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978-1-107-00958-5 - Catholic Bioethics for a New Millennium

Anthony Fisher

Excerpt

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‘Speaking the truth in love’ – so St Paul described the lived words of those who attain ‘the unity of the faith and knowledge of the Son of God’, those who grow up to be as fully human and close to divine as it is possible for human persons to be. Others, he warns, behave immaturely, ‘like children tossed to and fro’, carried about by the latest ideas, the spin of popular opinion-makers. That we might be assisted to take the first course, God graces ‘some to be apostles, prophets or evangelists, some to be pastors or teachers’, together building up the Church (Eph. 4:10–16).

I write as a Catholic moral theologian and bishop – as one of those Paul says are charged to build up God’s people to maturity and unity. It is a serious responsibility. Without reliable teachers, Paul continues, people may be dim-witted, hard-hearted, alienated from God, callous, licentious and greedy. Charity requires that ‘everyone speak the truth with his neighbour’, that they might be converted from their old lusts and habits, and become the very image and likeness of God (Eph. 4:17–25).

Catholic theologians and pastors have no monopoly on moral wisdom. Today as in Paul’s day the Church operates in a pluralist environment and cannot expect states or professions to conform to all her teachings. The Church, as Pope Benedict XVI so often says, *proposes* rather than imposes her ideas: people are free in practice to accept or reject them. Christians hope to be given a fair hearing even by non-believers and judged on the basis of their arguments, so the essays in this book are generally framed in the language of the age, of philosophy and healthcare, of ideals common to people of all religions and none. But the Church also speaks with the authority of her master, and so readers will from time to time encounter a more distinctively Christian argumentation, including appeal to the Sacred Scriptures and tradition.

I write also as one of the ‘John Paul II generation’ especially graced to receive his *Theology of the Body* and *Gospel of Life*. One of John Paul’s goals was undoubtedly to prepare the Church for the challenges of the

new millennium in the areas of life and love. As a young adult, religious, priest and then bishop, I welcomed his great teaching and example. With so many others I delight in the Holy Father's recent proclamation as a Blessed and prayerfully look forward to that day when 'John Paul the Great' is known as a saint.

Of course the wisdom of the *Theology of the Body* and the *Gospel of Life* came ultimately from Christ and had already been articulated in various ways before John Paul came upon the world stage. In his collaborator and successor Benedict XVI this wisdom is being spoken again, for he too has proved to be a great champion of the unborn, the family, the sick and the suffering. His particular interests in conscience and truth, in Christian culture and identity, are further enriching our understanding in these areas. Each apostle, prophet, evangelist, pastor and teacher has his own idiom and insights.

In *Novo Millennio Ineunte: Apostolic Letter at the Close of the Great Jubilee 2000* (2001) John Paul II renewed Christ's invitation to 'Put out into the deep' (Luke 5:4). 'These words', he explained 'still ring out for us today and they invite us to remember the past with gratitude, to live the present with enthusiasm and to look forward to the future with confidence. *Jesus Christ is the same yesterday and today and forever!*' (*Novo Millennio Ineunte* 1). If we are to live with enthusiasm and confidence, he argued, we must be aware of the particular challenges we face as a Church and a culture: secularization, economic uncertainty, environmental damage, wars and terrorism, contempt for fundamental rights. The field for these great battles is often the individual person, his or her conscience and body, together with the family and local community.

In the face of such big challenges it is easy to lose hope. So the Pope reminded us of Jesus' promise, 'I am with you always, to the close of the age' (Matt. 28:20). 'This assurance has accompanied the Church for two thousand years.' So when we ask, as we must, how to engage in the great contests of our day, we can do so 'with trusting optimism, but without underestimating the problems we face. We are certainly not seduced by the naïve expectation that, faced with the great challenges of our time, we shall find some magic formula. No, we shall not be saved by a formula but by a Person, and the assurance which he gives us: I am with you!' So, the Pope continued, 'It is not a matter of inventing a new programme. The programme already exists: it is the plan found in the Gospel and in the living Tradition ... it has its centre in Christ himself, who is to be known, loved and imitated, so that in him we may live the life of the Trinity, and with him transform history until its fulfilment ... But it

must be translated into pastoral initiatives adapted to the circumstances of each community' (*Novo Millennio Ineunte* 29). For Christian witness to be effective, especially in the areas of bioethics and family life, where the Church's teaching may be unpopular or misunderstood, 'it is important that special efforts be made *to explain properly the reasons* for the Church's position' (*Novo Millennio Ineunte* 51). This book is one such effort at this third millennial project.

