The Linacre Quarterly

Volume 59 | Number 1 Article 12

February 1992

The Sacredness of the Human Person: Cessation of Treatment

Paul M. Quay

The Sacredness of the Human Person: Cessation of Treatment

Paul M. Quay, S.J.

Department of Philosophy

Loyola University of Chicago

Introduction

The current campaign on behalf of assisted suicide and euthanasia has gained much of its persuasiveness from the support given to it, in the eyes of many, by one powerful school of Catholic moral theologians in their discussions concerning cessation of treatment. The murky confusion generated among doctors, nurses, and hospital administrators by the resultant theological debates can only, I think, be dissipated by going back behind the norms that these various moralists have formulated, whether the new, quality-of-life ones or the ones accepted now for better than three hundred years. What is needed is to rederive the norms so that not only is their meaning clear but that their validity in the light of the faith is apparent. Hence, this is basically an effort at clarification. I shall try to recapture the original insights that enabled Catholic medical morals to develop.

But to accomplish this, we need to bring back into the theological discussion of medical matters an ancient and long neglected notion, one that was ancient before moral theology itself was ever thought of, old even before God called Abraham, seemingly the oldest of human ethical categories: the sacred.

This will not be easy. Though we still speak of the sacredness of human life, in our highly secularized society we are rapidly losing any notion of what these words mean or, like Peter Singer, know this meaning but reject it as having no basis in reality.[1] This weakening of our culture is not without influence — even among those most dedicated to preserving human life. And, unfortunately, moral language itself no longer offers an easy entry to such a discussion. Indeed, the principles of the dominant schools of medical ethics today, the "principle of individual autonomy" and the so-called "principle of beneficence", both stand in contradiction to

the principle of the sacredness of human life, in which Catholic moral theology is rooted.

The Holy and the Sacred

First, then, let me clarify a bit the language we shall need: such terms as "holiness," "sanctity," and "sacredness." Then, I shall sketch the reasons for speaking of human life as sacred. Finally, I shall attempt to show, in the current disputes over initiation and cessation of medical treatment, what a moral theology calls for that expressly considers the sacredness of the human person.

"Holiness" and "sanctity" we shall here take as equivalent. Both terms are often used to refer to a certain exalted perfection of moral life. Originally, however, neither "sanctity" nor "holiness" referred to anything on the moral order but to that in God by which He is divine.

For example, God and man are enough alike that the Scriptures can speak of God's anger, His jealousy, His love. But by His holiness He is utterly beyond any comparison with man or any other creature, beyond created comprehension — He is the One before whom all angels, even the seraphim, must cover their faces as they adore Him.

On the other hand, though "sacred" is often taken as equivalent to "holy", yet the original meaning of "sacred" is quite distinct. Something is sacred if it has been set apart entirely and *exclusively* for the service and honor of God. What is sacred, therefore, has been removed from all independent use by creatures. Sometimes this is done by man through sacrifice ("sacrifice" means, literally, to "make sacred"); sometimes, by God Himself. What has been consecrated to the Holy One is inviolate, not to be touched by man. Definitively removed from human authority and control, it is not subject to our will or to our initiatives. What is sacred is owned by God and by Him alone. Only the All-Holy can have the sacred as His possession.

Finally, whatever on the created level is holy, i.e., which has been granted a participation in God's own life, is thereby sacred; but things that are sacred need not be holy. To render the holy unholy — mortal sin is the principal example — is the greatest desecration; but there are many other, less dramatic modes of desecration of those things that are sacred without being holy.

The response called forth in us when confronted with sanctity is awe; our response to the sacred is reverence. But, though the sacred and the holy are interrelated, reverence and awe are not simply different degrees or intensities of one same attitude.

Awe is often described as a sort of profound fear: "The fear of the Lord is the beginning of wisdom" (Ps. 111:10). But this is not the sort of fear we should feel if, say, someone here were to pull out an attack-rifle and begin firing at us. The awful or the holy is not so much a danger or threat —though it seems to us somehow related to each — as it is something

incalculable and overwhelming, beyond all our categories. Awe is the primordial experience of the divine and the experiential basis of all religion.

Yet though man trembles before God, awe is not unpleasant and repugnant, as is fear; nor is it something we seek to avoid or to overcome. Rather, the more man knows that he has reason to tremble, the more he is drawn towards this Incomprehensible with a more than earthly fascination and desire to love God and to be loved by Him.

