

Catholic Bioethics after *Beatitude and Biomedicine*: A Response to My Colleagues*

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TO BEGIN, I WOULD LIKE TO THANK my colleagues for their thought-provoking comments elicited by my book,¹ an introductory text that I never imagined would trigger such a stimulating intellectual exchange among scholars and theologians of first repute. In a unique way, each of their essays has challenged me to think about and to imagine how Catholic bioethics will be in the future. What will Catholic bioethics be like, after *Beatitude and Biomedicine*? Rather than address each essay separately, I have decided to organize my response by focusing on three not-so-new frontiers of engagement for Catholic bioethics—its engagements with science, with technology, and with society—that will continue to challenge philosophers and moral theologians.

First, there is the ongoing philosophical engagement with contemporary science. As several of my colleagues have rightly noted in their contributions to this symposium, Catholic bioethicists need to develop a true and convincing philosophical anthropology for the twenty-first

* As a college professor, I know that first editions of introductory texts contain both minor and not so minor errors. *Beatitude and Biomedicine* is no different. And so, I thank all those who have sent me suggestions for revisions, both the contributors to this symposium, and others, which will help me to better the manuscript for a second edition. Further suggestions for corrections are welcome.

¹ N. Austriaco, O.P., *Biomedicine and Beatitude: An Introduction to Catholic Bioethics* (Washington, DC: The Catholic University of America Press, 2011).

century, one that preserves the teleological orientation of the human organism. Recall that for the classical tradition, the good for a particular organism is that which perfects its nature, that is, that which is desirable.² Therefore, to recover a realist account of the good—both the individual good and the common good discussed by Dr. Jensen in his critique of the transhumanist movement—we will need to reimagine an Aristotelian teleology for modern biology. This is a work primarily of speculative reason.

Dr. Condit and Fr. Flannery show us how we can undertake this important task. In their essay, they conceive of the human embryo in Aristotelian terms and then reconcile that view with the most recent findings of human developmental biology. Their description is a robust one. However, I have a small but, in my view, important quibble with it. In their account, they propose that embryogenesis is driven by a “program” of development that consists of three basic components. This reference to a “program” is unfortunate. It brings to mind images of a plan or of a template that governs the developmental process, in the same way that a conductor or a music score drives the behavior of a symphonic orchestra. Most people imagine that DNA is this program.

But if there is anything that contemporary biology has learned, it is that living organisms are self-organizing systems. There is good empirical data that suggests that the mammalian embryo too is a self-organizing system whose origin can be traced back to fertilization.³

Self-organization is a process in which pattern at the global level emerges solely from numerous interactions among the lower-level components of the system.⁴ However, the rules specifying interactions among the system’s components are executed using only local information, without reference to the global pattern. In other words, in a self-organizing system, pattern emerges among the parts without reference to

² Cf. *ST I*, q. 6, a. 1: “For a thing is good according to its desirableness. Now everything seeks after its own perfection; and the perfection and form of an effect consist in a certain likeness to the agent, since every agent makes its like; and hence the agent itself is desirable and has the nature of good.” (English translations are taken from the 1947 Benziger Bros. edition of the *Fathers of the English Dominican Province*.)

³ S. Wennekamp et al., “A Self-Organization Framework for Symmetry Breaking in the Mammalian Embryo,” *Nature Reviews Molecular Cell Biology* 14 (2013): 452–59.

⁴ S. Camazine, et al., *Self-Organization in Biological Systems* (Princeton, NJ: Princeton University Press, 2001), 8.

the whole. In this holistic, systems perspective, there is no program. There is no template. And DNA does not have a privileged master molecule status within the cell. It is just one important molecule—yes, a very important molecule—but just one among many other equally important molecules interacting with each other in the dance that we call life.

To illustrate this systems perspective, a self-organizing orchestra would perform without a conductor or a musical score. Instead, in a self-organizing orchestra, an individual musician would seek to play his instrument in harmony only with the musicians close to him. Some of these musicians would play with several other players, while others would harmonize their instruments with only one other musician in the group. In this way, once initiated, the symphony's music would emerge in an unorchestrated and unpredictable but still bounded manner. The Great Chorus of the Ainur described by J. R. R. Tolkien in his *Silmarillion* comes to mind.⁵ Like this self-organizing symphony, human embryonic development is a process driven by the local interactions among the molecular parts of the whole. It is a process triggered by fertilization.

