The Linacre Quarterly

Volume 65 | Number 1 Article 6

February 1998

The 1996 Conference of the Canadian Bioethics Society: Reflections

Moira McQueen

James L. Walsh

The 1996 Conference of the Canadian Bioethics Society: Reflections

by

Moira McQueen, LL.B., Ph.D.
and
James L. Walsh, C.S.B., S.T.D.

Dr. McQueen is a Sessional Lecturer in Christian Ethics at the Faculty of Theology, University of St. Michael's College, Toronto, with special interests in medical and sexual ethics and the interdisciplinary aspects of law, theological ethics and medicine.
There also, Fr. Walsh is Associate Professor of Christian Ethics, teaching Fundamental Christian Ethics and Medical Ethics.

In their introduction to *Catholic Perspectives on Medical Morals*, the editors, Pellegrino, Langan and Harvey, point out that until recently Catholic medical morals had the field to itself. In the last twenty-five years or so, however, biomedical ethics has become the domain of secular philosophers. The current methodology is characterized as strongly utilitarian, pragmatic and eclectic, and as more attractive than theological ethics to a secular, pluralistic society.[1] The writers are speaking about the situation in the United States, but they could be speaking equally well about Canada.

The focus of this article is the absence at the conference of any public reference to the transcendent in human experience and the consequences of this for public debate. It is a personal reaction and must, therefore, be subjective and reflect only a part of what was there to be sampled. It is not concerned with the caliber of what, in some cases, passed for philosophy or ethics. Indeed, the vast majority of the

participants seemed professionally sound and genuinely interested in pursuing the truth. Neither is it a subtle attack on anyone's personal beliefs or practices. This article intends to question the faith which denies faith yet supplies its own faith answer, namely the faith which asserts that there is no God. It intends also to explore the morality of compromise. It is important to have dialogue with non-Christians in the hope that practical solutions are in conformity with Christian morality even if the context is devoid of ultimate concern.

It is not at all the case that the Society is against religious persons. The out going president is a Roman Catholic religious sister and the 1996-7 president is a Roman Catholic also. There are several Roman Catholics and practicing Christians of other denominations who are very influential in the organization. The question before us is how Christians should be light to the pluralistic world of bioethics.[2]

Aspects of this question date from the dawn of Christianity and have been part of its history ever since.[3] The 1970s saw a widespread debate among Roman Catholic theologians about the specificity of Christian ethics. How does faith influence morality? Are there answers to moral dilemmas which are opaque to human reason without the aid of faith? Is the work of faith restricted to intentionality and motivation alone? Is there a true possibility of conversation with non-Christians?

The Roman Catholic tradition is strong on the ability of human reason unaided by faith to arrive at right moral judgments. Presumably, this refers to a potential whose possibility for actualization depends on many factors, both agent specific and cultural. Further, it has more immediate reference to general attitudes than to specific judgments of conscience. In a culture where spiritual values are appreciated and where human persons are understood in their relationship to the transcendent, human reason has a horizon of truth. Where Christian anthropology is denied or disregarded, where pluralism in ethics is lauded as a great value, where religious views are estimated as purely subjective, idiosyncratic or ideological, then unaided human reason is out of its depth.

What was very heartening at the conference was the strong movement away from the medicalization of ethics (every ethical problem is really a medical question) to the promotion of the dignity of the human person to the core of all health care questions and as the

essential element in the how and what of their answers. Immediately, however, the question arises as to the adequacy of the notion of personal dignity which is without any consideration of the religious nature of the human person and his or her relationship with what transcends human life, love and relationships. The concern is not that a secular appreciation of the human person is short of a fuller appreciation of the person which comes from revelation, as if religious folk know an added dimension of the person which is already adequate in secular thought. It is that we are dealing with distortion, even though this is not necessarily recognized by either group, believers or non-believers, especially when the groups genuinely want to work together for the good of all.

"Dignity" is a formal concept which does not have content until that content is spelled out. Until we know what is involved in the concept "dignity of the human person", we do not know which actions are demanded (by justice and by love) and which are excluded with respect to any human person. The "death with dignity" slogan can serve to make the point, where both sides on the assisted suicide debate use the concept of dignity to promote or decry euthanasia. Other examples of this were very evident at the conference. Terms like autonomy, dignity, futility, family, justice, the common good and compassion were interpreted very differently by speakers. It is not too difficult to see, for example, how a notion of the human person as the measure of all things and as being in a relationship with other humans according to a liberal individualistic model would necessarily support the morality of assisted suicide.