Reverence, however, is less active than the intensely focussed attentiveness that is awe. For the sacred, as both its definition and its linguistic derivation indicate, is passive in its relation to the Holy. If a man violates what is sacred, he may be conscious of sin, of somehow damaging the roots of his own being. But he will not think that he has been damaged or threatened by the object he has desecrated — though he may fear the anger of Him to whom it was sacred.

Reverence draws back in the presence of the sacred and feels rebuked if it has already thought to make some claim upon it or to plan to use it. Reverence defers to its object, leaves room for it, lets it be, acknowledging it as something belonging to the Holy One alone. Reverence does not seek to make something else out of the sacred, or to put it to use, or to control it. Through reverence, we sense the limits that this antecedent bond to the Holy One sets to our own plans, desires, and projects.[2]

The Sacredness of Human Life

Now, I shall argue that the life of each human being is sacred, i.e., that the human person is sacred universally because sacred intrinsically, sacred because he is human, independently of his value, beauty, skills, and capabilities, independently even of his moral goodness. Thence it follows that the obligation never to treat the human person as if subject to human wills and purposes is unconditional or absolute.[3]

For the Christian, the proof is direct and simple: Descended from Adam and Eve, we all have a common origin and the same nature. Adam and Eve were created in the Father's Image and according to His Likeness. Our nature, however, has been damaged by their fall; but it has also been redeemed by Christ. In Christ, then, all men have the same goal, eternal life with God Himself, who has loved all without exception.

A certain confusion is to be avoided here. All things belong to God as their Creator, and to Him alone. This metaphysical belonging can only be called "sacredness' by some sort of weak analogy. For it is the relation of the created order as a whole to Him who stands totally outside of it as its sole source and complete cause. Hence, like every creature, man is, by creation itself, by his very nature, consecrated to the service and praise of God who created him. The sole function and destiny of every man, as of the whole creation, is to make God's glory manifest in himself. But all that is not enough to make man more sacred than any other animal.

The sacred in its proper sense refers, rather, to relations established *within* the created order. Assuming a world of which God is the Creator and over which He has set man as His vicegerent, a world within which God Himself acts in a quasi-creaturely manner (or in a wholly creaturely one, when He comes among us in Jesus), then certain things only are sacred: those which man has sacrificed or that God, as agent within the world, has taken for Himself.

The confusing of these two, very different notions of the sacred was the root of much of the theological upheaval of which Harvey Cox's *The Secular City* was the popularization and which served as justification for much of the current craze for a secularized "Christianity" after Vatican II. For, if everything is sacred, then there is no distinction possible between the sacred and the profane; and the sacred melts easily into the merely secular.

The sacred, then, is not just whatever belongs totally to God alone but what can be so described in the context of the world of men. Holiness is the unique mode of existence which is God's, whether He creates or not. This is true even when He makes His holiness to be participated in by a creature. But sacredness is a relation between some, not necessarily holy, creature and God. It refers to things that belong to man — admittedly only as God's creature — but that are, in fact, withdrawn, in some primary aspect of their being, wholly from his control, to be governed and directed entirely by the divine will.

To declare man to be sacred requires that he be set apart, in this world, for life with God and for God *and* that he thereby be removed from any subjugation to a human will. Catholics easily advert to this sacredness in thinking of the bishop, the priest, the religious. But they often overlook the fact that every Christian has been made sacred by baptism. This we have tended to forget, that the baptized is a sacred person in a way that no nonbaptized person can be, even if, as often happens, the latter be far holier than many of the baptized.

But can the *non*baptized person also be rightly called sacred in a sense stronger than that in which a wolf or a rose is, i.e., solely on the grounds of being created? It is here that we glimpse something of the grandeur of the redemption wrought by Christ. For, contrary to the Jansenists and scattered other heretics, Christ died for all men of all times. Thus, all have been set aside for God, whether they have any awareness of it or not, and made sacred to Him, set free in Christ from subjection to all other created wills, whether of angels or of men, save insofar as these are acting in God's place, as His delegates or deputies.

Finally, it is the sacred character of each human being that alone can offer rational grounds for our defects and failures being reasons to help us rather than to eliminate us. This is especially important where, as in medicine, help to one person can work against the good of someone else.

Now, none of this is radically new. Catholic moral teaching has always been rooted in this notion of the sacred. But like an apple left too long in the kitchen to ripen, the teaching, as set forth by moralists, has tended to

shrivel up, to lose its savor, and even here and there begin to rot. For, over nearly four hundred years, the emphasis has been placed on the practical norms and rules of conduct to be drawn from man's sacred status.

