

Bioethics, Theological Bioethics, and Human Life

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On this study, I will reflect on “*Bioethics, Theological Bioethics, and Human Life*.” I will deal first with the nature of bioethics; then with theological bioethics; and, finally, with human life as the central concern of bioethics.

There is not need to insist on the relevance of bioethics. We read newspapers, magazines and journals of public interest; we watch the news on television or movies; we navigate on the web..., what do we read and see very often? Issues and problems directly connected with bioethics. A few examples: Dolly the sheep and human cloning, Dr. Kevorkian, and physician assisted suicide (PAS), the Human Genome Project (to map and sequence our genetic code), IVF and ET (*in vitro* fertilization and embryo transfer, respectively), Baby Fae with a baboon heart and organ transplants and xenotransplants (or organ transplants from other species of animals to humans), surrogate motherhood (imagine: a child today may have five parents), genetic engineering and so forth. And the latest issue? A possible implantation of brain chips to improve mental capacity and memory.

Facing these issues, the ethical question is: *What can be done should it be done? Is it right, good?* A challenging question in our world dominated by science and technology!

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The Nature of Bioethics

The word "bioethics" was coined in 1970 by oncologist Van R. Potter in his trail-blazing article *The Science of Survival*. Potter wanted this new science of bioethics to be a bridge to the growing separation between the scientific culture, or biological facts, and the humanist/ethical culture. Since then the meaning of bioethics has been enriched by positive contributions from other sciences, in particular the social sciences, philosophy and ecology.

Among the historical highlights in the development of bioethics, we have the foundation of the Hastings Center in New York in 1969 by philosopher Daniel Callahan and psychiatrist Willard Gaylin, with the initial objective of formulating guidelines for research and experimentation on human subjects. Later this center began publishing *Hastings Center Report*, one of the best journals of bioethics today.

Another highlight is the seminal contribution (1968) of gynecologist-geneticist Andre Hellegers and his Georgetown University group of scholars, who underlined a revitalized medical ethics within a global perspective. With Dr. Hellegers was Protestant theologian Paul Ramsey and his outstanding book *The Patient as Person* (1970). Later, the group started publishing the *Kennedy Institute of Ethics Journal*, another outstanding bioethical publication.

Another important moment in the journey of bioethics was the publication in 1978 of the first *Encyclopedia of Bioethics*, edited by Warren T. Reich; its latest edition was issued in 1995. Another widely acclaimed publication was the book *Principles of Biomedical Ethics* (1979), authored by Tom L. Beauchamp and James F. Childress, now in its fourth edition. This book is the magna carta of principlism. Principlism has been completed with casuistry. Moreover, with an ethics of interacting principles and cases, an *ethics of virtues* have now emerged.¹

From its first steps in the United States of America, bioethics spread quickly throughout the world, especially in the developed world.

¹ Cf. Albert Jonsen and Stephen Toulmin, *The Abuse of Casuistry. A History of Moral Reasoning*, Berkeley: University of California Press, 1988; James F. Drane, *Becoming a Good Doctor. The Place of Virtue and Character in Medical Ethics*, Kansas City, MO: Sheed & Ward, CHA, 1988.

Today there are numberless centers of bioethics world-wide, and a great number of journals and books in bioethical issues are being published annually. The great majority of medical and nursing schools offer bioethics in their curricular programs, and bioethics education is emerging as a subject in the sciences and humanities courses of many colleges, postgraduate studies and even high schools. Moreover, a growing number of countries throughout the world have established a National Commission of Bioethics. The International Association of Bioethics was formed in 1982.

With bioethics, and directly connected with it, two other essential bodies have developed, namely, Hospital Bioethics Committees and Research Bioethics Committees. *Hospital Bioethics Committees* have three main objectives: to educate health care personnel and the public at large; to draft policies/guidelines on difficult medico/moral cases, and to be open for consultation to healthcare providers, patients and their families. *Research Bioethics Committees* are charged with the evaluation/approval of research protocols involving human subjects and animals.

Concerning the development of bioethics in the Philippines, we have to affirm that even before the word was coined in 1970, the UST Faculty of Medicine and Surgery and also the UST College of Nursing were offering to their respective students medical or nursing deontology and, later on, medical/nursing ethics. Moreover, the UST Faculty of Sacred Theology has been teaching to its pastoral, masterate and doctoral students pastoral medicine courses which analyze in particular the medical problems in a hospital setting from the perspective of pastoral theology. The first *Department of Bioethics* in the Philippines was founded in November 1991 by the Faculty of Medicine and Surgery of the University of Santo Tomas. One year later, this Department and the Division of Bioethics of the Santo Tomas University Hospital (STUH) established the *STUH Bioethics Committee* and the *Research Bioethics Committee*. Since 1993, this Department of Bioethics has published yearly *Forum in Bioethics*, which prints the proceedings of its annual Postgraduate Course in Bioethics.²

² See UST Department of Bioethics (Editor): *Forum in Bioethics 1: Bioethics, A Growing Concern* (Manila: UST Department of Bioethics, Faculty of Medicine and Surgery, 1994); *Forum in Bioethics 2: Special Issue in Bioethics* (*Unitas*, Vol. 68, No. 2,

Earlier, in 1988, the South East Asian Center for Bioethics (SEACB) was founded in Manila, under the sponsorship of the International Federation of Catholic Universities and the University of Santo Tomas. Two other associations, that played dynamic roles in sensitizing the healthcare professions and the public at large in bioethical problems are the Catholic Physicians' Guild of the Philippines and the UST Medical Alumni Association. On February 6, 1999, and under the leadership of the Department of Bioethics of the UST Faculty of Medicine and Surgery and the SEACB, the *Bioethics Society of the Philippines* was launched at the end of the 7th Postgraduate Course in Bioethics of said Department. Today a good number of medical schools offer bioethics to its students and many hospitals in the Philippines have organized Hospital Bioethics Committees. The Philippine Council for Health Research and Development, connected with the Department of Science and Technology, has organized the *National Ethics Committee*.