Classically, theology is understood as faith seeking understanding. When moral theology is defined as reason informed by faith, there has been a subtle change which can result, if we are not careful, in a demotion of faith's role. The role of faith in our culture is absolutely crucial. Without a unifying faith, and here we are speaking about any faith which accepts the dependence of human beings on God and their eternal destiny, concepts of what it means to be human in our culture have become diverse and contradictory.

Would it not be possible to achieve a sufficient common ground with a recovery of "habits of the heart" (virtues) without a religious faith? It would, if this were possible in our culture. The truth is that virtues are acquired abilities and these require content too. Being

loving and compassionate is not reducible to warm feelings, nor can virtues be given common content through naked intuition or a moral sense. But, it might be countered, are we not in agreement about practical matters anyhow, even if our theoretical bases are different? The fact is, often we are not. For example, we differ with respect to allocation questions, the use of fetal tissue, abortion, euthanasia, withdrawal of life support systems, confidentiality...the list goes on. But surely these questions are debated between religious bioethicists themselves? True, but at least here there can be an appeal to a common ground from which practical answers should flow. There is no common ground between the various forms of atheistic philosophy and religious belief.

What is the bioethicist to do who is committed to a religious stance?

1) A first step would be to make one's faith stance known, and known for what it is. It is not an individual preference like being a fan a particular sports team, or being fond of bran muffins. It is a total person-determining commitment which influences one's every moral position.

2) Persons dedicated to religious faith should recognize that the denial or disregard for the transcendent is a faith stance, too, and should not be accorded the high ground it claims. Religious bioethicists should not be cowed, somehow, into keeping faith truths out of the conversation or feeling that what they have to say in this way is of no importance to a dialogue between professionals. In the name of friendship, humility or fear of elitism, neither should they be afraid of their own specifically faith commitment to truth and its consequences for a horizon of meaning and what flows from this.

3) Persons of religious faith should be aware that when religious bioethicists and secular bioethicists talk together in a realm without consideration of the transcendent, they are not necessarily, as is often understood, conversing on common ground. For the person of faith, there is an understanding that the human person is open to the transcendent, even if that is not being discussed directly in the present conversation. In the same conversation, the one without faith in the transcendent has a different understanding of the human person.

4) It is important, for the good of people, that right decisions are made in health care both at policy levels and in individual cases.

Religious bioethicists should continue to search for the truth in common with others, with those of similar beliefs and with those of none. They should continue to influence others after the manner of Pope John Paul II's encyclical, *Evangelium Vitae*, calling people beyond their present understanding in accordance with their deepest and truest appreciations (see pars. 2 and 30). A religious person's commitment to letting his or her faith provide the horizon of truth for ethical judgment need not be expressed in talk about God nor in specifically religious language.[4]

References

1. Edmund D. Pellegrino, John P. Langan and John Collins Harvey, eds., *Catholic Perspectives on Medical Morals,* Dordrecht/Boston/London; Kluwer Academic Publishers, 1989, pp.1-2.

2. Of interest is the fact that the 1995 five volume *Encyclopedia of Bioethics* includes 35 articles which are religiously based. Whether this is simply in the name of completeness or with a hope of dialog between these articles and others is unclear., *Encyclopedia of Bioethics*, Warren Thomas Reich, ed., Revised Edition, New York, Macmillan, 1995.

3. Cf. St. Paul, 1 Cor.1: 18-25; the difference between Tertullian and Clement of Alexandria in their attitude to pagan philosophers; the difference between Bonaventure and Thomas Aquinas as to the usefulness of Aristotle for expounding Christian ethics.

4. See, for example, the extremely fine work of Suzanne Rozell Scorsone in the Royal Commission's *Proceed with Care,* vol. 2, pp. 1053-1146. *Proceed with Care, Final Report of the Royal Commission on New Reproductive Technologies,* Ottawa; Canada Communications Group-Publishing, 1993.