Such norms are needed, and most have been doctrinally sound. But they have tended to treat the sacredness of man as that given by creation alone, that which does not differentiate him from any other creature. This makes life harder than need be for the moralist, who must then rummage about for some other, more particular grounds for asserting that, though we may rightly kill an animal for food and rightly shoot a gravely injured horse to spare it pain, it is morally wrong to do either to another man.

Moreover, a chiefly practical approach tends to disjoin the sacred from the holy and to treat separately the moral demands made upon us by each. Worse, such an approach gives the appearance of reducing a moral precept to a simple legislative *fiat* by God, which, however well motivated on His part, is seen as an imposition upon man from without and as a restriction on his freedom, any constraints on which are today fiercely resented.

But, if we understand that all men have been consecrated to the Father by the sacrifice of our Lord upon the cross, then God's moral demands are seen to be internal to us, belonging to us personally, by nature and as His sons by grace. His law is not an imposition by one who is alien to us but is the expression of our own inmost self. Our basic obligation to stand in awe of God and to worship Him took flesh in Christ; and it is in Him and because of His incarnation that we can indeed have reverence for all that He has created, in accordance with its own degree of sacredness.

Cessation of Treatment

Turning now to medical problems, how does all this apply to the questions concerning the withdrawal of treatment or not initiating it in the first place?

The fundamental principle is that our living bodies, because they are simply ourselves — called "bodies" when we wish to emphasize our material aspect — are sacred and are always to be treated as sacred by ourselves and by others. The moralists have translated this into the principle that we are obliged to take reasonable care to stay alive and in good health and, since we are social beings, to help others to meet their similar obligation. Like every translation, something is lost in the process. So, it is worth our while to work through the translation in detail so as to recover the full force of the fundamental principle.

The Obligations of the Individual Patient

Now, in the matter of using "resonable care" to preserve life and health, the approach I am suggesting begins with the fact of the sacredness of every sick person. This sacredness, because its source lies not in the individual's qualities but in Christ's redemptive act, is wholly unaffected by the gravity

of one's illness. His sacredness suffers no diminishment because he is demented or in "persistent vegetative state" or in perpetual coma or but moments away from death.

As sacred, one's life and bodily powers are not his own but are entrusted to him by God as to His steward. Consecrated to the Father, the patient has no master or lord except Him who rules by His love. Because he is sacred, neither his life nor his health can be subject to himself or to any other man. No one has a right to deal with him according to any merely human will or advantage.

As mentioned earlier, one way to make something sacred is to destroy it in sacrifice, thus removing it definitively from human use or power. But, on the other hand, what is already sacred may not be destroyed by man. Just because it is sacred, it is not subject to us but lies outside the range of our will and is independent of our choice. Since, then, no one is free to destroy or damage on his own authority what is sacred, one's death may never be made the goal of his actions. Hence, "reasonable care to stay alive" involves an unconditioned prohibition against seeking one's own death, as either an end or a means.

But though we may never destroy what is sacred, yet precisely because the sacred is not subject to our own ends and desires, reverence can lay no absolute claim to preserve its object. Never violative of it, reverence need not always preserve or labor on behalf of it, as we see in the case of old church buildings or of battered or broken chalices. The sacred may be allowed to perish. Indeed, unless God orders otherwise, at times it must be allowed to perish; otherwise we would be treating it as our own property and not God's.

Are we, then, ever free to labor at preserving what is sacred? Would this not be to show a will to keep it which is precisely that personal will and free choice that the sacred rebuffs? Yet if we revere something, we realize that to be indifferent to it or careless of its existence is itself a sort of desecration. The sacred demands of us that we preserve it, yet not at all costs.

Here, I think we must advert to the nature, in itself and independently of its consecration, of that which is sacred. If our action of preservation enables the sacred object to remain itself or, even, to serve its sacred purposes more suitably, then human action to preserve it is not a desecration. Such an action is done from reverence and without changing the object's nature or goal. For, the sacredness comes not from the being simply considered in itself but in its relation to God. Thus, so long as the ground of this relation is left intact, there is no desecration.

To preserve a church, say, by converting it into a museum or a brothel is a desecration. But the normal means used to keep a building standing, e.g., tuckpointing and repairing the roof, do nothing contrary to its sacredness. Likewise, the absolute sacredness of the Eucharist is not violated by our keeping the Hosts in a tabernacle. This effort at preservation of the Hosts touches only their externality. Neither their All-Holy substance nor their sacred function is in any way altered.

We are free, then, to use the normal and natural means needed to maintain or repair the body and its functions.[4] The condition, of course, is that we do not pervert these functions from their natural goals as entrusted to us by God; for, this would involve desecration.

