Ethical Principles in Bioethics:
From Theory to Reality

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From an ethical and theological perspective, we reflect on three points: theory, foundation and practice of ethical principles. The theory of principles continues today to be a way to explain our choices, the morality of our actions. Closely connected with values, ethical principles are guidelines or standards of conduct for all professionals. To the four acknowledged principles of bioethics namely, non-maleficence, beneficence, autonomy and justice, we add other classical principles, including the principles of respect for persons and human life, love, totality, truthfulness and confidentiality. The radical foundation of ethical principles is the human person. The human person is an ethical being always in the process of becoming more than what he or she is, of becoming a better person in relation with others, with himself, with nature and with God. Ethical principles urge us to respect every person's unique dignity and fundamental rights, including the rights to life, physical integrity and an adequate health care. To become more than what he or she is, the human person ought to practice the ethical principles, that is, to pass from theory to reality. As external guidelines for our actions, ethical principles point to us the way to become good persons, professionals and Christians. Known principles are turned into life by the acquisition of intrinsic principles of good actions, that is, virtues. As good operative habits, virtues provide us with a new vision of the heart, serenity of soul and happiness. Among all the virtues, love stands out. Love is the ethical principle (the Golden Rule) and the virtue. It is the form of all virtues. Indeed, *to be is to love*.

Keywords: *ethical principles, human person, human dignity and rights, virtue and virtues, love*

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From a philosophical and theological perspective, I try to present in the following pages a general and simple view of ethical principles in bioethics today. I develop the topic in three points: first, the theory of principles in bioethics; second, the foundation of ethical principles, and third, the passage from the theory of principles to the practice of principles.

We begin our inquiry by facing the first question: *What is the theory of principles in Bioethics?*

The Theory of Principles in Bioethics

There are different ethical theories to help us ground the morality of our actions as ethical beings and evaluate different actions morally and term them as good or evil. Important ethical theories or approaches today are: the principle approach, the virtue approach, the duty approach and the consequence approach.[1]

1. *Theory of Principles*

As ethical beings, we ought to have ethical principles. As bioethicist Pablo Arango Restrepo, MD, said in an enlightening lecture (2005), "One cannot go through life without principles; these are necessary." Principles help us take decisions, evaluate clinical cases and research protocols and guide our conduct. Hence, we all need to have some fundamental ethical principles to guide us in our life in general and professional life in particular. The question is, *What principles?*

From the 1970s to the 1990s, the most popular theory or approach was the theory of principles, particularly as formulated and explained by Beauchamp and Childress. From a secular perspective, the two authors present and explain in their classical work *Principles of Biomedical Ethics* (1979), the four basic, primary bioethical principles namely, autonomy, non-maleficence, beneficence and justice.[2]

[1] Among the ethical theories, we have utilitarianism (consequence-based ethics), deontologism (duty-based ethics), liberal individualism (personal rights-based ethics), communitarianism (community-based ethics), relativism (situation ethics), and integral personalism (natural law-respect for person ethics), among others. See Brian O'Toole, "Four Ways People Approach Ethics," *Health Progress* (November-December 1998), pp. 38-43. Speaking of the foundations of bioethics, Daniel Callahan points out different approaches or theories of bioethics: principles, virtues, duties, Aristotle's combination of virtuous character and practical reasoning, casuistry, feminist ethics, etc (See Daniel Callahan, "Bioethics," *Encyclopedia of Bioethics*, ed. Warren Thomas Reich, Vol. I, New York: Simon & Schuster MacMillan, 1995, pp. 251-253).

[2] Beauchamp, Tom L. and Childress, James F., *Principles of Biomedical Ethics* (New York and Oxford: Oxford University Press, 1979, Fourth Ed., 1994). See John Finnis and Anthony Fisher, OP, "Theology and the Four

By the end of the 20th century, these principles accepted wholeheartedly at the beginning, were being slowly criticized by reason of possible ambiguities apparently inherent in them. Today some authors have discarded the theory of principle and its abuse – principlism –, and others have proposed alternative principles.[3]

Personally, I believe the theory of principles can help us evaluate ethical dilemmas or conflicts, when read from a Hippocratic and humanist, and also Christian, perspective. To the four principles I add others, such as the principle of respect for the human person, the principle of love, the principle of the defense and the promotion of human life, the principle of totality or therapeutic principle, the principle of double effect and cooperation, and of truthfulness and confidentiality.

Ethical principles are ethical guidelines or directives for professional practice, basic points of reference for research on human subjects, standards of conduct for all professionals. Ethical principles are closely connected with values, norms and rules. They are expressions of values and foundations for specific moral norms and rules. Principles in bioethics comprise the general principles of any kind of ethics (for instance the principle of cooperation) and the specific principles of health care and research (such as informed/substitute consent).