After these historical notes, we are now ready to face the question: *What is bioethics?* Etymologically, Bioethics (*bios*: life; *ethics*: ethics) means life-ethics, or ethics of the life-sciences. It refers mainly not to a technical science (biology), but to a normative science (ethics) that studies ethical principles, values, norms and practices concerning biomedical interventions on all life, above all, human life.

Substantially, bioethics is not "a fundamentally new ethics, but the application of ethics and its basic principles to the new possibilities opened up to us by modern biology and biotechnology with regard to human life."³ And yet, bioethics, while including medical ethics, goes beyond it to encompassing social and environmental ethics, and focusing on scientific ethics.

The content of Bioethics comprises: the value-related problems that arise in all health professions," "biomedical and behavioral research," a broad range of social issues including public health, and "is-

June 1995); *Forum in Bioethics 3: Relevant Issues in Healthcare* (Manila: UST Department of Bioethics, 1996); *Forum in Bioethics 4: Bioethics, The Journey Continues* (Ib., 1997); *Forum in Bioethics 5: Conscience, Cooperation, Compassion* (Ib. 1998); *Forum in Bioethics 6: The Impact of High Technology on Health Care* (Ib., 1999); *Forum in Bioethics 7: Love/Life-Making, Confidentiality, Xenotransplants, Aging* (Ib., 2000).

³ Josef Fuchs, S.J., *Christian Morality: The Word Became Flesh*, Washington, D.C.: Georgetown University Press, 1987, p. 190.

sues involving animal and plant life.”⁴ Bioethics is divided into *general or theoretical ethics*, that analyzes principles, virtues, norms; and *special or practical ethics*, which considers clinical cases in ethical perspective, that is, it applies principles to particular cases, such as ethical principles of respect, autonomy, nonmaleficence, beneficence, justice, truthfulness, confidentiality, solidarity. Likewise, concrete cases of prolonging dying, forgoing life-sustaining treatment, cardio-pulmonary resuscitation (CPR) or do not resuscitate order (DNR), frozen embryos abandoned by their parents, fluids and food for deeply comatose patients. By fertilizing each other, ethical principles and concrete clinical cases contribute positively to the deepening of bioethical knowledge and wisdom.

Bioethics also speaks of *micro-ethics*, as individual ethics, or the analysis of individual cases and doctor/patient relationships, and *macro-ethics*, as social ethics, or the study of the impact of biomedical decisions upon society, or of public policy upon health care, in particular of justice in healthcare.

There are different ethical theories or systems to approach bioethical issues and make proper ethical decisions. Among them, are utilitarianism and consequentialism, deontologism, casuistry, natural law and human rights approaches, personalism; and, more in particular, principle-based approach, absolute rule, virtue, case and care approaches. Trying not to get too entangled in the forest of ethical theories, and being in favor of a humanist and Christian personalism, we prefer with many others to focus our attention on the human person as the main criterion to ground principles, values, virtues, to solve clinical cases, and to encourage ethical practice: the human person as a rational/emotional animal, a social and ecological being, a creature and child of God.

Among others, four characteristics of bioethics are underlined today by bioethicists. Bioethics is *interdisciplinary* in methodology, *global* in perspective, *social* in concern, and *secular* in vision.

Bioethics is *interdisciplinary* in method. It is the interaction of biological, biomedical, biotechnological, ecological, legal, social, philo-

⁴ Warren T. Reich, “Introduction,” *Encyclopedia of Bioethics*, ed. by W. T. Reich, New York/London: The Free Press, 1978, XXIX.

sophical and theological disciplines. Thus, bioethics attracts not only health care professionals, but also biologists, ecologists, sociologists, lawyers, politicians, philosophers and theologians, and even the general public at large.

Bioethics, moreover, is *global* in perspective. While respecting ethical cultural differences and pluralism, bioethics continues searching for a global human ethics, for ethical principles and values common to all humans, for a fundamental ethical commonality for our global village, centered upon human dignity and rights, natural law or the law of being human, and the universal values of life, freedom, truth, justice and solidarity.

Furthermore, bioethics is *social* in concern. It addresses not only the issues of life and death, health and sickness of private individuals, but also the problems of these individuals as social beings. While medical deontology and medical ethics centered on the doctor/patient relationship (following hippocratic medical ethics), bioethics goes beyond these to focus on society and health care: on health care policies, family planning, use of scarce resources, futile medical interventions and useless medicines, and universal access to health care, including the poor and marginalized.

The problems of bioethics, then, are "individual and personal –*what should I do here and now?*– and communal and political –*what should we together do as citizens and fellow human beings?*"⁵ Social bioethics goes beyond personal and communitarian human life to consider human persons in ecological perspective, that is, as members of the biotic community of the cosmos.

Finally, bioethics is characterized as a *secular* science that is being developed from the view of human rationality, respectful relativism and democratic consensus (often at odds with bioethics as normative science). In the 70s and 80s, bioethics was at times not only secular, but also "secularistic," to the point of sidelining if not rejecting God and the natural religious dimension of human life. One of the gurus of bioethics, Tristram Engelhardt writes: "Bioethics, where it succeeds,

⁵ Daniel Callahan, "Bioethics," *Encyclopedia of Bioethics, Revised Edition*, ed. by Warren T. Reich, New York: Simon & Schuster/Macmillan, 1995, Vol. 1, p. 248.

shows where it does not need theology.”⁶ *Is theology an obstacle to modern Bioethics?* Let us try to answer the question as we consider our second point, that is, *Theological Bioethics*.

Theological Bioethics

Religion professor Allen D. Verhey narrates the following story. Once his son asked him “what it was he did.” The father answered him that he was “a teacher and a theologian.” His son could understand “teacher,” but was puzzled by the word “theologian.” So the son asked: “What do theologians do?” The father responded: “They talk of God.” This time the word “talk” puzzled the son, who asked: “They talk of God, with whom?”

With whom do theologians talk of God, of faith in Bioethics? Should they really talk of God? Historically, moral theology or Christian ethics has contributed immensely to the understanding and development of pastoral medicine, and medical and nursing ethics. Even in the 70s, at the onset of Bioethics, most of the writings on life-ethics were done by theologians.