To conclude, as I have explained in greater detail elsewhere, an account of the organism that de-emphasizes its program or its template and re-emphasizes its pattern of interactions or its state space, in the jargon of systems theory, has the added advantage of allowing us to recover formal and final causality in biology.⁶ In a real way, final causality emerges from a robust notion of formal causality.

Finally, I think that two other *quaestiones* that need to be addressed in this first frontier of engagement for Catholic bioethics include the reconciliation of evolutionary theory and this Aristotelian philosophical

⁵ J. R. R. Tolkien, *The Silmarillion*, 2nd ed. (New York: Random House Inc., 1999), 1–12.

⁶ N. Austriaco, "Substantial Forms, Living Networks, and Natural Ends: Recovering the Teleology of St. Thomas Aquinas in Biology," *in press*. For earlier descriptions of the systems perspective that I have been developing over the past few years to recover the formal and final causality of Aristotle, see my essays: "On Static Eggs and Dynamic Embryos: A Systems Perspective," *National Catholic Bioethics Quarterly* 2 (2002): 659–83; "Immediate Hominization from the Systems Perspective," *National Catholic Bioethics Quarterly* 4 (2004): 719–38; and "The Soul and Its Inclinations: Recovering a Metaphysical Biology with the Systems Perspective," in *The Human Animal: Procreation, Education, and the Foundations of Society*, Proceedings of the X Plenary Session, 18–20 June 2010, The Pontifical Academy of St. Thomas Aquinas (Vatican City: The Pontifical Academy of St. Thomas Aquinas, 2011), 48–63.

anthropology, and the rapprochement between experimental philosophy—I am thinking here especially of the situationist critique of virtue ethics⁷—and the classical tradition. This will involve bringing the behavioral economics of Daniel Kahneman and the evolutionary psychology of Leda Cosmides and John Tooby into conversation with the natural philosophy of Aristotle and the theological anthropology of St. Thomas. I propose that reflecting on the evolved origins of the human appetitive powers would be one way of doing this. This approach would also allow us to incorporate some of the theological considerations raised by Fr. Cole—fallen human nature, unruly powers of the body/soul composite, and personal sin—into an Aristotelian explanation of the evolved rational animal that is intelligible in a post-Darwinian society.

Second, there is the ongoing moral engagement with contemporary medicine and its associated technologies. Bioethics is a dynamic field of inquiry because of the rapid developments in these affiliated sciences. It has to continually adapt its moral findings to incorporate new discoveries and new insights. This is a work of both speculative and practical reason.

Take the disputed question of whether or not a married couple can avail themselves of condoms if one of them is infected by HIV. As Prof. Kampowski rightly notes in his contribution, the development of Highly Active Anti-Retroviral Therapy (HAART), a multidrug regimen that radically reduces the viral load of HIV—whose efficacy was confirmed by epidemiological studies that appeared after the publication of *Biomedicine and Beatitude*—has altered the context of our moral discernment. Couples on HAART dramatically reduce the risk of cross infection. Unfortunately, however, HAART is not cheap. Currently, the lifetime cost of this pharmacological regimen is estimated at \$13,024 per patient (in 2010 dollars), in the United States.⁸ This puts it beyond the reach of most HIV-positive couples, the majority of whom live in the developing world, especially in Africa. As I will discuss in more detail

⁷ For a recent summary of this empirically based critique of virtue ethics, see Gopal Sreenivasan, “The Situationist Critique of Virtue Ethics,” in *The Cambridge Companion to Virtue Ethics*, ed. Daniel C. Russell (Cambridge: Cambridge University Press, 2013), 290–316.

⁸ K. A. Gebo et al., “Contemporary Costs of HIV Healthcare in the HAART Era,” *AIDS* 24 (2010): 2705–15.

below, poverty is the unspoken context of many bioethical questions today, a reality that Catholic bioethicists need to address, especially in the pontificate of Pope Francis. So for these poor HIV couples and until HAART is made more widely available in a more just distribution of drugs, it is still never condoms. Always abstinence.

