

Theological Foundations, the Sometime Hidden Background of Catholic Bioethics

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EVERYONE HAS A DESIRE FOR BEATITUDE, fulfillment, happiness. That explains why human beings always make choices for what we perceive to be goods, whether real or only apparent. Ultimate happiness, namely the beatific vision, cannot be known by philosophical demonstration or natural intuition, but only through revelation.¹ Pure reason cannot demonstrate that God will in fact give the means for the happiness of knowing and loving him forever in a direct manner. While one could possibly know by reason that there is a natural desire to directly see or understand who has caused us to exist, this knowledge requires a free decision of God's self-revelation to us, which as persons of faith we know he has done.

The First Fundamental Inclination of the Human Person

A fundamental desire of the human person is to keep one's being in existence.² As a normal property of this inclination which contributes to happiness, naturally speaking, everyone desires good health because bad health eventually leads to chronic pain or death. And while chronic pain may not lead to immediate death, enduring it often requires heroic virtue, laced with much sorrow if not also disordered fears as well. From

¹ *DS* 3004; *CCC* 163, 2448.

² *ST* I-II, q. 94, a. 1.

this inclination for self-preservation and good health comes the whole spectrum of bioethical conclusions and good medical care.

Bioethics As a Work of Theology

St. Thomas reminds us that after very little consideration based on common first principles of morality, people can more or less know “right from wrong” action. But there are some human acts, bound up with special circumstances, wherein only the wise can know what is obligatory. Finally some truths about human action can be known only by divine teaching.³

Nicanor Austriaco, O.P., one of the wise, has written a stellar work on Catholic bioethics.⁴ It is a theological synthesis of revelation, natural law, scientific discovery, philosophical inquiry, and magisterial teaching of the popes. To adhere to the author’s many conclusions requires divine faith as well as assent in the ordinary and definitive teaching of the magisterium. Additionally one requires a robust optimism that human reason can achieve truth about morally good medical actions. But truth about what? Truth about the journey of life toward ultimate happiness or beatitude and even toward imperfect fulfillment and joy in this world. The journey is taken by human action flooded with reason and faith, and free will choosing wisely certain actions, seeking to insert moral truth in one’s very being, thereby becoming fulfilled in virtue, the multifaceted perfections of the human person. Such a journey requires practical wisdom based upon many principles of prudence, applying the norms of the natural law and revelation as discerned by reason and faith.⁵

The Role of Faith

What precisely does the faith content of the Catholic Church bring to the table of bioethical decision making? This article tries to show that if one does not believe in God, the human person’s fundamental and unchanging dignity becomes obscured and diminished, if not forgotten,

³ ST I-II, q. 100, a. 1.

⁴ Nicanor Pier Giorgio Austriaco, O.P., *Biomedicine and Beatitude: An Introduction to Catholic Bioethics* (Washington, DC: The Catholic University of America Press, 2011).

⁵ ST II-II, qq. 47–52.

in a sea of conflicting moral decisions about one's healthcare. What is truly respectful human service to health becomes subhuman, since the person is treated as a thing or a product.

The science of theology begins with the creeds and dogmatic definitions of the Catholic faith—some few which *can*, with much effort, be demonstrated by reason alone but can be known only to the few who have the time and talent for such excellent thinking about matters above human experience. Once one believes in God or knows that he exists as efficient and final cause of all things,⁶ then it becomes easier to understand by reason alone that God is at least the maker and by faith that God creates the universe out of nothing.⁷ Also, from philosophy alone, one discovers that the human person is composed in a unity of material body and spiritual soul. The latter is immortal, since nothing material can dispatch a spiritual being. (God, though, could theoretically withdraw its existence so that it would lapse into nothingness.) The doctrinal definition about the composition of body and soul for a human nature by a general Council of the Church confirms what reason knows.⁸ Further, faith adds to these truths that each soul is specially created by God⁹ and has a destiny far beyond what reason can comprehend, namely, the vision of God, which is beatifying beyond our imagining.¹⁰

From a branch of philosophy (metaphysics) upon which the theologian also depends, one knows that all created being, including man, is limited being. With this truth emerges for moral theology that humans have limited power or a shared dominion over their bodies. Because of the fundamental inclination to goodness flowing from human nature itself, the principle of totality likewise emerges. Namely, one can sacrifice a part of one's body for the sake of the life of the whole body. From this conclusion of St. Thomas,¹¹ the bioethical principle of therapeuticity emerges.¹² Thus, one can remove any diseased organ, or a healthy organ

⁶ *ST* I, q. 1, a. 3.

⁷ *DS* 3021, 3025 (Vatican I).