Conversely, mutilation is never a legitimate goal, i.e., one is forbidden any deliberate intent to deprive himself of some basic physical power or function as the goal of his action.[5] As a means, however, a mutilation can be necessary in order to preserve one's life. This is not an illegitimate violation of the sacred for one's own advantage but is analogous to removing, say, a side chapel from a church as the only means to prevent the whole wall from buckling.

This approach to medical ethics via the sacred offers a particularly easy way to explain why most surgery is quite licit, even though such injury to the same tissues or organs would not be permissible otherwise, e.g., the cutting open of the rib cage needed in open-heart surgery. In older theories, surgery could seem to be a performing of a moral evil for the sake of a good end. Though, with enough care, this can be shown to be an incorrect inference from its premisses, in the context of the sacred no problem even arises.

As seen, it is permissible to repair what is sacred, if this be done in such fashion as not to violate its consecration. For, the sacred is not a physical but a moral category and, so, is not necessarily damaged by physical repairs. Thus, surgery directed to repair-work is licit. This is not the case, however, for a deliberate maiming. Any maiming or injury intended for its own sake must be strictly rejected. Hence, contraceptive sterilization or so-called sex-change surgery are wrong, since they radically alter the body's natural functioning and, hence, lie outside what care for the sacred permits.

"Reasonable care of health" implies, evidently, that one may not treat his life or health negligently without some failing in reverence for what belongs to God. Even more would one incur the guilt of irreverence if he carelessly endangered his health, or abused it by freely chosen overindulgence, say, in alcohol or drugs.

As to our particular question about withholding treatment, almost all sides in the current debates are in agreement that at some time before a man is dead it may be morally appropriate to refuse treatment, perhaps even to do without food and water. The moral question then becomes: under what conditions is a sick person morally free to refuse to begin or refuse to continue medical treatment? What aspects of the sacred are, in this context, contained in the norm that a patient must exercise "reasonable care" or use "appropriate means" to preserve his life or health?

Traditionally, the response has been: *a patient is morally obligated to use any, otherwise morally licit and medically effective means that are not gravely burdensome to him.*

Since the human person, though sacred, is also mortal, we are not obliged to oppose the natural deterioration of the body by every possible means. In fact, to clutch at one's life and to seek at all costs to preserve it would, under many circumstances, show a lack of reverence. For, such efforts could

repudiate the mortal nature that God has given man and reject His dominion over what is His alone. Medicine is, then, or should be, natural, that is, an art for the treatment of beings certain to die. Hence, one's sacredness does not make him morally free to demand of physicians, nurses, parents, or others just anything he chooses.

To seek to use *all* available means to preserve one's life or health is to ask for what is, at once, impossible, irrational even if possible, and contrary to the sacredness of man as God now makes him. Thus, the man who made preservation of his own life the primary goal of his life would in all likelihood be one of those soonest to die. He could never ski or swim, he could never take a plane trip or ride in a car or even walk across a street. There is no way short of insanity that one can make preserving his life the primary goal of his life, or caring for his health the goal of his being healthy — even if, in old age, he is forced to spend most of his time doing so.

A fortiori, must the patient be careful not to seek health or longer life through immoral means — a temptation that can become severe if it seems that one's life depends upon but a minor infraction of the moral law.

"Immoral means" refers not only to objectively evil actions (e.g., having the heart excised from a living person to replace my own failing heart) but also to treatments that, in the words of Pope Pius XII, "would hinder the acquiring of higher goods of greater importance. Life, health, all temporal activity, are in fact on a lower plane than spiritual ends."[6] Since the whole of man is sacred, and since it is as a spiritual being primarily that Christ's sacrifice affects him in this world, the sacredness of his spiritual and moral life takes precedence over any other.

Hence, "reasonable care" has always to take into account not only our obligations to others, especially our dependents, but the whole range of our own spiritual needs. These latter, of course, involve meeting those obligations, but also much more.

The subordination of the lesser sacredness of our physical lives to the greater sacredness of our spiritual lives is what grounds all discussion of treatments that are gravely burdensome. Hence, according to the principle mentioned earlier, a patient is not morally obliged even to take food or water *if* in his concrete situation this would impose a more grave burden on him than he could bear without spiritual or psychic harm. The root of this exemption is reverence for God's image, principally present through the supernatural power of grace and the natural powers of mind and will. To ignore these aspects of man, to regard them as less sacred than the body, would be analogous to treating Jesus, the Image of God, in the Eucharist as less sacred than the tabernacle that holds Him.