Besides, as time went by, we realized better that the principles are not equally ranked by different authors. While American and British bioethicists give primacy to autonomy, other European authors stress the primary importance of non-maleficence and justice.

Representatives of Mediterranean bioethics speak of two levels of principles: the first level is constituted by the principles of non-maleficence and justice (always obligatory and its fulfillment usually required by law), and the second level, by the principles of autonomy and beneficence (demanded by ethics and, in a sense, going beyond justice).

Principles. A Roman Catholic View I," in *Principles of Health Care Ethics, ed. Raanan Gillon* (John Wiley & Sons Ltd, 1994), pp. 31-53.

[3] See Antonio Pardo Caballos, "La ambigüedad de los principios de la bioética," *Cuadernos de Bioética*, Vol. XXI, No. 71/1 (2010), pp. 39-48; Pablo Arango Restrepo, MD, *Conferencia* "Necesidad de los principios. ¿Pero cuales principios?" (2005). Elio Sgreccia, *Manual de Bioética* (México, D. F.: Editorial Diana, 1996); L. Feito Grande, "Panorama Histórico de la Bioética," *Moralia* 20, 1997, pp. 465-494, in particular pp. 477-481, on principles and casuistry. Certainly, a medical decision also "requires a recognition of some moral principles, such as *primum non nocere* (first, do not harm), and beneficence, that have a special salience in the doctor-patient relationship (Pellegrino and Thomasma, 1981)." A medical decision, Daniel Callahan asserts, is a combination of principles and virtues to medical practice (Daniel Callahan, "Bioethics," *l. c.*, p. 251).

2. *Ethical Principles and Connection among Them*

Hereafter is my brief explanation of the principles and their mutual connection.[4]

Ethical principles are different from other principles, for instance, mathematical principles. While the latter do not involve our life, the former – ethical principles – do involve our life: who we are and who to become.

Among the ethical principles, the principle of respect for persons is basic and central to general ethics and to professional ethics. The principle of respect for persons may be formulated thus: *"The human person ought to be respected always."* The ethical principle of respect for persons is mediated by and connected with other general ethical principles, such as justice and solidarity, autonomy and stewardship, informed/substitute consent, truth-telling and confidentiality, non-maleficence and beneficence, double effect and cooperation.

The principle of justice could be formulated, in general, thus: "Give to each person his or her due, that is, his or her rights." In particular: "Equal cases are to be given equal treatment, without any discrimination." The principle refers mainly to distributive, equitative justice.

The principle of justice is perfected in the principle of love, which respects and goes beyond justice: "Love all persons, members of the human family, principally the most proximate and the neediest." All persons, including and particularly the poor, have a right to essential health care. (Be the way, the fundamental principle of Christian and social ethics is the principle of love, the primary principle: "Love God above all; love all neighbors as you love yourself or as Christ loves them, and love the needy neighbor with preferential love.")

The bioethical principles of justice and love illuminate the problems connected with distribution of limited health care resources, professional fees, free services to the poor and organ donations.

The bioethical principle of justice is further mediated by the principle of autonomy, or respect for self-governance: "Respect the autonomy of the person,"

[4] See Fausto B. Gomez, OP. "Relevant Principles in Ethics and Bioethics," in his book *Promoting Justice, Love, Life* (Manila: University of Santo Tomas Publishing House, 1998), pp. 50-65; Francisco Javier León Correa, "De los principios de la bioética clínica a una bioética social para Chile," in *Revista Médica Chile,* 136 (2008), 1084-1088. For a detailed explanation of the main ethical and bioethical principles see Jerry Reb. Manlangit, OP, *Fundamental Concepts, Principles and Issues in Bioethics, Vol. 1 and 2* (Manila: University of Santo Tomas Publishing House, 2010).

that is, his/her conscience, freedom and bodily integrity. However, autonomy is not absolute. It is ethically limited by two other principles: the principles of stewardship and solidarity. In bioethical perspective, stewardship of life implies the use of *ordinary or proportionate means* of treatment, which are beneficial and not too burdensome for the patient, and opposes the abuse of *extraordinary or disproportionate* means. One weakness of the principle in secular perspective is the subjectivity of autonomy and likewise its consequent principle: "The best interest of the patient."

The autonomy of the person is respected in the principle of the best interest of the patient that should morally be the best interest objectively, not just subjectively. How can assisted suicide, for instance, be in the best interest of the patient? This principle of "best interest of the patient" is connected with the principle of informed/ substitute consent. (We always remember its three conditions: information, comprehension and freedom).