Among Christian traditions, the Catholic tradition has been acknowledged, in general, as a well-developed tradition on medical ethics. A few highlights of this tradition are Clement of Alexandria (150-210), who strongly condemned contraception; Saint Antoninus of Florence (15th century), who told physicians of their obligation to tell the dying person of the imminence of his death; theologians Domingo de Soto and Domingo Báñez (16th century) who explained creatively the distinction between ordinary (obligatory) and extraordinary (optional) means of treatment – a distinction contributed to bioethics by Christian theology). Through the 19th century, theologians developed pastoral medicine and in the 20th century medical deontology and medical ethics.⁷

⁶ Tristram Engelhardt, Jr., “Looking for God and Feeling the Abyss: Bioethics and Natural Theology,” in *Theology and Bioethics: Exploring the Foundations and Frontiers*, ed. by Earl E. Shelp, Boston: D. Reidel Publishing Co., 1985, p. 88; quoted by Courtney S. Campbell, “Religion and Moral Meaning in Bioethics,” *Hastings Center Report: A Special Supplement*, July-August 1990, p. 5.

⁷ Cf. Charles E. Curran, “Roman Catholicism,” *Encyclopedia of Bioethics*, ed. by Warren T. Reich, New York: Simon & Schuster/Macmillan, 1995, Vol. 4, pp. 2321-2331.

The principal theologians in the Catholic tradition are Saint Augustine (354-430) who built the Christian doctrine on sexuality and taught that Christians should not commit suicide to avoid suffering, and, above all, Saint Thomas Aquinas (1225-1274) who, harmonized splendidly reason and faith, philosophy and theology. He saw no possible contradiction between reason and faith, between philosophy and theology, for both come from God: "Whatever its source, truth is of the Holy Spirit." Faith is not afraid of reason but builds upon it and perfects it in the constant search for truth, including moral truth.

Although at its formal beginnings, bioethics was done by theologians, by the late 70s, theology as theology became almost silent, and God-talk was sidelined, if not rejected. May we speak today of *theological bioethics*?

Theological bioethics is bioethics in the perspective of faith—in our case, of Christian faith. It is considered a part of moral theology, or of Christian ethics.

When we refer to theological bioethics, however, we do not mean a religious bioethics opposed or parallel to secular or civil bioethics. Why not? Because theological bioethics is bioethics—a relatively autonomous normative science, like ethics—and *theology*, or bioethics in human and religious/Christian perspective.

Christian theologians do not agree regarding the place of theology in bioethics. Some of them de-emphasize theology, to the point that they seem to be doing exclusively bioethics in philosophical perspective. Representatives of this stand are Protestants Joseph Fletcher, and Catholics Richard McCormick, Charles Curran and Marciano Vidal. Vidal has written one of the first textbooks of theological bioethics, which is substantially a text of bioethics, that is, bioethics in human and civil perspective; earlier he wrote a textbook on *rational bioethics*.⁸ On the other hand, other Christian theologians while respecting the autonomy of bioethics also do theology. Thus, when discussing bioethical problems they present philosophical and theological arguments—philosophical arguments confirmed and justified by faith. Representatives of this

⁸ Cf. Marciano Vidal, *Bioética, Estudios de Bioética Racional*, Madrid: Tecnos, 1989; *Moral de la Persona y Bioética Teológica. Moral de Actitudes: II*, Madrid: PS Ed., 1991.

way of doing theological bioethics are Protestant Stanley Hauerwas and Catholics Benedict Ashley, Kevin O'Rourke, Edmund Pellegrino and Elio Sgreccia.⁹

John Paul II writes in *Fides et Ratio*: "Faith and reason are like two wings on which the human spirit rises to the contemplation of truth." Theological bioethics argues from reason and faith, that is, philosophically and theologically. We could say that the two tasks of theological bioethics are: one, explicitly theological and implicitly philosophical, when speaking of bioethical issues and concerns within the community of faith or the Church; two, explicitly philosophical and implicitly theological, when talking of life-ethics without the Christian community, that is, in the public arena.

In the public areopagus of the global village, theologians approach bioethical issues principally, but not exclusively philosophically, that is, from the viewpoint of our humanity as known by human reason – a knowledge rooted in natural law, or the law of being human, and centered on human dignity and rights, planetary ethical principles and virtues, and minimal universal ethical standards. We add "principally but not exclusively," because faith –and therefore, theology– has also a specific word to say, but using a common language and respectful persuasive arguments. However, it is important for us theologians to tell our audience or our readers whether we are talking on a human level or on a Christian level.

It is not uncommon to meet persons who would tell me: "You have bioethics in the Faculty of Medicine and Surgery, because the University of Santo Tomas is a Catholic University. Or, you are against surrogate motherhood because you are a Catholic priest." I tell them: "Yes, UST is the Catholic University of the Philippines; but, we study bioethics because it is a necessary subject for any College of Medicine; of course, we confirm our philosophical arguments with the teachings of Christian faith, but always respecting the respective faith and conscience of others."

⁹ Cf. Niceto Blázquez, O.P., "Epistemología de la Bioética," *Studium*, Vol. XXXVIII/1, 1998, pp. 1-34; Benedict Ashley, O.P., and Kevin O'Rourke, O.P., *Health Care Ethics: A Theological Analysis*, Washington, D.C.: Georgetown University Press, 1997; Edmund D. Pellegrino, M.D., "Science and Theology: From a Medical Perspective," *Linacre Quarterly*, Vol. 57, No. 4, November 1990, pp. 19-35; Elio Sgreccia, *Manual de Bioética*, Mexico: Universidad Anahuac, Ed. Diana, 1996.

For example, *Why is human cloning immoral?* (Human cloning understood as the full genetic copy of another individual). Philosophically, because it is a reproductive technology which violates human dignity and rights, bio-diversity (Jürgen Habermas said that the cloned individual will be like a slave), the nature of conjugal love and sexual procreation, etc. It is, moreover, theologically immoral because human cloning would be against the sacredness of human life, and the principle of stewardship that tells us that men and women should not play God, etc.