The notion of burdensomeness needs some clarifications. It used to be stated in terms of "heroic virtue", i.e., a patient would be free to refuse any means of treatment that would require heroic virtue of him to bear. People's notions of the heroic fluctuate more perhaps than many of their other notions, leaving this norm with considerable ambiguity. Still, it has the merit of emphasizing the subjective condition of the patient and not merely

his objective situation.

Moreover, the burden of pain can differ according to one's background and upbringing. Suppose a patient whose life is filled with grief and pain for reasons other than his illness. Though he is obliged to take food and water and to use reasonable means to preserve his life, he might rightly choose, because of his misery, not to use gravely burdensome means even though they might prove effetive. Indeed, in some cases, it is possible that a patient's misery could make it appreciably more difficult for him to tolerate means that others would tolerate easily. Something similar is true of patients' handicaps, physical or mental.

Even if one's life is burdensome, painful, full of misery, and requires heroism to continue, it is essential to distinguish the pain or burden that comes from the medical means used and that which comes from other sources. If a person's life is miserable; he need not make it more so. But he is not free to cut it short nor, out of impatience or anger, to refuse the minor inconveniences of ordinary care of his health.

If a man who is gravely ill should receive word that he has lost his job, that his wife has divorced him, that his son is gay and dying of AIDS, that his daughter has abandoned her husband and five children for life as a married man's mistress, he may not discontinue the treatment in order to die the sooner. For, in this case, a choice not to use these means would cover a hidden choice to escape life's burdens by dying. Thus, to refuse food and water, when they can be taken without serious difficulty, would be a suicidal violation of the sacred. The obligation to use life-preserving means that do not themselves impose a grave burden remains.

Yet, someone might rightly refuse a medically recommended chemotherapy if, while this offers him, say, an added 8 months of life, it will cause him during that time such unremitting and serious pain and discomfort as might well prove harmful to his spiritual life. He need not take on so heavy a burden, though he may. If he should take it on, and later finds it too heavy, despite his best intentions, he remains free to discontinue it.

So, too, painful ulcerations around a nasogastric tube could exempt a patient from continuing its use, or his inability to hold anything down, say through stomach cancer. If he is truly unconscious, however, there is evidently no burden for him in its use and no question of subjecting the more sacred to the less sacred.

But what if the patient continues to pull out the tube? Would that not prove the gravity of the burden the tube constitutes for him? It could; but, unless he is fully competent and can say so, it need not. But if restraints must be used, would they not constitute a grave burden upon him? Very possibly, though there would be many things to do before one came to a decision that such use is gravely burdensome and that the patient really wants it removed for good.

A further protest is made concerning such things as gastrostomies: If not in experienced hands, these can become infected and lead to death. Yet if the alternative is certain death from dehydration, it is hard to see the force of

this argument.

Much use has been made by revisionist theologians of this teaching of Pius XII that medical means that would interfere with some higher good, e.g., the patient's spiritual welfare, need not, often ought not, be used. They argue that a patient in PVS or in permanent coma may or even should be allowed to die through the withholding of food and water or antibiotics and other nonburdensome treatments. Why? Because these conditions obstruct all goods higher than merely biological life, they destroy the ability to develop or respond to human relationships, they prevent one from seeking spiritual goods; they keep one from pursuing the goal of life.

The obvious fallacy lies in the shift from the freedom to dispense with means that would interfere with the spiritual to the freedom to dispense with the life that is interfered with. The conscious patient whose spiritual or other higher good would be put at hazard by an excessively burdensome treatment is made equivalent to a permanently demented or unconscious patient whose higher goods cannot be obstructed by any conceivable means of treatment, being already blocked by disease. The competent patient chooses the higher good, though realizing death is likely to ensue as a result. The noncompetent patient has death chosen for him as the means to prevent his remaining longer in his diseased condition.

One might also note that one of the higher goods of man is the pursuit of scientific, philosphical, and theological truths. Is anyone who is incapable of such pursuit, e.g., those afflicted by senile dementia or even if merely no longer capable of research, to be refused food and water?

Here, it is important to pause a moment to consider the question of treatment that is "ineffective." For it would seem wholly obvious that means that are ineffective or useless against that which threatens one's life or health are not obligatory. Indeed, it would seem that, since any treatment costs others something in money or in time and effort, it would be wrong to demand ineffective treatment. There are, however, some ambiguities here that need to be removed before this principle can be applied in practice.

The medical effectiveness of a particular mode of treatment can, depending on the patient's condition, vary from zero to total. Hence, effectiveness must always be defined concretely, in the context of the particular case. Thus, elaborate and costly efforts might be considered highly effective for a person whose condition might well be greatly improved if, by their means, he is enabled to live long enough for, say, certain medicaments to take effect. Yet the same means might be regarded as ineffective for a patient dying of widespread melanoma.

