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# Evaluating Catholic Medical Ethics Books

by

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While medical ethics can be traced back more than 4,000 years, it can be said to have begun formally with the Greek inspired Hippocratic Oath.<sup>1</sup> It has further developed over the centuries under Judeo-Christian influences. The Hippocratic tradition is currently perhaps most faithfully reflected in the Ethical and Religious Directives of the Catholic Health Care System (ERD).<sup>2</sup>

For a variety of reasons (end of life issues, Shiavo case, medical cost increases, rise of bioethics, etc.) medical ethics is receiving more public and media attention. There are many individuals (medical students, health care professionals and the lay public) who would like a Catholic perspective on medical ethics. In the ever-expanding marketplace of values and philosophical views there is a need for guidelines as to what is the official Catholic position on medical ethical issues. This is all the more imperative because of the error of proportionalism, which is advocated by some Catholic medical ethicists. The purpose of this paper is to provide these guidelines and recommend books that adhere to Catholic principles.

Before we list Catholic and less than Catholic medical ethics books, an overview of medical ethics from the beginning to the present is in order. We will include: 1) a brief review of general ethics, 2) a summary of Hippocratic or traditional medical ethics, 3) Catholic ethics, 4) an explanation of the rise of a pseudo-Catholic form of utilitarianism, called proportionalism and 5) an evaluation of Catholic medical ethical books.

## **I. General Ethics**

In general, ethics can be divided into two broad schools – deontologic, or rule directed branch and a teleologic, or ends (goal) directed branch. The Ten Commandments are an example of the former and utilitarianism is an example of the latter.

Traditional ethics recognizes that most human behavior is morally neutral, but that some is morally good and some is morally bad. The

goodness or badness is determined when the acting human agent who chooses an act that he knows to be wrong, say to cheat on a test, considers the circumstances and his intention (to obtain a higher score), and then indeed cheats. That person has committed an unethical act. The classical teaching holds that the act itself, the circumstances, and the intention together form a deliberate unity. A proportionalist holds that the intention alone, irrespective of the act, can determine morality. This latter position, as John Paul II clearly points out in *Veritatis Splendor*,<sup>3</sup> is not consistent with human nature and truth.

## II. Hippocratic Ethics

The Hippocratic Oath, although remarkably brief (8 paragraphs), includes the salient aspects of the ethical requirements of a physician. It is a covenant between the physician and his patient. It was (para 1) a solemn oath witnessed by the gods. This is significant because the physician acknowledges and swears to a power higher than himself. The physician promises to be pro-life (he will not abort or euthanize). His duty is first and foremost the good of his sick patient (paras 3,4, and 5). The physician will also respect his teachers (para 2) and will perfect and pass on his profession. The physician will maintain probity of life (para 6) and patient confidentiality (para 7). Finally, the physician asks in the Oath (para 8) that he be punished should he violate the oath. A powerful and succinct commitment, indeed. With few exceptions, the profession of medicine has followed this code.

## III. Catholic Medical Ethics

The next issue is to set the parameters for our review of Catholic medical ethics. This will be somewhat complicated, so bear with me. As previously mentioned, medical ethics had been Hippocratic in a Judeo-Christian mode for 2,500 years. We will argue that Hippocratic ethics is a deontologic virtue-based ethic.

Christian physicians, such as St. Luke, inherited this Greco-Roman medical legacy which was Hippocratic. The Catholic health care tradition then grew out of the Judeo-Christian community which mandated the care of the sick<sup>4</sup>, a responsibility of the deacons, and which added the concept of compassion<sup>5</sup> which was not emphasized in Greek medicine. As the established civil order broke down under the barbarian onslaught, the Church became the only social institution to provide health care for the poor. This was notable, particularly in the Eastern Empire. As a matter of fact, it was the Byzantine Empire that inspired the rising Muslim power to subsequently develop the impressive medical facilities it did in Baghdad.

As time has passed, particularly in the second half of the twentieth century, medicine has become increasingly more complex, raising new ethical questions. Procedures not possible for Galen, such as *in vitro* fertilization and transplantation, raised new dilemmas. The Roman Catholic Church has addressed these issues and has said that most were acceptable, some were unacceptable for a physician wishing to conform to Catholic beliefs, while others, such as extraordinary means to presume life, were discretionary for patients, their families and physicians.