Preaching in the areopagus of the world, theologians are asked by their humanity and their faith to speak prophetically by denouncing courageously dehumanizing biomedical interventions on human life, for instance when embryos are produced for research and experimentation only, or prenatal diagnosis is done with the intention of terminating the life of the diseased unborn child, or a life-sustaining treatment is stopped because the patient is poor or too old or his/her life is considered worthless.

Theologians ought to talk prophetically by proclaiming love of neighbor and respect for creation, by announcing the ethical principles of stewardship, totality, double effect, cooperation, freedom and responsibility, the "lesser evil"... and above all, charity. As Christian believers, they have to be on the side of the poor and marginalized, the defenseless human beings. Moreover, our faith and our Church encourage us to donate our organs.

According to John Paul II, theologians have a significant role to play in bioethics. The Holy Father is asking them to contribute positively to the dialogue between faith and science, to the deepening of the ontological and anthropological roots of bioethics, to the necessary link between freedom and truth.¹⁰

More explicitly, theologians have to unfold and explain to the members of their own community of faith –and to others who want to listen– the Gospel of bioethics, which is part of the Gospel of Christ. Theology, or reflection on faith, proceeds then from the sources of revelation –the Sacred Scriptures and Tradition– and takes into account

¹⁰ Cf. John Paul II, *Address on Bioethics: Dialogue between the Church and Science*, February 17, 1996; in *L'Osservatore Romano*, February 23, 1996, p. 6.

the Magisterium, or teaching of the Church, which interprets officially, with authority, the doctrines of Christian revelation.

An important role of moral theologians involved in bioethics is to present and explain –within and outside the Church– the teaching of the Church on various bioethical issues. Contrary to the opinion of some theologians, we maintain that the teaching of the Church in bioethics –which uses reason and faith– is not at all an obstacle to the current bioethical debate, but a needed voice defending life, faith, human dignity and the rights of all human beings, above all, of the defenseless voiceless, the unborn children, the abandoned elderly, the poor and the disadvantaged.¹¹

Through her teachings and praxis, the Church has contributed by and large to the humanization of society, to the socialization of medicine, to a personalist bioethics, to the evangelization of cultures and societies.

In the second half of our century, in particular, the Catholic Church has offered to her faithful and to all human beings three important documents in bioethics. These are: *The Catechism of the Catholic Church* (CCC) (final edition 1997), the encyclical *Evangelium Vitae*, or *The Gospel of Life* (1995) by John Paul II, and *Donum Vitae*, or *The Gift of Life: Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation* (1987), by the Sacred Congregation for the Doctrine of the Faith. To these three, we may add another useful document from the Pontifical Council for Pastoral Assistance to Health care Workers entitled *Charter for Health Care Workers* (1996), which summarizes in a clear and simple way the Magisterium of the Church on bioethics.

Let us consider briefly the teachings of the *Catechism of the Catholic Church*, which although it does not use the word bioethics (it was first mentioned by John Paul II in *The Gospel of Life*), it contains significant bioethical teachings in its third part on the moral life as following of Christ, particularly within the Commandments of the second tablet, that is, the tablet of love of neighbor.¹²

¹¹ Cf. Juan María Clavel, S.J., “Estorba la teología en el debate teológico? *Estudios Eclesiásticos*, 71, 1996, pp. 261-275.

¹² *Catechism of the Catholic Church*, The Vatican, 1992; final edition, 1997.

In the *Fifth Commandment*, we are asked to respect human life, which is sacred, the dignity of every human being as image of God and icon of Christ –and also to care for our health. We are also taught on the ethics of scientific research and experimentation, prenatal diagnosis, abortion, euthanasia, suicide, the death penalty, organ transplants and organ donation.

In the *Sixth Commandment*, we are introduced to the meaning of sexuality, the need and beauty of chastity, the ethics of family planning, and on responsible parenthood. In the *Eight Commandment*, the respect for truth and the duty to professional secrecy are highlighted. Other important teachings of CCC refer to the meaning of pain, suffering and death, and to environmental ethics.

Besides the universal teachings of the Church, moral theologians have to reflect on the particular bioethical teachings of the local churches.¹³ In the Philippines, we have the *Catechism for Filipino Catholics* (1997), and some relevant pastoral letters from the Catholic Bishops' Conference of the Philippines (CBCP), including the first pastoral letter by any episcopal conference on environmental ethics entitled *What is Happening to Our Beautiful Land? A Pastoral Letter on Ecology* (1988) and another on AIDS: *In the Compassion of Jesus. A Pastoral Letter on AIDS* (1993). The CBCP has created recently an Office for Bioethics.

Theology, therefore, has a necessary word to say on bioethics and, therefore, we ought to speak of theological bioethics. Theologians are tasked with the mission of proclaiming the Gospel of bioethics within and outside the Christian community. They have to be present in the Church and in the public areopagus as what they are, that is, as theologians. Even when they dialogue philosophically with other bioethicists, they do not park their faith at home or in the convent to speak the secular language. (It is important to note that patients do not leave their faith when they go to a doctor or are confined in a hospital). They do not hide their faith, but try to share it with others.

¹³ Cf. Catholic Bishops' Conference of the Philippines (CBCP), *Catechism for Filipino Catholics*, Manila: CBCP, 1997; CBCP, *Letters and Statements, 1984-1990*, Manila: CBCP, 1990; Second Plenary Council of the Philippines (PCP II), *Acts and Decrees*, Manila: CBCP, 1992.

Will theologians be listened to, when they talk of God? If they speak respectfully, humbly, truthfully and compassionately, why not? Martin Luther King, Jr., Dorothy Day, Mother Theresa of Calcutta, all the saints, spoke to the world as Christians –and they were listened to, and how! Indeed, as Allen Verhey affirms, “To raise a theologically articulate voice in protest and in hope may be a sign of life in the culture, and preserve a memory or stir an image that may make a difference.”¹⁴

3. Central Bioethical Concern: Human Life

At the end of every semester, I ask my medical students, *What bioethical topic did you like most?* The answer is generally the same: *the ethics of life*. It could hardly be otherwise, for, after all, bioethics is life-ethics, an ethical reflection on all life, and principally on human life. Thus, bioethics’ central concern is human life.