(Parenthetically, the doctor has to respect the autonomy of the patient, but the patient – and all, including the state – has to respect likewise the autonomy, the conscience of the doctor or nurse or pharmacist. Conscientious objection is a human right connected often with the right to religious freedom. It is immoral for the state to oblige doctors to do something which is against their conscience or their beliefs.[5])

The principle of free consent is connected with the principle of truthfulness: "Tell the truth about their state of health/illness to your patients or respective representatives." Exceptionally only, the physician or the therapist may use what is called "the therapeutic privilege," when beneficence really overrides autonomy.

The principle of truthfulness is connected with the principle of confidentiality: "Keep professional secrecy." The right to privacy is an important human right, but not an absolute right. Confidentiality to keep this privacy is, then, not absolute. It is limited by other rights of the patient – such as the right to life, the rights of others, and the common good. An example is the obligation of doctors, for instance, to report infectious diseases.

The importance of the principle of cooperation – cooperation in evil – which is connected with the principle of double effect (when from one single action two effects proceed – one good and one evil ought to be underlined. Principle of cooperation: "Formal and immediate cooperation in the evil action of another is

[5] See John Paul II, *Evangelim Vitae*, nos. 73-74; Gonzalo Herranz, "La objeción de conciencia de las profesiones sanitarias," *Scripta Theologica*, 27 (1995/2), pp. 545-563; Parliamentary Assembly, Council of Europe: *The Right to Conscientious Objection in Lawful Medical Practice,* Resolution 1763 (2010): http://assembly.coe.int/ASP/APFeaturesManager/defaultArtSiteView.asp?ID=950. Accessed on 10/08/2010.

immoral, while mediate material cooperation may be moral." The best and usual way to act ethically is cooperating in doing good with and/or for others. Very exceptionally, one may have to choose between two evils the lesser evil: Catholic moral theology and also the ordinary *Magisterium* of the Church have accepted the principle of "the lesser evil and moral gradualism." May a congressman vote for a more restrictive law against abortion so that the more liberal one may not succeed? May the use of condoms against possible infections to others or as self-protection be a lesser evil? But of course, the "lesser evil" is still an evil.[6]

The health of the patient is promoted by the observance of the principles of non-maleficence and beneficence already present in the Hippocratic Oath. The principle of non-maleficence is more radically important: "Do not harm: *"Primum non nocere,"* that is, *"If you cannot do something good to a patient, at least do not harm him or her."* This is a clear indictment against euthanasia and assisted suicide. However, for some authors, it is not necessarily so. Hence, the ambiguous concept of *quality of life* may wrongly include euthanasia and assisted suicide.

Beneficence goes beyond non-maleficence. It implies doing some good to the person. Certainly in biomedical perspective, some harm is unavoidable to achieve a greater benefit (but, "no more harm than what is necessary"). Risks (and burdens) and benefits must be balanced, but evil cannot be done to attain good: a good end does not justify a bad means (one of the conditions of the principle of double effect). One weakness of the principle of beneficence is the possibility of interpreting it in key of paternalism, or "the doctor knows best, and the possible abuse of the "therapeutic privilege."

[6] See St. Thomas Aquinas, *Summa Theologiae,* II-II, 10, 11;Paul VI, *Humanae Vitae*, no. 14; John Paul II, *Veritatis Splendor*, 80, and *Evangelium Vitae*, 73; Benedict XVI, *Light of Truth. The Pope, the Church, and the Signs of the Times (*San Francisco: Ignatius Press, 2010), chap. 11, pp. 117-119. Asked on the use of condoms, Benedict XVI answers: "There may be a basis in the case of some individuals, as perhaps when a male prostitute uses a condom, where this can be a first step in the direction of a moralization, a first assumption of responsibility, on the way towards recovering an awareness that not everything is allowed and that one cannot do whatever one wants. But it is not really the way to deal with the evil of HIV infection. That can really lie only in a humanization of sexuality." The Pope adds: "She (the Church) of course does not regard it (the use of condoms) as a real or moral solution, but, in this or that case, there can be nonetheless, in the intention of reducing the risk of infection, a first step in a movement toward a different way, a more human way, of living sexuality" (*The Light of Truth, l. c.,* p. 119). For his part, Cardinal Carlo Martini says (I translate from the Spanish edition): "Even if the use of condoms would be allowed as 'a lesser evil', this would not be enough" (Carlo M. Martini with Georg Sporschill, *Coloquios nocturnos en Jerusalén* (Madrid: San Pablo, 2008), p. 147. See also Teodoro C. Bacani, D. D., *The Church and Birth Control* (Manila, 1992), pp. 55-63.; Fausto B. Gomez, OP., "HIV/AIDS in Ethical Perspective," in his book *A Pilgrim's Notes,* Manila: University of Santo Tomas Publishing House, 2005, p. 319, Footnote 2. Theologian Benedict Ashley says: "I am not opposed to the use of a condom in certain HIV/AIDS related situations as a lesser evil: two sins are worse than one."