Some caution, however, is needed; for anything that enables someone's life to continue a bit longer is effective and useful in the strict sense. Thus, I would argue that one is obliged to eat and drink as long as possible when threatened by starvation or dehydration. If cast ashore on a small islet, where there is one banana still hanging from its plant and a little rainwater in a hole in the rock, one should eat the banana and drink the water since eating is intrinsically effective against starvation; drinking, against dying of thirst.

Admittedly, the obligation in this example is minimal, since the likely extension of one's life is so small. Yet the obligation is not simply nonexistent unless extrinsic circumstances should impose a contrary and more important one.

There is, however, a correlation between ineffectiveness and burdensomeness. The greater the former, the greater usually will be the latter. This seems generally understood, though not always explicitated, with regard to the distinction between what we may call "crisis care" (given typically in response to a disease externally induced through microorganisms or through injury) and "chronic care" (given typically in response to some "natural" deterioration which results from intrinsic degeneration). For, evidently, much greater pain can be endured without heroism if one knows that the period of suffering will be short and that the results are reasonably assured. So, also, greater expenses can be incurred over a short time than the patient could afford if extended over a longer period.

Thus, effectiveness is not merely a question of ultimate success but of the speed and ease with which this is achieved. A treatment that is medically certain to eliminate some threat to my life, but only after three years of agony, would not fall in the same class as one otherwise identical but that would take only three days to prove effective. Much of the persuasiveness of "quality of life" arguments comes from their explicit consideraton of this temporal dimension, which has, too often, been passed over in silence, though in no way denied, by the traditional approach.

Conversely, the burden involved in the treatment may increase greatly if a usually highly effective treatment proves less effective for this particular patient and his situation becomes chronic. In general, as the degree of individual effectiveness of a given treatment decreases, the burden, if any, that it carries weighs the more heavily.

Still, a more approach based solely on burdensomeness and medical effectiveness is not wholly adequate, as can be seen from an example. Suppose that in a couple of years a drug is discovered that, rightly administered, is 100% effective in destroying even the most widespread melanoma. Suppose, too, that in a short time its price becomes minimal and that it causes no pain or distress to the patient. Would the patient have to use it? For those tempted to say yes, let me add one further detail. This drug does have one side effect: it dissolves, even more quickly than the melanoma cells, the cortex of the brain.

Explicitating Pope Pius XII's remarks, quoted above, in terms of the sacred, to use such a drug would be like trying to repair the ceiling of a church by bulldozing the altar and tabernacle, the Body of the Lord still present, in order to have a clear space to set up the scaffolding needed to reach an otherwise inaccessible spot. In other words, that which is the physical "locus" of what is holiest in man, his mind and will, would be desecrated through subjection to what is least.

In other ways also it is clear that effectiveness is not measured solely by medical criteria. For medical effectiveness is parallel to the preservation of a

sacred object that is considered only in itself. Effectiveness, however, must be measured with reference to the entire human person — his spiritual and psychic strength along with his moral condition and his obligations to others. Thus, e.g., the sole surviving parent of a family of small children might well be obligated to use the most effective means available even if these are gravely burdensome.

A final question concerning arguments based on the sacred: What might one say about the destruction of a church that can no longer be left to crumble because of its location in mid-city and the danger it poses to people and structures in the vicinity? Or, even, because of the great monetary outlay it requires if worse costs are to be avoided? If such destruction is allowed, since not implying irreverence but merely a hastening of the inevitable, — and in practice, at least, this seems to be the case — could not the same argument be used for killing the dying or even the perpetually comatose? Do not the gradual deprivation of the powers of speech, of coherence, of thought, of choice, etc. in the dying or the comatose seem exactly equivalent to the removal of the sacred things from the church?[7] Indeed, this seems to be close to Shewmon's notion or, much less coherently, O'Rourke's.

Yet unlike the material structures of a church and its appurtenances, the sacred in man cannot be separated into parts. One cannot find a counterpart to simply removing the Blessed Sacrament and carefully dismantling the altar temporarily in order to rebuild it elsewhere later —though even this latter step is open to some question. Man, if alive at all, is one single substance, however weak be the remaining powers of bodily integration. If he is there at all, he is a living person and as sacrosanct as his family or his physician.