⁸ *DS* 1440–1441 (Lateran Council V with reference to *DS* 902 of the Council of Vienna).

⁹ *CCC* 34, 366.

¹⁰ *DS* 1000 (Pope Benedict XII).

¹¹ *ST* I-II, q. 64, a. 7.

¹² Pontifical Council for the Pastoral Care of Health Care Workers, "Charter for

causing a serious disease, in order either to preserve the life of a human being or to alleviate physical pain.

Because God is known by faith as the author of life and death,¹³ it becomes easier to understand why no one can, morally speaking, take the life of an innocent human being. Humans are not the creators of the human soul, even though we do aid in generating human beings by giving the material for the soul's infusion. Death itself is the separation of the soul from the body,¹⁴ although this separation is not known by observation, since the soul is immaterial. It therefore falls to medical science to determine the principal sign(s) of natural death, but not to use medical means to directly cause death. Furthermore, beyond the scope of dogma, science and medicine have the responsibility of determining the signs of death. Further, scientists now argue about the relatively new and disputed criterion called brain death.

From a practical standpoint, in response to the question of whether or not someone should request a "do not resuscitate" protocol when the heart has stopped beating, medical moral science can give advice based on benefits and burdens.¹⁵ Will the person be in a worse condition as a result of pain management? Are there financial resources to support the person's life in such circumstances after being resuscitated? A sound decision here requires prudence. These very concrete issues and others require from the bioethicist and the prudent doctor great experience, knowledge of biology, and often uncommon practical wisdom.

Non-Consent to Probable Teachings of the Magisterium

With the role of teaching the way of Christ, the Church's magisterium does not always definitively teach what is to be believed or acted upon; the magisterium gives solid opinion that may be developed over time, but that ordinarily requires the consent of heart and mind of the average believer.¹⁶ However, theological scholars or scientists may some-

Healthcare Workers," 66.

¹³ CCC 1502.

¹⁴ CCC 624, 650, 997.

¹⁵ See Pius XII, "The Prolongation of Life: Allocution to the International Congress of Anesthesiologists," *The Pope Speaks* 4 (1958): 395–98.

¹⁶ CCC 892; cf. *Lumen Gentium* §25a.

times withhold consent, while being open to changing their opinion to the contrary, which opinions are grounded in the biological sciences or theological sources.¹⁷ These magisterial teachings are called non-infallible because the light of truth is not clearly available—in part because they are not taught explicitly in the sacred Scriptures or in the Tradition. Often, it is not yet clear if particular medical interventions produce harm or benefit to the human person. For example, in bioethical matters, determining the medical signs of death other than the irreversible stoppage of the heart and the body becoming a cadaver has become a source of contention among scientists. Total brain death as a sign of death is seriously questioned today because there is no universal agreement among scientists and doctors as to the tests capable of determining if a brain is totally dead, contrary to what St. Pope John Paul II taught in 2000.¹⁸ Some allegedly brain dead persons have lived for years.¹⁹

Human Dignity As a Middle Term for Many Moral Conclusions of Bioethics

Within *Biomedicine and Beatitude*, Austriaco often makes reference to the notion of the dignity of the human person to conclude his arguments against the killing of embryos and fetuses, in vitro fertilization, contraception, and euthanasia, all of which treat human beings as objects or products rather than persons with dignity.²⁰ Austriaco also shows how violating certain moral norms upholding human dignity essentially attacks the basic human goods of man's nature rather than enabling the flourishing of that same human nature.

The notion of a person having “dignity” comes from a series of past theological authors who argued that individuality and personhood are at the center of what it means to be human and deserving love and respect. Unlike other creatures, man, being free, rational and existing in and for himself means that each individual is created in the image and

¹⁷ Congregation for the Doctrine of the Faith, *Donum Veritatis* (1990), §§27–31.

¹⁸ “Address of John Paul II to the 18th International Congress of the Transplant Society,” (August 29, 2000), <http://robertaconnor.blogspot.com/2011/09/brain-death-controversy-john-paul.html>.

¹⁹ See Austriaco, *Biomedicine*, 195–201.

²⁰ Immanuel Kant, *Lectures on Ethics*, trans. Louis Infield (New York: Harper and Row, 1963), 165.

likeness of God and subject to being perfected by virtue. Each individual is also the possessor of inalienable rights.²¹ Like God, persons can know and love freely. The *Catechism of the Catholic Church* contains two important numbers on this subject:

§356 Of all visible creatures only man is “able to know and love his creator” (GS 12). He is “the only creature on earth that God has willed for its own sake,” (GS 24) and he alone is called to share, by knowledge and love, in God’s own life. It was for this end that he was created, and this is the fundamental reason for his dignity: “What made you establish man in so great a dignity? Certainly the incalculable love by which you have looked on your creature in yourself! You are taken with love for her; for by love indeed you created her, by love you have given her a being capable of tasting your eternal Good” (Catherine of Siena, *Dialogue*, 4, 13).