The basic contents of a bioethics’ course are centered on human life –from its beginning until its end. A few years ago I participated in a summer course of bioethics in Madrid. The three topics of the two-week course were: to be born, to die, and genetics (*nacer, morir, y genética*). Hence, a basic question of bioethics is: What is human life?

Human life is the life of the human person. It is a primary good, an essential value, a most beautiful living thing. Human life is sacred: God’s great gift to us, a sign of his wonderful presence in us.

What is the meaning of human life? This is, in a sense, the most poignant question today, a question we all need to answer if we want to have meaningful lives: “He who has a *why* to live for, can bear with almost any *how*” (Nietzsche). The authentic meaning of life is love, which is the nuclear value of human life. Indeed, “to live is to love” (E. Mournier). We read this interesting text in *Ex Corde Ecclesiae*: “[In a Catholic university,] theology plays a particularly important role... It serves all other disciplines in their search for meaning.”¹⁵

¹⁴ Cf. Allen D. Verhey, “Talking of God – But with Whom?” *Hastings Center Report: A Special Supplement on Theology, Religious Tradition, and Bioethics*, July-August 1990, pp. 21-24; James P. Wind, “What Can Religion Offer Bioethics?” *Ib.*, 18-20.

¹⁵ John Paul II, *Apostolic Constitution on Catholic Universities, Ex Corde*, the Vatican 1990, no. 19.

The meaning of human life implies necessarily the *meaning of suffering* as part of life. Here again, bioethics has an important role to play: confronting suffering –suffering patients–, bioethics searches for meaning. Philosopher Habermas has said that one of the functions of ethics is to help our inevitable vulnerability. Here again, theological bioethics, in particular, has an important healing word to say. It has been said that “the programme of therapeutic theology can be summed up in the sentence: suffering has meaning.”¹⁶

The wholistic meaning of suffering –of life, really– comprises *death*, too: death as part of this-wordly human life, which is mortal. For the Christian, as suffering is not merely a time on the cross, but an opportunity to encounter Christ in love, death is a passage to a new life – to eternal life (cf. Jn 3:16).

Human life, then, together with freedom, truth, love and hope, is one of the essential values of the person. In a radical sense, it is the most fundamental value for without it the others cannot even exist. Human life possesses a unique dignity and the right to life belongs to the dignity of the human person.

Human dignity, which is connected with goodness, perfection, plenitude and implies equality, freedom, justice and solidarity, means *fundamental or ontological dignity*; that is, a dignity that is equal in all human beings, and cannot be lost. (What may be lost, and is at times unfortunately lost, is the moral dignity of a person through moral indignity, like, for instance, in the case of real criminals.) John Paul II writes in *Evangelium Vitae*, n. 9: “Not even a murderer loses his personal dignity.”

Human dignity is defined today as the possession of human rights, beginning with the fundamental *right to life*: “Before the right to freedom is the right to life,” that is inalienable and inviolable.¹⁷ Bioethically speaking, we add that the human person, possessors of human rights, is body-soul, and that the body is also essentially important: in a sense, the body is “the epiphany of the self” (Max Scheler), the “possibility of

¹⁶ Eugene Biser, “The Healing Power of Faith. Outline of a Therapeutic Theology,” in *Illness and Healing*, ed. By Louis-Marie Chauvet and Miklós Tomka, *Concilium*, 1998/5, p. 78.

¹⁷ Elio Sgreccia, *Manual de Bioética*, l.c., p. 157.

communion" (G. Marcel). Thus, "the corporeal, physical life of the person represents the fundamental value of the person himself."¹⁸

Human life today can be redesigned through genetic engineering, manipulated from its beginning to its end, sustained through life-support technologies – and offered for others. Indeed, human life ought to be defended and promoted.

To defend and promote the indivisible right to life, humanists and religious persons appeal to a *consistent-life-ethics*, symbolized for Christians by the *seamless garment* our Lord Jesus Christ had before He was crucified: as the soldiers at the foot of the cross did not cut the seamless robe of the Lord so as not to destroy it, so also human life – the human life of every person – must not be cut neither at its beginning nor at its end. Therefore, as John Paul II has repeated, human life must be respected from the moment of conception (against abortion) to the moment of natural death (against euthanasia and also the death penalty). Taking into account the *Philippine situation*, let us reflect briefly on abortion, euthanasia and capital punishment, three basic themes of bioethics as ethics of human life.¹⁹

The Evil of Abortion

Some time ago, I read a shocking article on maternal-fetal conflicts written by Deborah Hornstra. The author writes: "Like most American women who have abortions, I want to have children some day. I am only trying to delay the first birth until I am domestically, educationally and financially stable." And she continues, later on: "There is an affecting poem posted on the Internet, written in the voice of an aborted child. The child is forgiving its mother for what she did. And promising her understanding and a reunion sometime."²⁰ Indeed, incredibly shocking –for me! As a human being and as a Christian, while in compassionate solidarity with all, including women who abort, I am absolutely against abortion as the direct termination of life of a

¹⁸ Elio Sgreccia, *o.c.*, pp 123 and 157.

¹⁹ Cf. Fausto B. Gómez, O.P., *Promoting Justice, Love, Life*, Manila: University of Santo Tomas, 1998, pp.197 & ff.

²⁰ Deborah Hornstra, "A Realistic Approach to Maternal-Fetal Conflict," *Hastings Center Report*, September-October 1998, pp. 7-8.

nonviable fetus or an unborn child – an absolutely innocent human being!

Abortion (direct or procured abortion, surgical or chemical abortion) is *immoral* in both human and Christian perspective. From the human perspective, it is against the right to life, a life that begins with the moment of conception: from the moment of fertilization –and not from implantation–, the zygote (to become an embryo, then a fetus) does not belong to the mother alone, nor to the mother and father; he or she is a new human being that claims in justice his or her right to life and its protection.