We are now ready to face the second question of our inquiry: *What is the foundation of ethical principles?*

Foundation of Ethical Principles: The Human Person

1. The Nature of the Human Person

The theory of the four principles was soon criticized by reason of its apparent ambiguities and their possible interpretation in key of relativism. Perhaps the deepest defect was – I humbly submit – its apparent lack of a basic and sound ethical foundation. A good ethics pre-requires a good anthropology. Ethics asks the question, *is it good?* Anthropology asks *who the human person is.*

A Hippocratic-humanist – and Christian – ethics ground the bioethical principles on the nature and identity of the human person. Ethical principles are not arbitrary points of reference but basic rational orientations rooted in our nature as human and ethical beings.

After all, the ethical principles are expression of values, which speak of what is valuable in the human person. *Why is abortion immoral? Why is cheating wrong? Why is human cloning ethically bad? Why?* Could it be that the three do not respect the dignity and rights of the human person?[7]

The human person is the basic foundation for all kinds of ethics, including professional. This is why we placed respect for persons as the first and central ethical principle.

The human person is an ethical being, that is, "an ethical subject – and not an irrational animal –because he can distinguish between good and evil, just and unjust" (Aristotle). In fact, the most fundamental moral norm is this: "Do good and avoid (fight) evil." He/she is an ethical being because he/she possesses a moral conscience, an inner voice – the binding voice of reason – that tells him/her what is good and evil, and commands him/her to do good and not do evil.

[7] See Fausto B. Gomez, OP, "The Dignity of the Human Embryo: Bioethical Implications of the New Bio- and Reproductive Technologies," in his book *The Journey Continues* (Manila: University of Santo Tomas Publishing House, 2009), pp. 287-311. On the foundation of bioethics see: Niceto Blázquez, OP, "Fundamentación y contenido de la bioética," in his book *Bioética Fundamental* (Madrid: BAC, 1996), pp. 123-127; Elio Sgreccia, "La Bioetica. Fundamenti e conteniti," *Medicina e Morale* (1984/3), 285-305'; G. Miranda, "Fundamentos éticos de la bioética personalista," *Cuadernos de Bioética,* 17 (1994), 49-62.

The human person is an ethical being because he is a free and responsible being who can do good or evil actions, but who ought to do good actions. These good actions help him/her become what he/she is as a human person. Man or woman is always on the process of becoming more (or less) what he or she is, that is, a person related to others, to creation, to God. The great Chinese philosopher Confucius explained this beautifully: the human person is a perpetual moral project; he walks towards perfection through the constant performance of his duties.

The human person is many things: "a rational and political animal" (Aristotle), "a reed that thinks (Pascal), "libido"(Freud), "an economic animal" (Marx), "a useless passion" (Sartre), "dust" but a dust that can love and be loved ("polvo enamorado"); the most fragile in the world (flesh) and the highest in heaven (love) (X. Pikaza). Man or woman is many things to many people, because he or she is a complex reality (body and soul), a unique reality (individual and person), a mystery! The human being is *not a thing* - not something - but someone; not an object, but a subject. We do not ask merely, *what is the person?* But *who is the person?*

The human being is union of body and soul (soul: spiritual and immortal). He or she is body-soul, one corporeal-spiritual whole, an embodied spirit, a sexualized individual. The human person is "one in body and soul," the body is the matter and the soul is the form that informs and animates the body.[8]

The human person is an individual, self-subsistence substance. He/she is indivisible and different from any other human being: an unrepeatable human being with a unique genetic make-up or code (DNA: Deoxyribonucleic Acid).

Moreover, the human person is not merely an individual, but an individual of a rational nature, that is, a unique individual, a person**:** every individual of rational nature is called person, **(***"Omne individuum rationalis naturae dicitur persona,"* in the words of St. Thomas Aquinas). Every human being is "a person, that is possessing intelligence and freedom" (John XXIII). With reason to understand the world and will to direct himself to true good, the perfection of the human person is found "in the search and the love of the truth and the good" (*CCC*). The Angelic Doctor states that the human person is what is most perfect in the whole creation.[9]

As a human person, he/she is "self-presence-in-relation," interiority and relationship (M. Vidal): *interiority,* that is, self-consciousness (intelligence) and

[8] Vatican II, *Gaudium et Spes, GS*, 14. *Catechism of the Catholic Church, CCC,* nos. 1703, and 362-363.