This essence of Catholic medical ethics is the beneficence, non-maleficence and justice of the Hippocratic code. The doctor has a covenantal responsibility to the patient, he must not harm (kill those in his care) and he must be just and fair in his social interactions. These are the salient principles of Catholic medical ethics. They are also Hippocratic. Less fundamental issues have discretionary aspects but individuals wishing to adhere to the Church's teaching should follow the ERD.

#### IV. Proportionalism

As mentioned previously, Catholic medical ethics have been Hippocratic. That is, a virtue-based deontologic ethic. This was the case until, following Vatican II, a movement occurred in Catholic moral theology that was at variance with the deontologic tradition. A new ethic, called proportionalism, which is fundamentally utilitarian and teleologic, has arisen in the past fifty years as a result, in part, of the writings of European Catholic thinkers (Rahner and Fuchs)<sup>6</sup> who were influenced in turn by the situation ethics of Protestant historicism.<sup>7</sup> That ethical theory is called proportionalism.

Proportionalism, as previously mentioned, is the school of ethical thought which considers, not the act itself, but the end, or intention of the agent, as determinative. Knauer would say that a "proportionate reason" could preclude the concept of an intrinsically evil act.<sup>8</sup> The agent's intention makes the action good or bad. This is utilitarianism,<sup>9</sup> which focuses on the end results of behavior. At the extreme, an example would be a Nazi officer who says he will spare two hostages if a captured French partisan would kill one innocent captive. A utilitarian would approve because the net result is one saved life. A deontologic traditionalist would say that an innocent life cannot be deliberately taken under any circumstances. This teleologic theory has many names, including consequentialism, situation ethics, utilitarianism and proportionalism.

Following Vatican II a group of Catholic moralists, principally Fuchs, Janssens, McCormick, and Curran<sup>6</sup> advocated the moral theory called proportionalism, which in its most basic form is utilitarianism.

Partial birth abortion, or the taking of an innocent human life could be justified if the end or intention, say the career or the convenience of the mother, warranted it. The theory, proportionalism, has become widespread in Catholic medical ethical circles.

## V. Evaluating Catholic Medical Ethical Books

We will preface this section by assuming that a reader who has gotten this far is seeking the guidelines of the Catholic Church in medical ethical matters. The Church makes no efforts to enforce its views on those who do not wish to follow the teachings of the Church. This was made very clear in the Vatican Council document *Dignitatis Humanae*.<sup>10</sup> But those who want to be called Catholic, or who work for Catholic health care systems, should follow Catholic guidelines.

It used to be, following World War II, that if one found the "imprimatur" or "nihil obstat" inside the cover of a Catholic medical ethics book that one could be reasonably certain that the book was orthodox. This is not the case today because these Latin "good housekeeping" symbols are no longer given, or even sought. An effort was made to compile a list of Catholic medical ethics books that are orthodox, that is, which conform to the teaching authority of the magisterium. Individual, or even groups of moral theologians, do not constitute the magisterium. In this critique, the magisterium is the teaching authority of the Church. It consists principally of papal pronouncements and Vatican dicastery statements.

Books included in this survey were those of either acknowledged or self-proclaimed Catholic authors. Also considered were books listed in catalogues from presumed or nominal Catholic publishing houses such as the Paulist or St. Ignatius Presses. The Kennedy Institute Reference Library provided a list of "Catholic" medical ethics books and the University of Illinois College of Medicine's medical humanities collection were also reviewed.

Because the medical ethics area is so extensive it was decided to narrow the subject to areas where a Catholic position is clear-cut. Two clearly defined areas are the topics of abortion and contraception. The Church's position on both issues is crystal clear. They are forbidden. It should be noted that authors can be very nuanced and subtle, particularly in discussion of controversial ethical issues. This is especially true in matters involving sex, birth control, masturbation, homosexuality and abortion.

The following tables list books purported to be Catholic, along with a thumbnail summary of their positions on abortion and contraception. As mentioned, for reasons of their own, some authors are quite convoluted in their responses and won't answer with a "yes" or "no" to "Is contraception permitted?" The writers of this article have interpreted, as best they can, the

texts used and take responsibility for all interpretations of authors' positions.

