly speaking. New problems, new issues, new contexts, including biotechnology, and its growing progeny like nanoethics, neuroethics, enhancement, or regenerative medicine do not create a "new" ethics but open up new moral venues within which ethics as a discipline operates.

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It is also questionable whether one can rightly call bioethics a new "discipline" – i.e., an orderly, systematic body of knowledge derived by a distinctive method with certain rules of logic, inference, evidence, and/or methods of discourse. Bioethics in this sense is more akin to a derived discipline, one created by the conjunction of other disciplines. If I am correct that bioethics is ethics applied to the set of questions at the intersections between biology and ethics then it is a derivative of two distinct disciplines namely biology and ethics not a new "discipline" of its own it introduces.

I am fully aware that bioethics today is interdisciplinary and that this is one of its strengths. Indeed, it draws on more disciplines than any other field of inquiry today

except perhaps philosophical anthropology. Bioethics is, in fact, not so much a discipline as stimulus for conversation between disciplines with all the potentialities and dangers of such a broad based conversation. Properly conducted, the interdisciplinary conversation can enrich bioethical discourse. Improperly conducted its product can be a cacophony of political dissonance. The advantages of this kind of interdisciplinary dialogue lie in the richness of phenomena and detail about the moral life it entails. The intellectual problem is how to maintain the richness of the whole without sacrificing the unique perspective each discipline brings to the dialogue. If we lose that uniqueness then we end up with a *mélange* in which the normative thrust of ethics proper becomes lost in our fascination with the phenomena of the moral life. If we do not take advantage of the knowledge the other disciplines we lose the fullness of the moral experience which must also be understood if the normative thrust of ethics is to be realistic and complete.

This is one of the central conceptual challenge of bioethics today – at least at its most fundamental level. Given the changing and changed ways we interpret literature, history, language, and philosophy or even theology, meeting this challenge is more difficult than ever. Interdisciplinarity is not *per se* a conceptual virtue. Too many bioethicists accept it as such uncritically, to the detriment of the normative enterprise which is their particular enterprise.

In my opinion the emergence – not birth – of bioethics was the result of the many forces that shook American and world society in the sixties. This was a true social revolution that is still not completed. I would argue that the convergence of the forces energizing this revolution produced a perspective that was bound to alter man's perspective of himself and the meanings and purposes of his existence. This was not a "new" ethics but a choice among perspectives on what it means to be human. There perspectives were latent in human consciousness, argued on and on in the past, and became expressed in a particular set of beliefs characteristic of the modern mind.

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This is not the place to develop this thesis in detail or outline the relevant changes in art, literature, politics, law and all other spheres of human existence responsible for contemporary humanisms. For purposes of illustration, I would mention the following: Most basic is the cataclysmic shift from theocentrism to anthropocentrism, from a human destiny in the next world and a source of authority beyond man to human destiny limited to this world with man or nature as a source of moral authority. This shift occurred along a series of intersecting fault lines – the recovery of man in the Renaissance; the Enlightenment project of an ethic free of religion and metaphysics and dependent on autonomous human reason; the emergence of participatory democracy, the increasing power of man over physical nature and then over his own nature in the rise of the physical and biological sciences, the resulting challenge to all sources of authority especially religion, and the growth of individual freedom and choice of morals as life "styles" not divine imperatives.

Many more forces could be listed. But all converged on the question of right and wrong, or good and evil on what it means to be human and what a good life entails. The new "issues" were new contexts to be sure, but the ethical resources needed to deal with them were not new. They were the same methods of ethical inquiry available to the ancients. In a way, the "new" ethics was a series of transformations back to the "old" ethics of Protagoras – i.e. man the measure of all things, and ethics the product of social and cultural construction, as well as the ethics of the Pyrrhonian skeptics, and the nihilism of the Cynics. This mixture became explosive when it came into contact with the enormous powers of biotechnology to shape human existence. This power was indeed new and it fostered illusions of a god-like humanity no longer needing a creation.

Humanae vitae does not constitute a new ethic which some hoped it would be to

permit contraception. Rather it concerns the nature and purposes of procreation which imply more than simple propagation of the gene pool, or the satisfaction of personal pleasure. *Humanae vitae* simply updated Church teaching on procreation and marriage. It did not invent a new theology more suited to contemporary preferences.

