

Opinion

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CHRISTIAN BIOETHICS: A NON-ECUMENICAL REBIRTH

By H Tristram Engelhardt, Jr

The United States have just produced a scholarly journal devoted to Christian bioethics. This journal is committed to exploring issues in bioethics within the framework of traditional Christian commitments. Far from wanting to reconstruct Christian morality in harmony with contemporary sentiments, *Christian Bioethics* is seeking to bring traditional Christian commitments to the reconstruction of contemporary moral sentiments bearing on health care. The emergence of *Christian Bioethics* brings the field full circle, returning it to where its recent flourishing began thirty years ago. The difference lies now in better appreciating, after three decades, what secular bioethics can and cannot offer, as well as recognizing better why a Christian bioethics that is to be authentic must take the unique content of Christianity seriously. A Christian bioethics that is to accept its own character must recognize that it is quite different from a secular bioethics. Moreover, it must take seriously the difference among the various Christian faiths. Hence, *Christian Bioethics* has as its subtitle: *Non-Ecumenical Studies in Medical Morality*.

The reemergence of Christian bioethics in this form is somewhat unexpected, even for the editors. After a brief but splendid flourishing in the 1960's and early 1970's, Christian bioethics as a distinctive scholarly field withered on the vine. It was largely supplanted by the growth of secular bioethics. It was not just that secular bioethics obscured work done in Christian bioethics. More significantly, Christian bioethics in great measure passed over into and largely became indistinguishable from secular bioethics. It was as if Christian bioethics could not take its peculiarly Christian content and character seriously. That which was uniquely Christian about Christian bioethics was received as embarrassingly parochial. The very particularity of Christian bioethics called out for the universality of secular bioethics.

This is only too understandable. Christian bioethics was unable to speak successfully to the pressing problems urged upon it by the new medicine. At least if success lies in providing generally accessible guidance. The new technologies, their costs, and their disturbing possibilities required responses. One needed to understand when and how long to employ the new critical care interventions that were being developed. The advent of reliable prenatal diagnosis and safe abortion made the selective killing of fetuses inviting as a rational alternative to the birth of defective newborns. The mounting costs of the new medicine led to reflections on triage and rationing. Advances in human reproduction allowed a woman without a uterus to have a baby from her own ovum, given the availability of a surrogate mother, requiring a reconsideration of bounds of proper reproduction. Everywhere there were important questions to answer. When Christians came to address the issues, the result was a repetition of the babble engendered by the Reformation. There were more Christian answers than questions.

Christianity did not appear able to guide a secular society in the pressing task of developing generally justifiable health care policy.

Society needed guidance. It required justification for its policies, so that legal constraints would not have a morally arbitrary character. Governments sought those who could rationally demonstrate what all ought to recognize as morally appropriate health care policy. If such could be established, then those who disagreed could be dismissed as irrational. In addition, society would have the authority of reason to impose that policy. The appeal to reason involved consulting with those who were authorities about what reason demanded. It avoided appeals to individuals considered merely to be in authority, especially when that authority was not legitimated by democratic societal authorization (eg, bishops and popes). Christian bioethics, by advancing conflicting views regarding who is a moral authority or who is in moral authority, introduced a potentially unmanageable pluralism of moral visions that rational secular bioethics could promise to transcend. In contrast, rather than having ethics committees and bioethics commissions include representatives from all the various competing religions, with secular bioethics it would be sufficient to have the advice of those bioethical experts who could identify the moral principles underlying a justifiable secular moral consensus.

This temptation was predictable. It had roots reaching back to the High Middle Ages and before: reason should be able to disclose what men of good will ought to affirm. Though theology separated, philosophical discipline, analysis, and argument could unite. This turn to reason to assemble an answer acceptable by all resonated with the ecumenical passions of the time. Disciplined reflection promised to transcend the plurality of Christian bioethical visions. Christian bioethics turned from the divisive content of the various Christian religions to a universality sought in reason. This turn had profound implications. If this project had merit, then the particularities of the diverse Christian faiths were at best distractions. To do bioethics, perhaps one did not need to worry about the particularities of Christianity, even if one were a Christian.

The hope to transcend moral diversity and pluralism went unfulfilled. Secular bioethics only recapitulated the moral diversity and pluralism of religious bioethics. Appeals to casuistry went aground on the circumstance that there are as many background secular frameworks through which to approach and interpret particular challenging cases as there are competing religious frameworks.¹ So, too, with middle-level principles.² They ceased to be useful in realizing controversies as soon as the individuals had truly different background secular moral understandings. For example, when Rawlsians³ and Nozickians⁴ invoke the middle-level principle of justice, they do not discover a common vision of fairness. Instead, their differences are highlighted. As secular bioethics took shape in the 1980's, moral philosophy was recognizing post-modernity,⁵ if

¹ For example, Albert Jonsen and Stephen Toulmin attempt to resolve moral controversies, despite the plurality of theoretical understanding of ethics, by an appeal to a secular casuistry. *The Abuse of Casuistry* (Berkeley: University of California Press, 1988). As indicated in the text, this does not succeed. See, also, Kevin Wm Wildes, SJ, *A View from Somewhere* (in manuscript).