Other Questions

The criteria for morally right action by those who seek to help the sick are in large measure governed by the norms that govern the actions of the patient. Physicians must revere the sacredness of their patient, both when he is acting as a free agent and also when he is unconscious or close to death, since he is still a living recipient of the redemption of Christ. Provided, then, that physicians do not forget their own consecration and that of others who are involved, their obligations are for the most part correlative to those of the patient. Rather than spend what time remains on what is thus familiar to you, I should like to look at some of the sources of the current confusion.

The New Jersey Supreme Court, in a notorious case[8] nearly seven years ago now, asked, as if genuinely puzzled:

> In a case like that of Claire Conroy, for example, would a physician who discontinued nasogastric feeding be actively causing her death by removing her primary source of nutrients; or would he merely be omitting to continue the artificial form of treatment, thus passively allowing her medical condition, which includes her inability to swallow, to take its natural course?[9]

The Court, like the revisionist theologians (their own designation) mentioned earlier, seems quite unable to understand that a human act requires more specification than a mere description of the external actions involved and one's intentions concerning likely or possible consequences. In the case mentioned by the Court, we need to be told what the physician intends to be doing by his action, e.g., relieving an intolerably painful breakdown of tissue produced by the tube, whether less burdensome means of giving nourishment are available or not or, instead, was making a quiet effort to end her life.

Given the antipathy of Luther and Calvin for the very idea of man as sacred, one is not surprised to find Protestant theologian James Gustafson unaware of the sacredness of the person, "[A] persistent vegetative state is not a condition in which human beings have capacities for significant responsiveness; thus the qualities that distinguish human beings and are the basis of human valuing of, and respect for, persons no longer exist."[10] Clearly, for Gustafson, the person is to be "valued" and "respected" solely for his ability to interact "significantly" with other people. This clearly would find sacredness, if at all, not in the decision of Christ but in the nature of the sacred "object" — in Gustafson's approach, this must be the appropriate word.

Worse yet are such ethicians as Daniel Callahan, who says that the "irreversibly comatose, utterly vegetative" patient has "not meaningful life of any kind — it is a mere body only, not an embodied person."[11] Similarly, Fr. John Paris, S.J., speaks of those defending the continued feeding of PVS patients as "placing the maintenance of mere biological existence above all other considerations."[12] For these men and their likeminded peers, the enormous metaphysical question as to the unity of the person is simply assumed answered: the living human body is no longer to be identified with the human person. When one is in PVS, the person has already died. Alan Shewmon, more honestly and carefully, has stated expressly that such patients and indeed the senile demented are dead. What we deal with is a human cadaver that is at the same time a humanoid animal. And as a cadaver, not only may treatment be stopped but the animal may be directly killed and disposed of. Philosophically, nothing less is at issue here than a choice between a quasi-Cartesian dualism and a Christian understanding of the spiritual and material unity of the living person.

More interesting, perhaps, is Fr. McCormick's own most recent view.[13] He argues that a medical technology ought to be used if it will bring about "(1) a return to relatively normal health: (2) ultimate independence from the technology." Then, "in some instances, the difference between a dying and a nondying patient is rooted in a *value judgment* about whether we ought to use the available technology or not." Hence, patients "are 'not dying' only if we judge that we *ought* to feed them artificially." So, in the Brophy case, one is not causing a preventable death by cutting off food and water for "Paul Brophy is a dying patient — unless we give him a tube gastrostomy. Should we?" Strangely, in the Brophy case, the gastrostomy was already long in

place; the only legitimate question was: shall we continue to use it?

Evidently, though he seems quite unaware of the fact, Fr. McCormick is trying to restore some sort of moral dimension to the description of a moral act. One may not, either he or we, say that every withdrawal of treatment is murder or, conversely, virtuous.

But is it desirable to achieve this goal by turning the definition of the physiological deterioration, already at work, that dying is, into a value judgment about the utility of means? Are we to replace a prediction that someone will die by a "value judgment" that he is now dying — this based on the decision that we ought not to help him live, indeed, that he ought to die? How would Fr. McCormick's principles apply to one like Fred Snite, so many years in his iron lung, never to be returned to normal life or to be independent of this technology? However laudable Fr. McCormick's intentions, he has reduced a complex discussion to total confusion. As the perhaps foreseeable result of this confusion, he winds up finally in agreement with the New Jersey Supreme Court, Daniel Callahan, and Fr. Paris. Of the sacredness of the person there is no trace, nor of the entire Catholic tradition in moral theology built thereon.

Conclusion

Much work remains to be done to reintegrate fully the ancient categories of the sacred and the holy into contemporary moral theology. Yet I hope to have shown that such reintegration is both possible and useful, and that it can shed some light on problems that seem less tractable on other grounds. Since all of us have had some experience of the sacred, in ways probably fairly diverse, all — and not merely experts in medical ethics — have something to contribute.