Questions about brain death, e.g., when death of the organism occurs, brain/body relationships, aging, etc. involve not a new ethics but a continuing re-examination of ethics as science increases our knowledge of the organism. I believe that many of these questions lie not in ethics but in the philosophy of nature as Maritain described it in the forties – a realm of inquiry lying between empirical science and metaphysics. Much of the friction between science and wisdom as Maritain put it lies in the neglect of a philosophy of nature. In its place we now see contemporary philosophical biology which is another thing entirely[5]. This modernist philosophical biology explains man in terms of physics, chemistry, natural selection and organismic complexity. It explains mind and morals as simply a complex "hard-wiring" of the brain.

This having been said, I do not think bioethics is simply the fruit of the human rights movement. To be sure, the Nuremberg trials, the Holocaust and the misbehavior of physicians raised justifiable public suspicion about the degree of trust patients could put in their doctors. But there was also the conviction that traditional ethics had failed since patients and public no longer believed in the Hippocratic ethic regarding the sanctity of life, the illicitness of abortion, or the prohibition against euthanasia. The public was not looking primarily for bioethicists examine the issues rather it sought bioethicists who would agree with their preconceived idea of right and wrong. These ideas were what was at stake. The eager acceptance of a new set of specialists, who opposed traditional morality was at the heart of the hope for a "new ethic."

Since bioethicists differed on the most difficult problems the way was opened for a more anthropocentric, individual-choice brand of ethics. Holding one's own definition of right and wrong was considered a moral entitlement. This right then became a criterion for all moral truth. The predictable relativism took hold and further undermined any notion of a universal ethic for medicine or the physician-patient relationship.

Physician misbehavior, in clinical practice, in human experimentation, in exploitation, and conflicts of interest certainly fueled the fires as the sociologists have demonstrated. But there was also the fact that the view of illness had changed substantially. Disease was no longer the "will of God". Rather it became an assault on the individual, an enemy to be defeated. It robbed modern man of what he cherished most – his freedom. Being ill meant being alienated from the world of the healthy, disadvantaged, limited in what one could do, forced to seek medical advice and to put oneself in the power of another person – the physician.

Much of modern man's dissatisfaction with the predicament of illness and the physician understandably was the lightning rod for much of the resentment modern man felt about the randomness, and irrationality of illness. The dehumanization, depersonalization, and demeaning of the sick by the impersonal forces of bureaucratization, commercialization, institutionalization and industrialization further alienated physicians and patients. The dominance by the market ethics provided the *coup d'etat* which seems almost irremediable at present at least.

The patient rights movement as well as the civil right and consumer rights movements also had their effects. They found expression in a frequent resort to the law. If one begins to see human relationships primarily in contractual terms, one sees ethics as a matter of law. Ethics is then minimalistic and requires no altruism, or beneficence beyond writing a good contract to eliminate trust and assure recompense when injury occurs.

Bioethics emerged from medical ethics in the mid sixties. In its origins medical ethics itself had pagan and non-theistic origins

and was "secular." It was given sanction by the three Abrahamic religions only in late antiquity. The 500 year history of medical morals in the Catholic Church is a story of its own[6]. Academic medical ethics and the medical humanities received their initial impetus with the US from the support of the United Presbyterian Church in America (see my paper with McElhinney on the pre-bioethics era[7]). Bioethics as it exists today emerged under these auspices at least in part. Its concerns were with "values" and these were not strictly or even significantly linked to religious values.

The paradox here is that the movement in the mid-sixties which led to the Society for Health and Human Values was made by campus ministers. The later became a special section of the Society for Health and Human Values which nurtured many of today's leading "bioethicists". Hence academic bioethics was a secular enterprise in its earliest genesis in the ancient world. Modern bioethics was both secular and religious.

Secularism came to dominate early bioethics outside the Catholic Church when professional philosophers entered the field in the late 60s and early 70s. To be sure, theologians like Ramsey, McCormick and Gustafson were dealing with bioethics issues from a theological perspective and were prominent voices in confronting its issues. But there were also a growing group of secular bioethicists who dealt with the issues philosophically and pragmatically. They may have had their own religious beliefs but did not introduce them into the debates. Subliminally their religious beliefs undoubtedly shaped their opinions. Some were openly a-religious or anti-religious.