There is much about contemporary healthcare and bioresearch worthy of celebration. Lives are saved. People are cured of debilitating diseases or prevented ever from suffering them. Others have the advance of sickness limited or symptoms relieved. Many more are well cared for while they are sick, recovering or dying. At least in the more developed economies, people can now expect to live to 'a ripe old age'. Of course there are limits to the technology and art of healthcare – the limits of the possible and also of the moral. Medicine can be misused. Yet as the fourth-century doctor of the Church Saint Basil the Great observed: 'As regards medicine, it would not be right to reject this gift of God, just because some people misuse it ... We should, instead, throw light on what they have corrupted, so that medicine might be used rightly.'<sup>1</sup>

In medicine today ethics often bumps up against *the technological imperative*: the idea that if a thing can be done it should be (or inevitably will be) done. Proponents of this view often caricature their opponents as 'Luddites' or 'fundamentalists', fearful of progress and seeking always to obstruct it; meanwhile they present themselves as benefactors of humanity as it marches into a glorious future. They resent 'interference' from outside the profession and brush aside ethical questions such as those raised in this book. But no technology – medical technology included – is self-justifying or beyond criticism. Leon Kass, a leading Jewish bioethicist and former chair of the US President's Commission on Bioethics, puts it well: 'We must all get used to the idea that biomedical technology makes possible many things we should *never* do.'<sup>2</sup>

A similar imperative to the technological one is *the rescue imperative*: the very natural desire to save those at risk of damage or death. This is, of course, what drives medicine and is a very important starting point for a 'pro-life' ethic. Yet the Good Samaritan norm of intervening to rescue

<sup>1</sup> St Basil the Great, *Regola lunga* 55:3.

<sup>2</sup> L. Kass, 'The wisdom of repugnance: why we should ban the cloning of humans', *New Republic* 216(22) (2 June 1997), 17–26.

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is not absolute: there is no duty to preserve life *at all costs*, by every possible means, no matter what is required or forgone in the process. On the contrary, a single-minded focus on preserving life (or improving health) can be just as dangerous as any other fanaticism that ignores other goods, norms and responsibilities, and the downsides of any choice. While there is always cause to care, there will be times when some and perhaps all treatments are no longer warranted. Sometimes the rescue imperative is driven not just by a refusal to let go but also by a fear of disappointing relatives or ending up in court; it may even be driven by research or financial goals. *Over-treatment* is common in some places and can be as morally problematical as under-treatment.

Another tendency, also common in contemporary healthcare, is a *pragmatism* which masquerades as a proper concern for efficiency, effectiveness or quality of life, but which plays out in discharging people from hospitals before time or denying them appropriate care or even abandoning them altogether. Once certain people are identified as expensive, difficult or having a low quality of life, as ‘vegetables’ or ‘dying’, there is a risk that they will suffer *under-treatment* or a denial of basic care.

In the face of these and other contemporary tendencies the wisdom of the Catholic bioethical tradition offers important points of guidance and criticism. Here I list seven propositions from that tradition, articulated especially in John Paul’s bioethical charter *Evangelium Vitae*, and elsewhere in the Scriptures and the magisterium (authoritative and official teachings) of the Catholic Church.

- There are objective philosophical and theological truths about the nature of the human person, relationships and actions, accessible to faith and reason, and these must inform the Christian conscience; to act morally and to flourish persons must act in accordance with such principles.
- Human beings are a unity of physical, emotional, intellectual and spiritual dimensions; like all animals ‘we are our bodies’, but unlike other animals our bodies make concrete a spiritual reality as free, rational, loving beings; we are created as children of God the Father, redeemed as siblings of God the Son, inspired as temples of God the Holy Spirit and destined to eternal bodily life with the Blessed Trinity and the saints.
- Nothing can diminish the intrinsic dignity and inviolability of the human person: God is the Author and Lord of life and he commands reverence for every human life.