In Christian perspective, abortion is doubly immoral: all human life is sacred; only God is the Lord of life and death. Vatican II said that abortion is, with infanticide, “an unspeakable crime.” Pope John Paul II writes: “How can anyone think that even a single moment of this marvelous process of the unfolding of life could be separated from the wise work of the Creator, and left to human caprice?”²¹

Many people are against abortion in general, but in favor of *abortion in exceptional cases*. These cases are also contemplated by a pending bill (House Bill no. 633) now in our Congress entitled “An Act Legalizing Abortion in Special Cases,” that if approved (hopefully not) shall be known as *Abortion Law of the Philippines*. What are the so-called “special cases”?

The first exceptional case is the case of *rape* (and of *incest*). House Bill no. 633 states: “Abortion may be allowed provided (a) the conception was a result of rape, (b) the conception was a product of incestuous relationships....” In bioethics, this case is called “*humanitarian*” or “*ethical*” (?) abortion, to mean termination of a pregnancy due to rape. While condemning strongly, with a voice that cries to heaven, rape, and being in compassionate solidarity with the violated mothers, we ask: *Is abortion a moral way out of a violent pregnancy?* We feel that abortion is never a good way out, for it is objectively immoral. With due respect, we have to say that abortion will not solve, but complicate more, with a new trauma, the terrible tragedy of women who have been raped. But even if it could solve it, abortion would still be deeply immoral, for it pronounces the death penalty to the innocent unborn child,

²¹ Cf. Vatican II, *Gaudium et Spes*, n. 51; John Paul II, *Evangelium Vitae*, n. 44.

who can never be considered an aggressor, much less, as John Paul II adds in *Evangelium Vitae* (n. 58), an unjust aggressor. A truly humanitarian and ethical alternative is letting the unborn baby be born and giving him/her afterwards for adoption.

Another special case is the case of a pregnancy with a gravely *defective child*: the unborn child is “infected with terminal disease” or “shall be born abnormal (?) without hope of any medical correction” (House Bill no. 633). Due to the great advances of genetic medicine, it is now possible to know through pre-natal diagnosis whether the embryo or fetus is affected by disease, for instance the Down’s Syndrome, or an illness contracted by the mother during pregnancy. Should a diseased fetus, with a high risk of possible abnormalities after birth, be terminated before viability?

This is what is called *eugenic* or *selective abortion*. Although it can be medically carried out, ethically it ought not to. Why? Because the fetus is a patient whom the doctor must try to heal, but never destroy. Directly killing him/her amounts to pre-natal euthanasia. It appears as an intolerant and paternalistic false compassion.

Another exception to abortion is found in *therapeutic abortion*, usually understood in the case when the life of the mother is in danger: “the conception brings danger to the life of the expectant mother” (House Bill no. 633). Morally speaking, when there are maternal-fetal conflicts, both the mother as well as the unborn child have the right to life and, therefore, both should be saved –if possible. We read in the Philippine Constitution: “The State shall equally protect the life of the mother and the life of the unborn from conception” (*Art II, Sect. 12*).

In case of a real grave threat (not just “danger”) to the life of the mother, and when an operation/treatment cannot be postponed until the fetus is viable, then the mother has to be saved; however, this should never be done by terminating the fetus directly (this is immoral), but only indirectly, that is, when safeguarding the life of the mother immediately implies simultaneously or consequently the unintentional, accidental and regretted death of the fetus. For example: when the mother has cancer of the uterus, the extirpation of which cannot be medically postponed, and will result indirectly in the death of the unborn child. (We apply here the principle of double effect).

House Bill 633 states that abortion is allowed if “the conceiving mother is infected with a disease that shall prejudice the health of the

unborn child." A sick child – born or unborn – ought to be cured when possible, or cared for always, but never killed!

Similarly, the mother may risk her life indirectly and unintentionally when the life of her unborn child is at stake and the medical procedure is necessary: for instance, when performing a dangerous caesarian operation is necessary for a successful delivery.

In addition, therapeutic experimentation on embryos not involving disproportionate risks may be ethical, while non-therapeutic experimentation on them or experimentation done to use them as "biological material" for treating diseases of others is immoral.

A contemporary philosopher has written sadly: "The social acceptance of abortion is, without exception, the gravest thing that has happened in our century" (Julián Marías). By the way, the IUD, or intrauterine device, is contraceptive and may be abortifacient, and also some contraceptive pills; abortifacients are post-coital pills like, for instance, the "morning after" pill. Mother Theresa of Calcutta said repeatedly: "To me, the nations with legalized abortion are the poorest nations. The great destroyer of peace today is the crime against the innocent unborn child. In destroying the unborn child, we are destroying the image of God and the world."

The Immorality of Euthanasia

Two years ago, a bill (House Bill no. 4548) entitled "An Act Legalizing Euthanasia in Certain Cases," was introduced in Congress. Due to the clamor from pro-life groups, the Bill was shelved –for the time being! House Bill No. 4548 spoke of "the right to live and to die," of "the right to die" voluntarily for "a helpless, hopeless patient."

Euthanasia as active, direct, intentional killing is one of the "infamies" of our time, and "a grave violation of God's law."²² It is against the fundamental right to life, and against God's commandment "thou shall not kill" (E 20:13). Objectively speaking, *voluntary* euthanasia (or self-killing) is suicide, while *involuntary* euthanasia (killing imposed on suffering patients by others) is homicide –another crime that cries to heaven!

²² Cf. Vatican II, *GS*, 27; John Paul II, *EV*, 65; cf. also Fausto B. Gómez, OP, *Promoting Justice, Love, Life, I.c.*, pp., 215-227.

Euthanasia is often called "mercy killing." One may ask, *how may killing another human being be merciful? How may assisting a person to commit suicide be truly merciful?* True mercy, or compassion, is a quality of genuine love of neighbor. As John Paul II has written, "True compassion leads to sharing another's pain: it does not kill the person whose suffering we cannot bear."