Both Prof. Kampowski's contribution and Fr. Guevin's essay on the use of opioids at the end of life illustrate well how developments in medicine can and should influence the ongoing work of practical reason. Their contributions remind us that in Catholic bioethics, we must not seek metaphysical certitude in our moral judgments, because the medical and technological context of these prudential decisions can and do change. Our goal should be to attain moral certitude, a fact not often appreciated by the lay faithful.⁹ Moral certitude should be enough.

As Dr. Jensen has observed, however, the most significant challenge to bioethics from the emerging technologies is the ever-present temptation to enhance human nature. This will not be an easy question to discern prudentially, because the lines between treatment and enhancement, and between improvement and enhancement, are not clear. Take Prof. Kampowski's comments on the use of cognitive- and performance-enhancing drugs. He argues that any use of these enhancers should be ruled out *a priori* because they inherently dehumanize us, even when they are used in noncompetitive scenarios to enhance the abilities of air traffic controllers who serve the common good. Kampowski writes: "Could it ever be licit to ask people to perform a job in which they are no longer allowed to be human?" But is it really that simple to rule out these enhancers *tout court* because they dehumanize (or better, superhumanize) us? Air traffic controllers already use cognitive and performance enhancers. College students use them as well. We call them coffee and chocolate. The caffeine in coffee stimulates brain activity, and the flavonoids in chocolate (and in wine, tea, and blueberries) enhance memory and cognitive processing.¹⁰ Even eating the common over-the-counter nutritional supplements ginseng and Omega-3,

⁹ For discussion, see my "Scientific Certitude, Moral Certitude, and Plan B," *National Catholic Bioethics Quarterly* 11 (2012): 623–27.

¹⁰ For one recent review, see Astrid Nehlig, "The neuroprotective effects of cocoa flavanol and its influence on cognitive performance," *British Journal of Clinical Pharmacology* 75 (2013): 716–27.

and *smelling* the common kitchen herb rosemary,¹¹ have been linked to improved brain and memory function. And yet, I do not think that air traffic controllers or college undergraduates taking either caffeine or flavonoids (or smelling rosemary!) to enhance their performance in the air traffic control tower or in the classroom would be considered any less human than their non-consuming counterparts.

Is the difference between permissible and non-permissible enhancement—would it be better to say, between improvements and enhancements?—just a matter of degree, or is it a difference in kind? At this point, I am not sure. There is still much to think about, because it is difficult to tell when and if micronutrients or bioactive molecules of any kind would make us anything other than the “natural” human being that Prof. Kampowski would always want us to be. Nonetheless, as Dr. Jensen suggests, I think that the solution to this bioethical conundrum lies in a comprehensive consideration of the human good as established by our evolved natures, and in a deep reflection on the virtues and the vices, both individual and communal, that undergird our desire to enhance ourselves, and others.

With regard to performance enhancers specifically, I also propose a tentative principle that builds on Prof. Kampowski’s insightful comments, which could help in this prudential discernment: Performance enhancers that facilitate but do not replace those activities that lead to the development of virtue in the agent seeking to serve the common good are morally licit. This guiding principle would rule out the use of enhancers that give one person an unfair advantage over another in a competitive situation, but would possibly allow their use in scenarios that expedite human excellence in the service of one’s neighbor.

Third, there is the ongoing evangelical engagement with our secular, postmodern, and liberal society. As Prof. Beckwith emphasizes in his contribution, our secular society espouses a comprehensive doc-

¹¹ For ginseng: H. Sorensen and J. Sonne, “A double-masked study of the effects of ginseng on cognitive functions,” *Current Therapeutic Research* 57 (1996): 959–68.

For Omega-3: R. Narendran et al., “Improved Working Memory but No Effect on Striatal Vesicular Monoamine Transporter Type 2 after Omega-3 Polyunsaturated Fatty Acid Supplementation,” *PLoS ONE* 7 (2010): e46832.