There is, of course, a major difficulty: Those who are leading the drive for euthanasia are, as a group, quite unconcerned about the sacred. As I argued some years back,[14] it is quite possible to show that there exists a secular understanding of the sacred, which can be defended on purely philosophical grounds. Yet ethical arguments do not of themselves make men good; and secular notions of the sacred offer too bloodless an ideal to move very many.

If abortion and euthanasia are the problems they are, it is faith and the life in Christ that are missing. For whatever reasons, we Catholics have too often fought shy of the religious question. We have not always remembered that we are obligated at all times to bear witness to our Lord and to His Church by both our personal and our professional lives, by word as well as by action. Too often we — I speak here of us Jesuits and of the times long before Vatican II as well as since — have tended to give pride of place to philosophy rather than to the life of faith in order, I think, to have some common grounds with our fellow citizens, forgetting that, even were these to be convinced by our philosophy, the power to live well comes through grace and faith.

For us all, then, the center, the focal issue, the field where the battle will be won or lost, lies in the witness we ourselves are now willing to give to Christ and His Church. My guess is that some of you here will be martyrs to the faith within a decade because of the outspoken witness you are giving and the effectiveness of your efforts against the varied forms of killing of the innocent. Those who do not wish to be told that they are doing evil and risking God's eternal punishment by their actions can respond fiercely. And, as at the Reformation, those who are strongest against you need not be secular humanists but may be fellow Catholics who have set aside some of the Church's teachings and are angered by any who would reproach them. But I am no prophet. Continue in the faith our Lord has given you and you are certain to have the power and strength of His Holy Spirit when needed, whatever the circumstances. God bless you all.

References

1. Cf. Peter Singer, "Sanctity of Life or Quality of Life", *Pediatrics 72,* 128-129 (#1, July 1983).

2. An excellent discussion of the difference between reverence and such attitudes as valuing and respect is to be found in: Richard Stith, "Toward Freedom From Value," *The Jurist 38,* 48, (1978), pp 62-69.

3. Capital punishment is not an exception to this. Rather, the Holy One has commanded that, for the double desecration involved in a murder (the outer desecration of the victim and the inner desecration of the murderer), an outer destruction of the desecrator take place.

4. This comparison with a church building is set out clearly by St. Paul when he speaks of the body as the temple of the Holy Spirit. In discussing the desecration of the Christian by fornication, he is, of course, speaking of a desecration of what is holy as well as sacred. Cf. 1 Cor. 3:16-17 and 6:19-20; 2 Cor. 6:16.

5. Thus, already in the 4th Century the Church solemnly condemned castration of oneself in service of "the higher end" of chastity.

6. Allocution to anesthesiologists (Nov. 24), *Acta Apostolicae Sedis 49,* 1027-1033 (1957). (English translation: *The Pope Speaks 4,* 393-398 (1958).

7. In a church, there exist degrees of sacredness. The Most Holy and the Most Sacred can, at need, be transported elsewhere. The sacred objects directly involved in the sacrifice (altar stone, the altar table itself if consecrated, the chalice and paten) and those used as repositories for the Holy (ciboria, tabernacle) can also be moved. When these things are gone, as well as such sacred places as the confessionals and baptismal font, and even such reminders of the sacred nature of the church as, say, stained-glass windows have been removed, the essential nature of the building as sacred has changed, though it does not, even so, lack all sacredness: people would rightly be outraged if the empty husk of the building were made into a brothel, or if latrines were dug therein. The destruction of this less sacred object is permissible only in view of protecting the greater sacred that is constituted by human life and health. One may object that this seems doubtful in terms of practice, at least. Cannot one just clear the ground for some secular use, or for sale for such use? Thus, we read that St. Paulinus of Nola sold the sacred vessels of his church in order to feed his poor. But, he did this not for secular reasons but precisely through his realization of the sacredness of Christ's poor.

8. In re Conroy, 486 A 2d 1209 (N.J., 1985).

9. This has (as have the other quotations in this Section) been taken from: Richard A. McCormick, S.J., *The Critical Calling: Reflections on Moral Dilemmas since Vatican II,* Washington (DC): Georgetown University Press (1989), pp 373.

10. *Critical Calling*, p 377.
11. *Critical Calling*, p 377.
12. *Critical Calling*, p 384.
13. *Critical Calling*, pp 378-382.
14. "The Sacredness of Human Life", 2nd annual Cataldo Lecture in Medical Ethics, Worcester Memorial Hospital, Worcester MA, March 8, 1989.