The opposite of euthanasia is *dysthanasia*: while euthanasia shortens life, *dysthanasia* prolongs it disproportionately (it usually prolongs dying). It prolongs life, which usually ends in an "undignified death," after an abusive use of disproportionate (or extraordinary) means, provoked by the technological imperative – or the fear of a malpractice law suit. Considering that medical facilities are scarce, that many persons do not even have primary health care, may we squander funds and resources by providing futile or excessively burdensome medical treatment? As under-treatment may be immoral so can over-treatment be. The problem with *dysthanasia* is that it wants to postpone death – postponement that may be unethical and unchristian. The poet Jorge Manrique wrote: "For man to want to live when God wants him to die is madness." (*Que querer hombre vivir / cuando Dios quiere que muera / es locura.*)

Between euthanasia and *dysthanasia* we have *orthothanasia* or allowing to die (called, in House Bill 4548, *passive euthanasia*, an expression we prefer not to use). We all are obliged to take care of our life, to protect it reasonably but not to try to prolong it unreasonably: for each one of us, there is a time to die.

Allowing to die is ethical in two different situations: first, when the treatment to prolong life is useless or futile for the patient; second, when the prolongation of life is excessively burdensome for the patient (or the family, or even society). There is another possibility of shortening life indirectly: the patient needs pain-killers which will mitigate suffering directly, but, indirectly and unintentionally, might shorten life (application of the ethical principle of double effect). Health care professionals' serious obligation to relieve pain and suffering is only limited by the prohibition against direct killing or euthanasia. Physicians' duty is not only to cure but also to care. All others' duty with suffering humanity is *empathetic solidarity*, or providing to our suffering brothers and sisters a "warm heart."

We strongly affirm that there is a right to life, but not a right to

die. Death is not a right but part of the story of life of every human being. We may speak –but carefully– of the right to “a dignified death,” or to a “death with dignity,” that is, a death that comes at the right time, neither earlier (as in euthanasia and assisted suicide) nor later (as in dysthanasia). For us Christians, there is a deep meaning to suffering, a redemptive meaning, and to death. The poet R. Tagore wrote: “Death is not extinguishing the light, but putting out the lamp because the dawn has come.”

In the future, and unfortunately, there is the possibility that abortion and/or euthanasia might be legalized in our country, as it has been in other countries. As human beings and as Christians who are pro-life, we are called by our humanity and our faith to fight peacefully against the legalization of both. In *Evangelium Vitae* (no. 72), John Paul II writes: “Laws which legitimize the direct killing of innocent human beings through abortion and euthanasia are in complete opposition to the inviolable right to life proper to every individual; they thus deny the equality of everyone before the law.” And if we are asked to cooperate, one way or another, in abortion or euthanasia, we have to object through *conscientious objection*.

For or Against the Death Penalty?

As compassionate human beings and Christians, we are all against abortion, euthanasia and assisted suicide. Furthermore, some among us are against the death penalty, while some others are in favor of capital punishment for heinous crimes. As we all know, the death penalty for heinous crimes and for compelling reasons is legal in the Philippines (Republic Act 7659). At present, there are around one thousand persons on death row. In due time, each one of us will have to answer our God regarding our thoughts, words and deeds as well as omissions for or against the execution of our *dead men/women walking!* With due respect, I am for a consistent-life-ethics and, therefore, I am absolutely against the death penalty, which I consider – with a growing number of human beings and of Christians– as inhuman and unchristian.

Why is capital punishment inhuman? Because it is against the fundamental right to life, which is indivisible. Justice Pius Langa of the Union of South Africa writes: “The test of our commitment to the culture of rights lies in our ability to respect the rights not only of the

weakest, but also of the worst among us.” It is also against the right not to be tortured (cf. UN, *Universal Declaration of Human Rights*, 1984, Art. 3 and Art. 5; CCC, 2297-2298). The death penalty is inhuman because it appears as a vindictive and not a medicinal punishment: “An eye for an eye and a tooth for a tooth will leave the whole world blind and toothless” (*Gandhi*).

Some may say to me: *But the death penalty is a deterrent to crime!* Are you sure? Even if you were, I would still be against capital punishment: it would be against the inviolable right to life. However, I believe we cannot be sure one way or another. This much may be stated: there is no perceptively higher rate of crime in countries which have abolished the death penalty than in those others which maintain it – and apply it. Albert Camus wrote: “Murder has been punished with execution for centuries, and yet the race of Cain has not disappeared. The power of intimidation reaches the quiet individuals who are not drawn toward crime, and has no effect on the hardened ones who need to be softened.”

But if *the death penalty would turn out to be a deterrent to crime, why should we not apply it to criminals who commit heinous crimes like rape or drug trafficking?* Granting for the sake of argument that capital punishment could be a deterrent to crime, an exemplary punishment, I would still be against the death penalty. Why? Because even in these cases, capital punishment would be against the fundamental right to life, and against the human dignity of the criminal as a human person. When I make of a human being an object of exemplariness for others, I thingnify him/her, I make him/her a means. This is opposed to one of the great moral absolute principles thus enunciated by Kant: “Act in such a way that you always take humanity in yourself as in every other person, as end and never as means.”

I am in favor of punishing real criminals properly – even with life imprisonment, if necessary–, but not with capital punishment.

Some important questions: Am I partly responsible for the crimes committed in my social environment? Does the application of the death penalty appear biased against the poor? How many innocent persons have been executed world-wide? How many more will be executed? Who is responsible for the execution of the “innocent”?

How about the death penalty and my faith? As a Christian, I am in a deeper way against capital punishment. Why? Because all human

life is sacred. Because the principal commandment of my faith is love of God and love of neighbor –of every neighbor! Because Christian love is non-violent: “The antidote to violence is love, not more violence.”²³ I am against the death penalty because life belongs to God –only to God: A human life, the French Bishops wrote in 1985, “does not belong to others; not to the parents, who conceived it; not to the State; it does not even belong to oneself absolutely. It belongs to God.”