**Table 1. Catholic Medical Ethics Books  
Morality: Pro**

Year	Author	Abortion	Contraception	Ref
1. 1962	Kenny, John	"Abortion is intrinsically evil."	"Any form of unnatural birth prevention is immoral."	11
2. 1989	Ashley & O'Rourke	"Abortion is a serious and immoral action."	"A contraception act is morally evil."	12
3. 1990	McCarthy, Jeremiah & Caron, Judith		"In Vitro Fertilization: Technique that runs the risk of divorcing those unitive meanings cannot be endorsed."	13
4. 1995	National Conference of Catholic Bishops	"Abortion is never permitted"	"Direct sterilization is not permitted."	14
5. 1996	O'Donnell, Thomas	"In violation of natural law"	"Sterilization is condemned."	15
6. 2001	Cataldo, Peter & Moraczewski, Albert	"An abortion can never be justified."	"Sterilization remains absolutely forbidden."	16
7. 2001	Diamond, Eugene	"Abortion is an unspeakable crime"	"Any measure to sterilize the patient is unacceptable."	17

**Table 2. Catholic Medical Ethics Book  
Morality: Con**

Year	Author	Abortion	Contraception	Ref
1. 1984	McCormick, Richard	"Abortion has been rejected by the Church in the majority of cases." (but not all)	"Artificial contraception... are not to be regarded... as moral issues."	18
2. 1993	Shannon, Thomas	"Does not support the argument that abortion is to be prohibited."	Not addressed	19
3. 1996	Devine, Richard	"Equivocal." Presumed OK.	Not addressed	20
4. 2004	Kelly, David	"Up to 2-3 weeks after gestation presumed OK."	"Natural Family Planning and condom the same."	21

### References

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2. United States Catholic Conference, Washington, D.C., *Ethical and Religious Directives for Catholic Health Care Services*, 1995.
3. John Paul II, *Splendor of Truth*, (Paulist Books and Media, Boston, MA) 1993.
4. Patrick Guinan, Catholic Healthcare: We Are Losing the Identity Battle, *Homiletic and Pastoral Review*, May 1999, pp. 52-55.
5. Patrick Guinan, The Christian Origin of Medical Compassion, *National Catholic Bioethics Quarterly*, 5:243-248, 2005.
6. Charles Curran and Richard McCormick, *Readings in Moral Theology*, No. 1, (Paulist Press, New York, NY, 1979).
7. John Gallagher, *Time Past, Time Future*, (Paulist Press, New York, NY, 1990).
8. Peter Knauer, The Hermeneutic Function of the Principle of the Double effect, *The National Law Forum* 12:132-162, 1996.

9. Allen Verhey, Protestantism, in *Encyclopedia of Bioethics*, (Simon & Schuster, New York, NY, 1995), pp. 2117-2126 (p. 2127).
10. Dignitatis Humanae in *The Sixteen Documents of Vatican II*, (St. Paul Books, Boston, MA, 1965), pgs. 395-415.
11. John Kenny, *Principles of Medical Ethics*, (Newman Press, Westminster, 1962).
12. Ashley and O'Rourke, *Healthcare Ethics*, (Catholic Health Assoc., St. Louis, MO, 1989).
13. Jeremiah McCarthy and Judith Caron, *Medical Ethics*, Liguria, 1990.
14. National Conference of Catholic Bishops, *Ethical and Religious Directives*, NCCB, Washington, D.C., 1995.
15. Peter Cataldo and Albert Moraczewski, *Catholic Healthcare Ethics*, (National Catholic Bioethics Center, Boston, MA 2001).
16. Thomas O'Donnell, *Medicine and Christian Morality* (Alba House, New York, NY, 1996).
17. Eugene Diamond, *A Catholic Guide to Medical Ethics*, (Linacre Institute, Palos Park, IL 2001).
18. Richard McCormick, *Health and Medicine in the Catholic Tradition*, (Crosswood, NY, 1984).
19. Thomas Shannon, *Bioethics*, (Paulist Press, Mahwah, NJ, 1993).
20. Richard Devine, *Good Care, Painful Choices* (Paulist Press, Mahwah, NJ, 1996).
21. David Kelly, *Contemporary Catholic Health Care Ethics* (Georgetown University Press, 2004).