[9] See *CCC*, 1704; John XXIII, *Pacem in Terris*, 261; St. Thomas Aquinas, *Summa Theologiae*, I, 29, 3 ad 2; I, 29, 3. The Angelic Doctor writes: "Bonum hominis est secundum rationem esse, malum autem quod est praeter rationem" (I-II, 18, 5; see also his *De vitutibus in communi*, 9).

self-possession (will and freedom); *relationship,* that is, open to others (to God, to other human beings, and to creation). Vatican II underlines the constitutively social dimension of the human person, and the need to go beyond an individualistic ethics.[10]

The human person is by nature related to other human persons: he/she is a social being ("no man is an island"); and only as social being can he/she attain self-realization (cf. Gen 1:27).

The human person is an ecological being: he/she is a member of the biotic community, a creature of the universe. As free and responsible beings, they ought to cultivate and care for the earth (Gen 2:15; see also Gen 1:28). In religious perspective, they are stewards of God, not destroyers or exploiters of the environment. Unfortunately some of us – or many – are damaging the environment because we are not its responsible administrators, or good human persons. In fact, "Moral garbage is the cause of ecological garbage" (Fulton Sheen).

The human being, then, is relationship to another human being – to a he or a she, or better, to a *thou*. A *thou* is not a nobody, nor an enemy, but an equal human being, a neighbor, a co-pilgrim, another *I*. In Christian perspective, the other is a brother or sister: not merely a he or a she (relationship of justice) but a *thou* (relationship of love), also created by God (the Eternal Thou), redeemed by Christ (the Son of God and the Son of Mary), and constantly renewed by the Holy Spirit (the giver of grace and the consoler). We are on the way to self-realization, to happiness, to heaven. The human being then is also a religious being – related to God, and God's image and likeness.

The definition or description of the human person is most important and relevant. Why? It is most important because the person is the radical criterion of all morality, including bioethics. *Is the embryo a human person? Is the human being in a persistent vegetative state (PVS) a true human person?*

Medicine or physical therapy – health sciences – is not only a science but also an ethics. It applies "the knowledge obtained from science and ethics to the alleviation of suffering or the cure or prevention of human illness" (Edmund Pellegrino). Being a good health care provider entails being a moral person. And being a moral person requires respect for every other human person. According to Pope Benedict XVI (January 31, 2008), the two fundamental criteria in the field of bioethics are "unconditional respect for the human being as a person from conception to natural

[10] See *GS*, nos. 25 and 30; Marciano Vidal, *Moral de Actitudes, I: Moral Fundamental Personalista* (Madrid: PS Editorial, 1974), pp. 1401-51; Agustín Pazos, "Fundamentos antropológicos de las directrices del Magisterio en temas de bioética," *Cuadernos de Bioética,* Vol. XII, No. 4 (2001), pp. 345-353.

death, and respect for the origin of the transmission of human life through the acts of the spouses." *Why embryonic stem cell research and in vitro fertilization (IVF) are immoral? Why natural family planning, assisted procreation and allowing to die may be ethical?*

Our being is defined or described in many different ways – all trying to give us a complete understanding of his nature. All definitions and descriptions of the human person, however, are incomplete: *Who can really know himself/herself fully, and the other as well*? Indeed, "a man is more than a man" (Pascal), the human being is a *mystery* even to himself or herself. It is really difficult – impossible – to know a person well. Philosopher Baltasar Gracian comments: "If you have seen a lion, you have seen all lions. If you have seen a sheep, you have seen all sheep. But if you have seen a man, you have seen one man only, and even this one is not well-known."[11]

Why do I have to be just to others – to you? Why must you say the truth to your patients? Why? Because you and your patients are human persons with unique dignity and rights! *What human dignity? What rights?*

2. Human Dignity and Rights

The human person as an individual person possesses unique dignity, which, as Kant says, has no price but value. *What is human dignity?* Human dignity is related to goodness, nobility, excellence and perfection. It may be described as "an objective excellence that indicates objective meaning and value in comparison to all other created things."[12] The characteristics that speak of the excellence of human dignity are intelligence, freedom and love; liberty, equality, fraternity.

Human dignity is essentially equal in all humans. No matter how miserable a human being has become, he or she will always have the essential, intrinsic dignity of a human being. A text to ponder:

> No man is deprived of dignity. All human existence – applauded or cursed, triumphant or beaten, happy or unhappy, generous or greedy – represents the entrance into history of a radical newness, the presence of an excellence of being superior to any other observable being.[13]

[11] Baltasar Gracian as quoted by José Antonio Marina, *Ética para náufragos* (Barcelona: Anagrama, 1995), p. 18.