§357 Being in the image of God the human individual possesses the dignity of a person, who is not just something, but someone. He is capable of self-knowledge, of self-possession and of freely giving himself and entering into communion with other persons. And he is called by grace to a covenant with his Creator, to offer him a response of faith and love that no other creature can give in his stead.

Substantial dignity then begins from the very moment the soul is infused into the body, ordinarily when the sperm and the egg become a two celled organism, that being at the commencement of human life must be treated as such, and have certain rights in principle even if the matter for receiving the soul is not disposed. Further, the *Compendium*

²¹ See Patrick Lee and Robert P. George, “The Nature and Basis of Human Dignity,” *Ratio Juris* 21 (2): 179–93; Mette Lebeck, “Towards A Definition of Human Dignity,” *La Cultura della Vita: Fondamenti e dimensioni*, ed. Juan De Dios Vial Correa and Elio Sgreccia, Assembla Generale 1–4 Marzo 2001 (Citta del Vaticano: Libreria Editrice Vaticana, 2002), 87–101.

of the *Social Doctrine of the Church*,²² adds to this body of teachings:

§153 *In fact the roots of human rights are to be found in the dignity that belongs to each human being. . . . The ultimate source of human rights is not found in the mere will of human beings, in the reality of the state, in public powers, but in man himself and in God his creator.* These rights are “universal, inviolable and inalienable.”

Further, the *Compendium* asserts:

§553 *Promoting human dignity implies above all affirming the inviolability of the right to life, from conception to natural death, the first among all rights and the condition for all other rights of the person.*

It is now evident why Austriaco appeals so often to the dignity of the human person and why this becomes a kind of middle term for arguing against certain medical procedures.

The Role of Burden and Benefit As a Means of Prudential Decisions in Hardship Cases

Frequently “burden and benefit” arguments of a secular nature, which are in favor of collapsing fundamental moral precepts, amount to relieving pain in such a way that causing death seems to be the only solution. What is often urged as a solution to difficult moral problems becomes a deeper problem. What is done in the name of autonomy is to eliminate the person of autonomy. For some secular models of health-care, life at all costs or involuntary or non-voluntary death become false norms of behavior. In other words, for the secularist the dignity of the human person means absolute autonomy to do what someone subjectively thinks will achieve happiness by creating his own moral norms without reference to human nature itself.

²² *Compendium of the Social Doctrine of the Church* (Citta del Vaticano: Libreria Editrice Vaticana, 2004).

A Theological Perspective

These doctrinal underpinnings as well as arguments from philosophy are presupposed in Austriaco's study. Without them, the perfection of virtue, compassion for the sick and dying, the role of suffering in the Christian life, and many of the arguments upholding moral absolutes often appear dim to the secular philosopher and the non-believer. Instead of truth discovered by reason and affirmed by faith, morally false decisions emerge based on feelings and the will to choose, following mere intuition rather than solid principles, with the end of relieving pain and suffering or conversely keeping a person alive needlessly, at all costs, as an absolute when he or she is in fact dying.²³

The Catholic faith, by contrast, teaches that human beings are sluggish about living the divine commandments and other precepts flowing from them, because the effects of original sin and personal sin leave weaknesses in the mind, the will, and the emotions.²⁴ It ordinarily takes a long lifetime of struggle aided by grace to grow in prudence, justice, fortitude, and temperance as well as in the supernatural virtues of faith, hope, and charity.²⁵ The desire for pleasure and the repugnance toward suffering tend to obscure one's moral compass, and so humans tend to choose only apparent goods for the human person, thereby introducing more deficits into one's personal being.²⁶ Furthermore, faith in the Incarnation of the second person of the Blessed Trinity aids one to understand how deep is the dignity of the human person, not only created in the image and likeness of God but also recreated in the likeness of Christ himself.²⁷ The whole paschal mystery of Christ becomes the source of one's redemption and salvation.²⁸ The role of grace facilitating one's ability to live the life of perfection and virtue in ordinary ways as well as in the face of suffering becomes essential.²⁹ Without a firm grasp of these faith realities, the challenges of the life of virtue in sickness be-

²³ CCC 2289.

²⁴ CCC 400–407; DS 371 (Council of Orange); cf ST I-II, q. 85, a. 3.

²⁵ CCC 2015, 2343.

²⁶ CCC 1861–1863; DS 190–192.

²⁷ ST III, q. 1, a. 2; q. 4, a. 6.

²⁸ CCC 1506.