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- A direct attack upon an innocent human being is always gravely immoral, whether it is an end in itself or a means to some other end; such lethal attacks include murder, surgical abortion, abortifacient drug use, human embryo destruction, some reproductive technologies, search-and-destroy genetic testing, infanticide, suicide, active euthanasia (voluntary or not) and euthanasia by neglect of basic care (such as denial of feeding); so also non-lethal attacks such as direct torture, maiming, sterilization and substance abuse.
- Responsibility in this area is complex and thus the objective evil of killing does not necessarily indicate grave sin on the part of every perpetrator: those who are suffering from stress (e.g. in pregnancy) or depression, the terminally ill and the frail elderly, and those around them, often have very limited freedom, as do those who may cooperate in evils; but the Church must continue to preach 'the Gospel of Life' and to champion the victims of 'the culture of death' by seeking conversion of hearts and of cultures, and good laws, policies and practices.
- Human acts in this area are also complex, and so we must clarify our intended ends and the foreseen but unwilled side-effects of our proposals; hence we distinguish direct from indirect abortion, euthanasia from appropriate withdrawals of treatment and palliative care, and formal from material cooperation in evil.
- People should take reasonable measures to protect and promote life and health for themselves, dependants and others. Christians engage in healthcare ministry in pursuit of the common good and as a continuation of the healing mission of Christ; they must be conscious of the challenges today in maintaining Catholic identity and in justly allocating resources. They support healthy lifestyles, therapeutic procedures, some organ donation and all ethical research.

Here too we might note seven propositions from Catholic sexual teaching, also widely contested today, which have been articulated in the Scriptures and tradition, especially in John Paul II's exhortation *Familiaris Consortio* and his series of catecheses popularly known as the *Theology of the Body*:

- Sexuality is a fundamental aspect of our bodiliness, personality, relationships and activity, so that maleness and femaleness are fundamental in a way that race and tastes, for instance, are not; the male and female ways of being human are different but of equal dignity, complementing

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each other and grounding a reciprocity most perfectly expressed in marital communion.

- Sexual activity expresses a total self-giving and receiving which is marital and so is reserved to spouses; non-marital sexual activity is wrong.
- Marriage is the free commitment of a man and a woman to unite as husband and wife exclusively and for life – for the sake of their mutual fulfilment, for begetting and educating children within a stable family, for the building up of the social and ecclesial community and for the salvation of all concerned.
- Married couples have responsibilities to guard their own and each other's vocations and to fulfil them by loving, honouring and serving each other as faithful companions for the whole of life.
- The unitive and procreative dimensions of 'the marital act' are intrinsic and cannot be separated; neither should be deliberately excluded when a couple make love; couples should therefore engage in marital intercourse generously and responsibly, taking into consideration the times of fertility and their capacity to bring up a new child. Children should be conceived from an act of love rather than a laboratory procedure.
- Parents should raise their children justly and lovingly, promoting their growth according to Christian principles, so that their family is 'a school of deeper humanity' and 'a domestic church'.
- Everyone should cultivate chastity, courage, hope and love in their relationships, integrating sexuality into their vocation; particular challenges arise today in living a Catholic sexual and marital ethic because of false views of the human person, freedom and relationships.

There are many other propositions in the Catholic ethics of life and love, and it will be evident that 'bioethics' here overlaps with sexual ethics and social ethics in contemporary contests and responses. We must resist compartmentalizing the 'bio' from other parts of morality.<sup>3</sup> But my fourteen propositions are probably enough to start with! They will be elaborated and qualified in the course of this collection of essays. A number of these claims are as much contested within the contemporary Church as outside it; some of these assertions are supported by people outside the Church as much as by those within. In any case, these issues touch many people, often quite deeply, and require to be explored honestly and with

<sup>3</sup> See A. Fisher, 'Christian ethics, Roman Catholic', *Encyclopaedia of Applied Ethics* (San Diego: Academic Press, 1998), vol. 1, pp. 471–92.

compassion. In this book I will try my best to do this, ‘speaking the truth in love’.

Many people have affected the thinking I present in these chapters. My Dominican brothers saw to my education in moral theology and bioethics and supported me while I undertook much of this research. Professor John Finnis of the University of Oxford supervised my doctorate and has been a great influence on my thinking, as has his distinguished collaborator Germain Grisez. The staff and students of the John Paul II Institute for Marriage and the Family in Melbourne, Australia, have been my companions in these investigations. Professor Hayden Ramsay, deputy vice-chancellor of the University of Notre Dame Australia, Sydney, has been a constant intellectual and personal support. For most of the years that I have served as a member of the Pontifical Academy for Life – and for several years before – Bishop (now Cardinal) Elio Sgreccia gave sterling leadership to the academy and encouragement to its younger members: I thank him for this, as I do my colleagues in that academy.

I also record my gratitude to the Dominican community of Blackfriars Oxford, especially the Regent, the Revd Dr Richard Finn OP, to Mr Christopher Flynn and family and to George Cardinal Pell, Archbishop of Sydney, who gave me the ease of a sabbatical in Oxford to draw these chapters together and rework them. I also thank my secretaries, Mr Ben Lucas, Ms Alison Bell and Mrs Helen Howard, for their assistance and patience throughout.