[12] Paul Conner, O. P., "Human Dignity, Universal Standard of Good and Evil," *The National Catholic Bioethics Quarterly,* Vol. 4, No. 2 (Summer 2004), p. 269.

[13] Luis del Barco as quoted by Tomás Melendo, "Más sobre la dignidad humana, "*Cuadernos de Bioética,* Vol. VIII, No. 4 (1997), p. 1484.

All human beings are equal in essential dignity, including in particular those who cannot exercise their rationality. In fact, these human beings are to be accepted and recognized by others with special love – with a preferential love. In Christian perspective, this preferential love for the poor and the sick applies most especially to those human beings who are really weak and unable to defend themselves: the unborn and born children, women in many places, the mentally incapacitated, the elderly, the marginalized – "the little ones" of Jesus –, who are to be loved with preferential love (cf. Mt 25:31-46).

Human dignity is often defined today as the possession of human rights, which are understood as the rights of the human being by the mere fact that he or she is a human being.[14] As the late Jose W. Diokno, a staunch defender of human rights, once said: "Human rights are more than legal concepts; they are the essence of man … ; deny them and you deny man's humanity."

Among human rights, including our search for happiness, there is the right to life. The right to life is fundamental, for it is a condition to the exercise of the other rights. A consistent life-ethic defends the right to life from the moment of conception to natural death. Connected with the right to life are the rights to bodily integrity (the body is essential part of the person, body-soul, and not to be treated as a commodity, as in the case of organ trafficking), and to adequate health care (at least, basic health care for all).

In health care ethics, when speaking of human rights, we also talk of the rights of patients, which have to be respected in particular by health care professionals. Important patients' rights are the following: right to adequate information, right to refuse treatment (hopefully useless or too burdensome treatment only), right to privacy, right to personal hospital records and right to voluntary participation in research.[15]

Human rights are necessarily related to duties. Rights and duties are co-relative. As Pope John XXIII says in *Pacem in Terris*: "To one man's right there corresponds a duty in all other persons; the duty, namely, of acknowledging and respecting the right in question."

[14] Leonardo Rodríguez Duplá, "Sobre el fundamento de los derechos humanos," *Salmanticensis*, 43 (1996). See International Theological Commission, *The Dignity and Rights of the Human Person* (Ireland: The Furrow Trust, 1985), 1.1., and 3.2.2.

[15] See Thomas A. Shannon, *An Introduction to Bioethics,* 2nd Ed. (New York/Mahwah: Paulist Press, 1989), 141-147.

Why do we have to respect persons? We have to respect persons because they are persons, that is, because they possess inner worth, incomparable value, unique and equal *human dignity* and *rights*; because, as Vatican II says, the human person stands above all things and has rights that are universal and inviolable. Truly, as Seneca said, *homo res sacra homini,* the human person is a sacred reality to the human person, hence deserving special reverence. God has made him "little less than a god" (*Ps* 8:5). As it has been repeatedly said: Men and women are to be respected, not by reason of what they have, not mainly by reason of what they do, but by reason of what they are, namely, human persons! Moreover, respect for persons – and for other living creatures – is also a central point of reference for scientific research and its technological applications, particularly, experimentation with human subjects (in therapeutic or non-therapeutic research).

In ethical perspective, then, human persons must be treated as subjects and not as objects, as ends and not as means. Some ethicists express the principle of respect for persons through Kant's categorical imperative*: "Act in such a way that you always take humanity, in yourself as well as in every person, as an end and never as a means."*[16]

In theological perspective, the human person – every human being – is created in God's image. His/her life from its beginning up to its natural end is sacred and ought to be respected. Writes John Paul II in *Evangelium Vitae* (no. 61):

> Human life is sacred and indivisible at every moment of existence, including the initial phase, which precedes birth. All human beings, from the mother's womb belong to God who searches them and knits them together with his own hands, who gazes on them when they are tiny shapeless embryos and already sees in them the adults of tomorrow whose days are numbered and whose vocation is even now written in the "book of life" (cf. Ps 139:1, 13-16).

The radical anthropological question is: *Who am I? T*he fundamental ethical question is: *Who must I become?* The answer to the second question is based upon the first. I ought to become what I am: *agere sequitur esse* (acting follows being). Being and becoming what we are constitute the two poles of human existence. Becoming more what we are as human beings, as children of God implies not only knowing the ethical principles, but mainly practicing them.