For rosemary: Mark Moss and Lorraine Oliver, “Plasma 1,8-cineole correlates with cognitive performance following exposure to rosemary essential oil aroma,” *Therapeutic Advances in Psychopharmacology* 2 (2012): 103–13.

trine that is not neutral, despite the protestations of its cheerleaders. It is inherently antagonistic to the classical tradition and to the gospel. In this way, the Catholic citizen living in New York City today is no different from the Catholic citizen living in first-century Pergamum (cf. Rev 2:12–17). In both times and places, the Christian finds himself in a society that embodies practices that are inimical to his faith.

How are we to evangelize and to transform this rival culture? In my book, I suggest that Alasdair MacIntyre's approach of tradition-constituted inquiry would allow us to engage secular reason on its own terms to show that it is unable to justify even the two most basic assumptions of a liberal society—that all human beings have rights such that certain things cannot ever be done to them, and that all human beings are equal.¹² In my experience, this argument can force individuals into an epistemological crisis that opens them to the truth.

Here, I would like to comment on a more practical question: How are we to speak about and to advocate for Catholic bioethics to an increasingly skeptical and secularized audience? In my view, Pope Francis shows us the way to an evangelical Catholic bioethics. To summarize my reading of his pastoral strategy, I would like to reflect upon three key words, as the Holy Father is apt to do for his daily homilies at the Casa Santa Marta.

First word: Joy. Over and over again, the pope has reminded Christians that they are called to joy. I read this as both a theological and a philosophical claim. As St. Thomas Aquinas clearly taught, every human agent seeks his happiness in everything that he does.¹³ This includes the woman who is seeking an abortion, the dying patient who is seeking physician-assisted suicide, and the man with gender dysphoria who is seeking a sex-change operation. Rather than condemning their actions outright as damnable—a stance often associated with so-called “judg-

¹² *Biomedicine and Beatitude*, 257–63. For a demonstration of secular reason's inability to ground a liberal account of human rights and of human equality, see Nicholas Wolterstorff, *Understanding Liberal Democracy: Essays in Political Philosophy*, ed. Terence Cuneo (Oxford: Oxford University Press, 2012), 177–226.

¹³ Cf. *ST* I-II, q. 1, a. 8: “If, therefore, we speak of man's last end as of the thing which is the end, thus all other things concur in man's last end, since God is the last end of man and of all other things. . . . Hence it is evident how the objections are solved: since happiness means the acquisition of the last end.”

mental” Christians—the evangelical Catholic bioethicist should first listen to these persons to discover their reasons for believing that these ends would make them happy. Only then can he explain why these ends would not, in fact, give them the authentic good for which everyone yearns. Only then can he explain that the way of virtue is the only sure way to happiness. We need to emphasize that the moral claims of the classical tradition are all linked to the realization of joy. Abortion, physician-assisted suicide, and sex-change surgery are inherently disordered because they lead to suffering and to sorrow.¹⁴ The moral alternatives do not.

Second word: Mercy. Pope Francis’s motto, “*miserando atque eligendo*” [“by having mercy, by choosing him”], emphasizes God’s mercy, which the Holy Father reminds us was understood by St. Thomas to be the greatest of virtues, as far as external works are concerned.¹⁵ If the Church is called to be a field hospital after battle, as the Pope imagines, then the evangelical Catholic bioethicist needs to acknowledge that he is speaking bioethics to the walking wounded. He is speaking to sinners. And so he must speak about mercy.

St. Thomas observed that most people seek the good not in reason but in the passions.¹⁶ We are driven to act by our often inordinate passions. And so, we fall into sin. And yet, as we noted above, we all want to be happy. We especially want to be happy with ourselves. And so, we cannot admit to ourselves that we are sinners, because this cognitive dissonance would not be conducive to our wellbeing and our happi-

¹⁴ It is not commonly known—probably because it would be politically incorrect to speak about it—that a long-term follow-up study of transsexual persons undergoing sex reassignment surgery in Sweden revealed that the surgical procedure does not alleviate the mental distress and suffering experienced by these patients: C. Dhejne et al., “Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden,” *PLoS ONE* 6 (2011): e16885.