Bioethics which was secular at the start and more or less "neutral" went from being secular in a benign sense to what it is today, not just secular but a-religious and anti-religious, even militantly so

I was educated in Catholic morals and doctrine, as well as Scholastic philosophy in my college years. These were standard in Catholic colleges in my youth (the late 30s and early 40s). I had read relevant theses on medical morals published by CUA press. I had been schooled in the emergent Catholic positions on organ transplantation, euthanasia, assisted suicide, etc. But I was taught to discuss them in our secular society in philosophic not theological terms. Indeed keeping theology and philosophy in proper relationship with each other was part of my training by the Jesuits and Vincentians. Magisterial teachings were a guide to both right and good decisions. But in the secular world only non-theological arguments were admissible.

Some of this explains my distance from the *Humanae Vitae* debate. I took *HV* as Magisterial teaching which I could explain to non-Catholic bioethicists. I did not try to establish HV as true except in philosophical terms which were, of course, limited. I never wrote about the issue because I did not consider myself a theologian. I disagreed with the proportionalists I remained convinced that certain acts were intrinsically wrong and could not be "saved" by circumstances, context, or consequences. This earned me a reputation among many clerics as a "conservative". At the same time I remained *persona non grata* for many non-Catholic bioethicists. So far as *HV* went, I felt that "*Roma locuta est*" settled the issue. It was consistent with my own beliefs. I did not consider myself a qualified theologian. I was fortunate enough to speak and write as a traditional Catholic yet within the milieu of secular bioethics. It seemed to me that secular bioethicists had already made up their minds on contraception, abortion, and the related questions.

I always spoke not as a theologian or philosopher but as physician examining biomedical issues from a philosophical perspective. For me mainstream bioethics was already secularized and the task of a Catholic was to stay in the debate, give voice to the Catholic medical moral tradition and give a rational sense of the faith as consistently as possible.

I was associated with the Kennedy Institute of Ethics in its earliest days. Its scholars, with the exception of André Hellegers, Richard McCormick and John Harvey, were secular in their approach. Indeed, al-

though several had had theological training, they functioned as philosophers not as theologians. Why this was so would make an interesting case in itself. Later when I became director of the Kennedy Institute, I appointed Fr. Brian Hehir and Fr. John Langan to expand the Catholic influence of the Institute.

I will not develop this question of why bioethics was secular from the start in the US. Suffice it to say that the reasons must be sought in the larger cultural history of the US: the deism of its founders, the separation of church and state, the social revolution of the sixties, and the "melting pot" phenomenon to mention a few.

What is interesting to me as a participant in many of the events in question is how bioethics which was secular at the start and more or less "neutral" went from being secular in a benign sense to what it is today, not just secular but a-religious and anti-religious, even militantly so. (I speak of the opinion makers who are now shaping the field.)

I offer these observations to suggest some reappraisal about your idea of secularization of a field which was and remains secularized. Bioethics as I intimate earlier is now anti- as well as a-religious. Religiously oriented bioethicists are more or less disenfranchised in the public debate. Indeed, if an argument happens to coincide with religious, especially Catholic teachings, it is simply not given serious attention.

Note

[1] VEATCH RM., *The Teaching of Medical Ethics*, Hastings Center, 1973. (See also, Veatch, A *Theory of Medical Ethics*)

[2] PELLEGRINO ED. - THOMASMA DC., *For the patient's good: the restoration of beneficence in health care*, Oxford University Press, New York 1988.

[3] BAKER R. - PORTER D - PORTER R. (eds.), *The codification of medical morality*, Kluwer Academic, Dordrecht 1993.

[4] PICO DELLA MIRANDOLA, *Oratio de hominis dignitate*

[5] WALLACE WA., *The modeling of nature: Philosophy of science and philosophy of nature in synthesis*, CUA Press, Washington, DC 1996.

[6] KELLY DF., *The Emergence of Roman Catholic Medical Ethics in North America: An Historical, Methodological, Bibliographical Study*, Edwin Mellen Press, New York-Toronto 1979.

[7] Thomas K. McElhinney and Edmund D. Pellegrino, "The Institute on Human Values in Medicine: Its Role and Influence in the Conception and Evolution of Bioethics" *Theoretical Medicine,* 22:291-317, 2001.