[16] See Fausto B. Gomez, OP. "A Philosophical (and Theological) Basis for Bioethics," *The Journey Continues* (Manila: University of Santo Tomas Publishing House, 2009), *l. c., pp. 215-234.*

Let us now proceed to the third and final question of our discourse: *How to practice the ethical principles?*

From Theory to Reality: The Practice of Principles

1. The Theory of Virtues

The ethical principles are most helpful guidelines to direct and evaluate our actions. These principles, however, are external guidelines only. They do not make us good. *What makes us good, and how must I behave? What are the intrinsic ethical principles of our actions that make us good?*

When I ask my students, particularly medical students, to rank the topics of basic or general bioethics, most of them answer that the two most important topics for them are principles and virtues, and not one without the other. They are objectively correct: both jointly are necessary.

In basic ethics, and also in professional ethics, the two approaches that seem to stand out are "the principle-based and the virtue-based ethics." Both are integrated in the theory of ethical personalism. Pellegrino and Thomasma add, the best approach then is "the balance of the two approaches that is so important in today's society and so challenging."[17]

Principles and virtues fertilize each other: principles guide us to be good, while virtues make us good. Without virtues, principles may be no more than weak external guidelines. On the other hand, without principles, virtues may become too subjective. Principles need virtues to be interiorized, and virtues need principles not to become just pious "good intentions." Nevertheless, principles are at the service of virtues. While principles are extrinsic principles of our actions, virtues are intrinsic principles of good deeds. Virtues are embedded in the potencies of the person who possesses them.

Virtue is a kind of excellence of the soul, a basic trait of character, and a positive ethical attitude, a good operative habit, a "successful self-realization" (C. van

[17] Edmund D. Pellegrino and David C. Thomasma, *The Christian Virtues in Medical Perspective* (Washington, D. C.: Georgetown University Press, 1996), pp. 14-15. Indeed, ethical principles are essential guides for our life and profession or vocation: "They educate conscience, shape virtues and make possible wise decisions in particular cases" (John Finnis and Anthony Fisher, OP, "Theology and the Four Principles. A Roman Catholic View," l. c., p. 31). Still virtues are needed to practice the principles. (Fausto Gomez, OP, "Some Notes on the Relevance of Virtue and Virtues in Ethics and Bioethics," in his book *Promoting Justice, Love, Life,* Manila: UST Social Research Center and University of Santo Tomas Publishing House, 1998), pp. 66-90.

der Poel). Virtue is also a source of happiness. In classical philosophy and theology, happiness consists in the practice of virtues (St. Thomas Aquinas). It is the reward of virtuous actions (Aristotle). Virtues perfect us as individual persons, as citizens and professionals, as social beings in communion with others. Virtues give us knowledge by connaturality – the knowledge of love –, a keen ability to judge well and certain serenity of soul. Virtues strengthen and enhance our vision of a good life – the vision of the heart. Truly, "It is only with the heart that one can see clearly; what is essential is invisible to the eye" (A. Saint-Exupery, *The Little Prince*).

Ethical principles are to be known so that they may be practiced. Knowledge and practice of principles by the corresponding virtues guide us to apply them properly to different medical cases, and also to make good ethical guidelines or policies.[18]

When we speak of virtues in ethics and professional ethics, we mean above all moral virtues – the virtues that make us and our actions good. Since the time of Aristotle, the most important human moral virtues are the cardinal virtues of prudence, justice, courage and temperance. (For religious people, for Christians, the most important virtues are the theological virtues of faith, hope and love.) The moral virtues rectify the whole ethical life of the person who possesses them by putting order in his/her intellect (prudence), in his will (justice) and in the sense appetite (courage and temperance).

A good life, an accomplished life, a happy life is a virtuous life, in particular, a life witnessed in *justice and love*. Justice and love continue to be the most relevant virtues today. Considering the terrible reality of injustice in our world – including the health care field –, there is obviously a great need of justice. Justice is the virtue which inclines us to give to others what are theirs – radically, their rights. Justice, however, is a cold virtue – necessary but cold – and needs the company of the virtue of love, even to become a just justice! I remember having read in St. Thomas Aquinas that "justice without mercy is cruelty," and, on the other hand, that "love without justice is stupidity."

Love is the ethical principle and virtue par excellence, the most essential single element – the virtue – in the path of happiness: the way of and to happiness is giving ourselves to others in love, that is, "the unconditional donation of what

[18] For the application of ethical principles to medical practice see Angeles Tan Alora, MD, *Casebook in Bioethics 3* (Manila: University of Santo Tomas Publishing House, 2010). For the use of principles for policy making see Fausto B. Gomez, OP., ed., *Ethical Guidelines for Medical Practice* (Manila: University of Santo Tomas Publishing House, 2000). See also St. Thomas Aquinas, II-II, 58, 1 and 55, 1 ad 2, and II-II, 109, 3 ad 3; Cornelius van der Poel, CSSp., *The Search for Human Values* (Paramus/Toronto: The Pualist Press, 1971), pp. 146-160.

have been unconditionally received" (C. Díaz). Love, furthermore, is the form of all virtues.