Some of the chapters in this volume have been published previously in some form but all have been revised, some very significantly. Part I explores some fundamental questions under the umbrella of ‘How are we to do bioethics?’ The origins of Chapter 1 are in A. Schmitz (ed.), *A Garland of Silver: A Jubilee Anthology in Honour of Archbishop Mario Conti* (Aberdeen: Ogilvie Press, 2002), pp. 99–143. Chapter 2 was given at the 2007 Congress of the Pontifical Academy for Life in Vatican City and published in E. Sgreccia and J. Laffitte (eds.), *Christian Conscience in Support of the Right to Life* (Libreria Editrice Vaticana, 2008), pp. 37–70. Chapter 3 is largely drawn from a paper given in 2003 at an international conference of the Linacre Centre for Healthcare Ethics, at the University of Cambridge, England, and appeared in H. Watt (ed.), *Cooperation, Complicity and Conscience: Moral Problems in Healthcare, Science, Law and Public Policy* (London: Linacre Centre, 2005), pp. 27–64.

Part II examines some beginning-of-life issues. Chapter 4 considers the question that underlies all of this part – when does life begin? – by



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revisiting and updating a paper from *Anthropotes* 7(2) (December 1991), 199–244. Chapter 5 then examines death almost immediately after life begins – in the embryo laboratory – and a range of issues in the stem cell debate. It has evolved from conference papers at the University of Melbourne (Australia, 2002), the University of Brno (Czech Republic, 2004), the University of Santo Tomas, Manila (Philippines, 2005), the University of Notre Dame Australia (Australia, 2009) and the University of Toronto (Canada, 2010). Parts have appeared in the *Journal of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists* 4(4) (2002), 276–7, and in F. Gomez (ed.), *Celebrating the Gospel of Life: Basic Issues in Bioethics* (Manila: UST, 2006), pp. 191–206. Chapter 6 looks at life-issues later in gestation and amplifies papers given to the Australian Theological Forum in the University of Melbourne in 1995 and at the Fifteenth International Conference of the Pontifical Council for the Pastoral Care of Health Professionals in the Vatican in 2000. These were published in H. Regan *et al.* (eds.), *Beyond Mere Health: Theology and Health Care in a Secular Society* (Melbourne: ATF, 1996), pp. 145–68, and in *Dolentium Hominum* 46(1) (2001), 85–95.

Part III treats some bioethical questions that arise at the other end of life. Chapter 7 substantially reworks a lecture given in 1999 in the Faculty of Medicine of the University of Santo Tomas, Manila, which appeared in F. Gomez and A. Yu-Soliven (eds.), *Love and Life-Making, Confidentiality, Xenotransplants and Aging* (Manila: UST, 2000), pp. 75–110. Chapter 8 is a shortened version of a paper delivered at the 2005 conference of the International Association of Catholic Bioethicists and published in C. Tollefsen (ed.), *Artificial Nutrition and Hydration: The New Catholic Debate* (Dordrecht: Springer, 2008), pp. 3–38. Chapter 9 has not previously been published but reworks papers presented in the Faculty of Theology of the University of Oxford and in the School of Theology of the Australian Catholic University, Melbourne.

Part IV explores some questions around nurturing and protecting human life. The identity of Catholic healthcare institutions is a major challenge for owners, sponsors, managers and professionals of those institutions – as well as outsiders looking in. Chapter 10 was delivered at Queens' College in the University of Cambridge for the Twentieth Anniversary Conference of the Linacre Centre for Healthcare Ethics, and published in L. Gormally (ed.), *Issues for a Catholic Bioethic* (London: Linacre Centre, 1999), pp. 200–30. The final chapter – on the responsibilities of politicians – began its life at another Linacre Centre conference at Cambridge



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and was published in L. Gormally (ed.), *Culture of Life – Culture of Death* (London: Linacre Centre, 2002), pp. 195–226.

Many people assisted with updating and editing these chapters, including Mr Jonathan Baker, Ms Georgina Meyer, the Revd Vincent Magat OP, Ms Thérèse Buck, Mr Brett Doyle and Ms Lisa Garland. Mrs Susan Holmes provided the index. I thank the publishers of some earlier pieces for permission to rework and republish them. I also thank Laura Morris, Anna Lowe, the referees and the rest of the team at Cambridge University Press for all their help. For this book I have not only updated and integrated the earlier articles in various ways but also cut back on the number and length of references in some chapters; readers who are interested in fuller references might check the original publications.

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