² Tom Beauchamp and James Childress have attempted to transcend the moral pluralism of post-modernity by an appeal to middle-level principles. See, for example, *Principles of Biomedical Ethics*, 4th ed (New York: Oxford University Press, 1994).

³ John Rawls, *A Theory of Justice* (Cambridge, Mass: Harvard University Press, 1971).

⁴ Robert Nozick, *Anarchy, State, and Utopia* (New York: Basic Books, 1974).

⁵ See, for example, Alasdair MacIntyre, *After Virtue* (Notre Dame, Ind: University of Notre Dame Press, 1981) and *Whose Justice? Which Rationality?* (Notre Dame, Ind: University of Notre Dame Press, 1988). MacIntyre's recent attempt to develop a method to transcend this pluralism

not the end of philosophy.⁶ Secular moral philosophy was bringing itself into question.⁷ It was raising the disturbing possibility that philosophy might never realize the Enlightenment dream of discovering a canonical moral vision. If that were the case, secular bioethics could not provide the univocal standpoint of reason from which to transcend the diversity of religious perspectives.⁸ Indeed, it became clear that in principle one could not have a secular moral vision that was universal and still had content. Secular bioethics failed to provide even an ersatz ecumenism.

Secular bioethics also failed to answer the deep questions about the significance of human life and the purpose of the universe - especially as those questions are pressed upon us as we encounter mortality and the finitude of our human condition. It is one thing to draw philosophical distinctions. It is another to decide whether one will regard human life and the universe as ultimately surd or undergirded by a transcendent meaning. Secular bioethics did not speak to the ultimate significance of human suffering, the purpose of life, the meaning of human sexuality, and the final import of death. Argument to the contrary notwithstanding, these questions did not go away. On the one hand, it became clear that secular bioethics could only provide a secular *modus vivendi*. If one did not listen to God and hear His unique message, and if reason could not provide a canonical moral vision, the best one could do was to draw moral authority from the consent of those involved in health care. As a result, free and informed consent became salient and the moral equivalent of rights to privacy were invoked to justify a peaceable diversity of individual choices in health care. Ultimate claims were to be avoided because these divided physicians from patients, patients from patients, and health care professionals from health care professionals.

Despite this flight from the ultimate, Christianity remains. So, too, do the substantive differences that separate the Christian religions. Christians are left facing the challenges of the new biomedical technologies. They find themselves separated over matters of ultimate importance while needing to face bioethical questions not only because of their immanent urgency, but because of their transcendent importance. For example, though Orthodox Christians and Roman Catholics agree that abortion is wrong, the Orthodox find no reason for agreeing with the Roman prohibition of contraception. On the other hand, many Protestants refuse to concur with the Orthodox and the Romans concerning abortion, and some even see grounds for accepting limited voluntary active euthanasia. These are real differences about matters that have ultimate significance. Moreover, ecumenism at best united those without substantive moral differences, while once united Christian faiths have fragmented over fundamental issues of morality and ecclesiology. Christians find themselves united neither in one baptism or one Eucharist.

Given these circumstances, how should one proceed? *Christian Bioethics* is set on recongizing our differences honestly and discussing them forthrightly. What divides us

does not succeed. *Three Rival Versions of Moral Enquiry* (Notre Dame, Ind: University of Notre Dame Press, 1990). See H T Engelhardt, Jr, *The Foundations of Bioethics* (New York: Oxford University Press, 1996), p 87.

⁶ Kenneth Baynes, James Bohman, and Thomas McCarthy (eds), *After Philosophy: End or Transformation?* (Cambridge, Mass: MIT Press, 1987).

⁷ Richard Rorty, *Contingency, Irony, and Solidarity* (Cambridge: Cambridge University Press, 1989).

⁸ I have developed the arguments on this matter in *The Foundations of Bioethics*, 2nd ed (New York: Oxford University Press, 1996).

is of great and enduring significance and should not be set aside in an attempt to establish a false unity. *Christian Bioethics* is non-ecumenical in not attempting to avoid, deny, or evade our disagreements. If anything, our hope is to see our differences more clearly. It is also non-ecumenical that we really believe the other ought to convert. If Christianity is about matters of substance, then where there is substantive disagreement, there should be substantial separation as well as a whole hearted attempt to convert the other to the truth. *Christian Bioethics* is thus a contentious journal. *Christian Bioethics* has as its goal taking the substance of Christianity seriously, which is enough to make the journal controversial. The recent history of bioethics has come full circle. As we begin again where we started, perhaps we can "know the place for the first time".