²⁹ CCC 2366.

come overwhelming. Moreover, even ordinary virtue can be perceived as something extraordinary or heroic, especially in regard to sexual morality lived by the principles of chastity before and during marriage. In marriage itself, unhooked from faith, the decision not to have children is often made contrary to the natural order by the use of contraception and even abortion.³⁰ Worse, what is morally good can be perceived as morally evil, such as allowing someone to suffer when killing him or her seems to be more reasonable based on flawed thinking, as Austriaco asserts time and again throughout his work. Deep in the heart of bioethics then is the notion of man as being in the image of God with a dignity, an intelligible light reached by human reason but very difficult to hold onto when health trials emerge. St. Thomas Aquinas has the following to say about the image of God in man:

Because, as Damascene says, man is made in the image of God in so far as he is patterned after God through intellectuality, freedom of will, and self-determination; after the discussion on the exemplar, namely God, and those things which come forth from the power of the divine will, there remains to be studied his image, namely man, in so far as he too through his free will is the principle of his own works.³¹

Catholic Bioethics Concerns Itself Also with Intimacy with God

For the faith-based person, free human actions done under grace merit further graces and do not simply strengthen the virtues. One can become more closely intimate with God, something pure reason does not know about, when fulfilling one's responsibilities as part of his plan for human beings.³² And when it comes to facing the realities of human pain and suffering, the temptation to play God and to terminate the life of a patient either to eliminate pain or to reduce costs or to receive an inheritance, is quite strong.³³ For the believer, in the face of intractable

³⁰ *Humanae Vitae*, §12.

³¹ *ST I-II*, Prologue.

³² *ST I-II*, q. 114, aa. 1, 8.

³³ *CCC* 2277.

pain, trusting in divine providence means that somehow God permits this terrible experience only to draw greater good from it, if one only cooperates with it.³⁴

With all these faith truths in mind, persons of faith do not base their lives on wishful thinking but on the divine veracity of God who is incapable of deceiving. Therefore, one is motivated by the truth of faith to rise above the feelings of despair and discouragement when faced with the trials of incurable or excruciating pain, or having a child with genetic privations or deficits and the like. God is trustworthy and the truth revealed is indubitable and these problems have meaning and are salvageable as one places indomitable trust in God.³⁵ The non-believer is only faced with extreme perplexity leading to relativistic decisions based upon feelings. Whereas for the person of religious faith, by contrast, to violate one's fundamental moral and faith principles is to commit grave sin and so lose sanctifying grace, that attachment to the Holy Spirit which itself is also something not known by the light of pure reason. This is part of one's conscience formation coming from the New Testament.

Austriaco reminds the believer that there are both supernatural and natural virtues, as well as gifts of the Holy Spirit. At the end of each chapter, he concludes with a subtitle: "Highlighting the Role of Virtue in Bioethics." Obviously, this book is not based upon the vague principles that were articulated in the more famous work by Beauchamp and Childress³⁶ and that are often called collectively "principlism."³⁷ Autonomy, non-maleficence, beneficence, and justice-to-all concerned as the middle principles for making bioethical decisions are simply not enough to result in virtuous actions either in the patient or in the medical staff of a hospital. If someone lacks faith in God and divine revelation, human reason alone, very limited and dim, becomes the light to inform decisions of conscience in the medical field.

In conclusion, Austriaco's book is ultimately attempting to defend and to flesh out the meaning of the dignity of the human person and the

³⁴ 1 Cor 10:13; cf. Phil 4:10–12; Rom 5:3–5; Jas 1:2–5; et al.

³⁵ DS 2778 (Pius IX, *Qui pluribus* 1846).

³⁶ Tom L. Beauchamp and James Childress, *Principles of Biomedical Ethics* (New York: Oxford University Press, 1994).

³⁷ John H. Evans, "A Sociological Account of the Growth of Principlism," *Hastings Center Report* 30 (2000): 31–8.

rights of God over the human person. Science and medicine have their limits because created being is limited. As the then–Cardinal Ratzinger once said:

Man has within him the breath of God. He is capable of relating to God; he can pass beyond material creation. He is unique. He stands in the sight of God and is in a special sense directed toward God. There is indeed a new breath within him, the divine factor that has been introduced into creation. It is most important to see this special creation by God in order to perceive the uniqueness and value of man and, thereby, the basis of all human rights. This gives man a reverence for himself and for others. God's breath is within him. He sees that he is not just a combination of biological building blocks, but a personal conception of God.³⁸

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³⁸ Cardinal Ratzinger, *God and the World: A Conversation with Peter Seewald*, trans. Henry Taylor (San Francisco: Ignatius Press, 2002), 77.