Is the ordinary Magisterium of the Church today against the death penalty? I do believe so! There is a continuing evolution in the teaching of the Church on the death penalty; we even find this evolution in the two editions of the *Catechism of the Catholic Church* (1992, 1997). Without judging the past, much less condemning it, I think that the teaching of our Bishops (Catholic Bishops’ Conference of the Philippines), the teaching of the Shepherd of our local Church, His Eminence Jaime Cardinal Sin, and the teaching of our universal Shepherd, Pope John Paul II are clearly against capital punishment.²⁴ On this occasion, I present the latest text of John Paul II, which constitutes the actual teaching of the ordinary Magisterium of the Church. For the first time in history, the Vatican Information Service (VIS, Vatican City, January 27, 1999) headlined its story on the Pope’s Homily in Saint Louis, MO, on January 27, 1999 thus: *Pope decries abortion, euthanasia, and death penalty*. Indeed, for the first time, the death penalty is condemned right after abortion and euthanasia. The text of said homily is unmistakably against capital punishment. We quote:

The new evangelization calls for *followers of Christ who are unconditionally pro-life*: who will proclaim, celebrate and serve the Gospel of life in every situation. A sign of hope is the *increasing recognition that the dignity of human life must never be taken away*, even in the case of someone who has done great evil. Modern society has the means of protecting itself, without definitely denying criminals the chance to reform. I renew the appeal I made most recently at Christmas for a consensus to end the death penalty, which is cruel and unnecessary.

²³ US Catholic Conference, *A Good Friday Appeal to End the Death Penalty*, April 2, 1999.

²⁴ Cf. Fausto B. Gómez, O.P., “The Death Penalty in Moral and Christian Perspective,” *Life Today*, June 1999, pp. 17-23.

I am absolutely against capital punishment mainly by reason of my faith in Christ, in his Gospel of the beatitudes, of love, of non-violence, of forgiveness. I ask myself: How can I be for the execution of criminals and proclaim the Sermon on the Mount? "It was said to our ancestors: *You must not kill...* But I say to you: anyone who is angry with his brother will answer for it before the court... It was said: *Eye for eye and tooth for tooth.* But I say to you: offer the wicked man no resistance... It was said: *love your neighbor and hate your enemy.* But I say to you: love your enemies and pray for those who persecute you" (Mt 5:21-22, 38-39, 43-44). "If there is one of you who has not sinned, let him be the first to throw a stone at her" (Jn 8:7).

My faith in Jesus Christ tells me that I have to be in solidarity with all: Christian compassion cannot be selective; it is universal. In the first plane, I have to be in solidarity with the victims of criminals and with their families: "Our family of faith must stand with them as they struggle to overcome their terrible loss and find some sense of peace."²⁵ My Christian faith impels me to be also in solidarity with the alleged criminals, with those in prison: "I was in prison, and you visited me" (Mt 25:36). And also with their families. When a *dead man walking* is executed, a human being is legally killed, and his/her family is made to suffer unjustly, particularly the children: "Do you think that the fatal stroke wounds him alone? That his father, his mother, of his children will not suffer by it? In killing him, you vitally injure all his family and thus again you punish the innocent" (Victor Hugo).

As a human being and as a Christian, I preach a consistent-life ethics, a bioethics and a theological ethics that are pro-life, pro-justice and pro-love. Thus I believe that human life is a wonderful gift and a responsible task—the noble task of administering it well, of taking good care of our health, of proclaiming the Gospel of life.

Conclusion: Bioethics for Everyone!

Because bioethics is the ethics of human life from the moment of conception to natural death, bioethics is an important normative life science. Because theological bioethics confirms the ethical principles

²⁵ US Catholic Conference, *A Good Friday Appeal to End the Death Penalty*, April 2, 1999.

and values developed by reason and provides a deeper meaning to life, suffering and death, and opens the door to transcendence, theological bioethics is doubly significant for religious persons and followers of Christ.

Bioethics is necessary for physicians, nurses and other health care professionals, who have to know and practice the bioethical dimension of scientific medicine. Moreover, for Christian health care providers, in particular, their vocation is a ministry in the Church's healing mission.

Bioethics is likewise important for teachers. We read in *Ex Corde Ecclesiae*: "All teachers are to be inspired by academic ideals and by the principles of an authentic human life."²⁶ Teachers are to be competent not only in our own subject-matter, but also knowledgeable concerning the basic questions of life and its meaning, part of the extra-curricular questions of their students. I like to ponder these words of Saint Augustine: "I learned not from those who taught me, but from those who talked with me, as I try to pour into their ears the way I felt about things."

Truly bioethics is important for everyone. Its growing relevance today is attested by the fact that bioethics education is becoming an integral part of wholistic education – a subject in the health sciences, in the humanities, in philosophy and theology. Certainly, "bioethics interests everyone concerned with the interface of technology, nature, and human nature; as a result, it has been a highly successful addition to educational curricula."²⁷

Bioethics is important for everyone in another sense: as custodians of our own health, bioethics may help us be healthy. *Mens sana in corpore sano* – a sound mind in a sound body: a temperate style of life, a hopeful attitude, a virtuous living. In theological perspective: the following of Christ is the healthiest way of living. Moreover, we are all potential patients in need of a doctor, and bioethics will help us know better our dignity that ought to be respected, and our rights – the right

²⁶ John Paul II, *Apostolic Constitution on Catholic Universities, Ex Corde Ecclesiae*, no. 22.

²⁷ Daniel Callahan, "Bioethics Education: Introduction," *Encyclopedia of Bioethics*, 1995, *l.c.*, p. 256.

to adequate health care information, the right to refuse useless treatment, and the right to privacy and confidentiality.²⁸

The goal of bioethics –of any ethics– is not merely *to know* but mainly *to do*: “To know and not to do is not yet to know” (Buddhist proverb). To do what? To do good –to be good! Peter Kreeft asks himself: “What is the purpose of ethics?” His answer: “To be good, that is, virtuous.”²⁹ To be virtuous, that is, to be in love – with God, with ourselves, with others, with nature. When all said and done, what really matters in ethics, bioethics, theological ethics –in life, really– is love, which is the value and the virtue of life. In the evening of life, St. John of the Cross said, we will be examined on love – only on love!

²⁸ Cf. Thomas S. Shannon, *An Introduction to Bioethics*, New York/Mahwah: Paulist Press, 2nd. Ed., 1997, pp. 143-145.

²⁹ Peter Kreeft, *Back to Virtue*, San Francisco: Ignatius Press, 1992, pp. 30-31.