¹⁵ *ST* II-II, q. 30, a. 4, ad 1: “We worship God by external sacrifices and gifts, not for His own profit, but for that of ourselves and our neighbor. For He needs not our sacrifices, but wishes them to be offered to Him, in order to arouse our devotion and to profit our neighbor. Hence mercy, whereby we supply others’ defects is a sacrifice more acceptable to Him, as conducing more directly to our neighbor’s well-being.” Quoted by Pope Francis in *Evangelii Gaudium* §37, note 41.

¹⁶ Cf. *ST* I, q. 49, a. 3, ad 5: “[M]ore men seek good in regard to the senses than good according to reason.” Also *ST* I-II, q. 9, a. 5, ad 3: “The majority of men are led by their passions, which the wise alone resist.”

ness. Thus, as sinners, we cannot and will not be able to hear anything, especially any moral claim, that will challenge this favorable self-understanding of ourselves. As a post-abortive woman once explained to me, she could not hear the pro-life message because she would then be compelled to acknowledge that she had killed her child. As a woman and as a mother, she could never do that. She could not live with herself.

This is why the Christian gospel of mercy is an essential ingredient of Catholic bioethics. This is why, in my opinion, the most important paragraph in Pope John Paul's encyclical on life, *Evangelium Vitae*, is section 99, where he speaks directly to women who have had an abortion: "The Father of mercies is ready to give you his forgiveness and his peace in the Sacrament of Reconciliation. To the same Father and his mercy you can with sure hope entrust your child."¹⁷ A sinful society cannot hear the truth claims of the classical tradition without the assurance of mercy. As the same post-abortive woman explained to me, there was only one reason why she was able to speak about her abortion, only one reason why she was finally able to admit to herself that she had killed her unborn child, and it was this: As soon as she stopped speaking, I would absolve her.

Third word: Poverty. Everyone knows that the poor have a special place in the heart of the Pope named after the *poverello*. The poor should have a special place in the heart of every Christian too, including that of the evangelical Catholic bioethicist. As a bedrock principle of Catholic moral theology, the preferential love for the poor and the vulnerable should enjoy the same pride of place in Catholic bioethics that it does in Catholic social teaching. This will allow scholars to discover that the sick poor's limited access to prescription drugs and to basic health care—including HAART—and the adverse impact of contraceptive use and of abortion on the families living in already impoverished inner-city neighborhoods, are legitimate concerns for reflection and for advocacy in Catholic bioethics. In response, evangelical Catholic bioethics should speak about and promote the virtue of magnanimity to encourage those who have, to contribute to the well-being of those who do not.

It is also striking that so many of the emerging technologies often discussed among bioethicists are so expensive that they are within the

¹⁷ St. Pope John Paul II, *Evangelium Vitae*, §99.

reach of only the wealthiest citizens of our society. Does anyone really think that a poor patient on Medicaid could realistically be treated with induced pluripotent stem cells? In response, an evangelical Catholic bioethicist should also advocate for biomedical innovations that have a greater potential for directly improving the health of the impoverished. One possibility, for example, involves groundbreaking research that revealed the health benefits of intermittent fasting on patients undergoing chemotherapy and on patients struggling with diabetes.¹⁸ As evangelical Catholic bioethicists, we should enthusiastically talk about and promote social practices that encourage fasting and the virtue of temperance, not only because they will help the body as biomedical research has revealed, but also because they will help transform the soul. They will ready all of us for beatitude.

In the end, considering the impact of health care and of health care delivery on the sick poor is fitting for scholars who are also disciples of a Lord who commanded that His followers should invite the poor, the crippled, the lame, and the blind, to every banquet that they host (cf. Lk 14:13). Inviting the poor into our seminar rooms and into our conferences would also change the perception of those in our secular society who often see Catholic bioethics as a plank of right-wing politics. I regret that *Beatitude and Biomedicine* ignores the poor. Future editions will not.

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¹⁸ C. Lee and V. D. Longo, "Fasting vs dietary restriction in cellular protection and cancer treatment: from model organisms to patients," *Oncogene* 30 (2011): 3305–3316; and J. E. Brown et al., "Intermittent fasting: a dietary intervention for prevention of diabetes and cardiovascular disease," *British Journal of Diabetes & Vascular Disease* 13 (2013): 68–72.