Love means to give to other persons not only what is "theirs" (particularly their rights) but also of what is "ours." It is rooted in truth, lived in freedom and expressed in particular in solidarity with the poor, the sick and the disadvantaged in our families, communities and societies.

Love of neighbor in particular is well articulated in the Golden Rule: *Do not do to others what you do not want others do to you* (negative formulation); *Do to others what you want others do to you* (positive formulation). (See *Mt* 7:12; *Lk* 6:31). St. Augustine says that the term "good" must be entered: one must do unto others that which is good. Therefore, "The good that I would like to be done to myself, *i.e.*, that I desire as a good *for* me, as *my* good, must be desired as a good for others, i.e., as a good *for* all and a good *per se.*"[19]

With justice and love, *what are some other significant virtues for the healthcare professionals?* The virtues which will help them live the ethical principles, such as compassion, truthfulness, humility and prayerfulness. These virtues presuppose a fundamental requirement: competence. Above all, what doctors, nurses, occupational therapists need is competence with compassion: "Two things go to the making of a health care professional: scientific competence and a great heart" (Paul Tournier, MD). Virtues help us apply the ethical principles in a constant way competently and compassionately.

2. The Acquisition of Virtues

Virtue can be defined, of course, as we have done earlier. However, genuine knowledge of virtue is practical knowledge, a knowledge that comes with the exercise of virtue. This is why, St. Thomas tells us: the best definition of virtue is the virtuous person! Only the just man knows what justice is, said Plato; only the Good Samaritan knows truly what the meaning of love of neighbor is. Although we separate our knowledge of virtue from our practice, Socrates did not. For him,

[19] See F. Viola, "Natural Law: Stability and Development of its Contents," in *The Culture of Life: Foundations and Dimensions*, Juan de Dios Vial and Elio Sgreccia, eds. (Vatican City: Libreria Editrice Vaticana. 2002), pp. 175-178; Confucius, *The Sayings of Confucius*, a New Translation by James R. Ware (New York/Toronto: The New American Library, 1955), no. 12, p. 40; A. Laun, "Natural Law," in *The Culture of Life: Foundations and Dimensions, l. c.,* p. 157; *CCC*, no. 1970; Benedict XVI, *Deus Caritas Est (Vatican City, 2004)*. It is interesting to note that the first article Benedict XVI wrote when he was still a student was on love - a translation of St. Thomas Aquinas *Quaestio disputata de caritate* –, and his first encyclical was also on love – *Deus Caritas Est* (Peter Seewald in his *conversation* with the Pope: *Light of the World, l. c.* p. 102).

knowing what is right implied necessarily doing right: "He, who knows what is right, will do right. Because why would anybody choose to be unhappy?"[20]

Full knowledge of virtue comes then, with the practice of virtues. Indeed, "to know and not to do is not yet to know" (Buddhist saying). But, as Comte-Sponville says, one is not born a virtuous person; one becomes virtuous.

At the crossroads of our life, like Hercules, we have to choose between virtues and vices. Because we want to achieve self-realization, because we want to be truly free, and relatively happy, we choose virtue, we try hard to be virtuous. To be good persons, responsible citizens, true professionals, genuine Christians, we commit ourselves to acquire and practice human virtues, and the specific virtues of our own profession. *How do we acquire virtues, human virtues (not theological virtues, which are infused by God)?* By the continued repetition of good acts!

In this regard, William James has given us four valuable suggestions towards the acquisition of virtues: First, we make a strong resolution to pursue virtue; second, we make no exceptions at all; third, we actualize the resolution continually, and, finally, we make daily gratuitous exercise of the resolution. To be engagingly pursued, virtues are to be loved.[21]

In his book *Back to Virtue*, Peter Kreeft tells us this story. There was a man in Times Square, New York, who had a violin case under his arm. He seemed to be lost. The young man asked the policeman: "How can I get to Carnegie Hall?" The policeman answered him: "Practice, man, practice."[22]

How may I be happy? Practice, man/woman, practice; practice the ethical principles, witness virtue. *How to practice virtue*? Just do a good act in a particular moral field and repeat it often! Samuel Smiles put it correctly in his well-known lovely poem:

Sow a thought and you will reap an act.
Sow an act and you will reap a habit.
Sow a habit and you will reap a character.
Sow a character and you will reap a destiny.

[20] Socrates as quoted by Jostein Gaarder, *Sophie's World* (New York: Farrar, Straus and Giroux, 1994), pp. 54-55.

[21] See Pedro B. Gabriel, *Ethical Wisdom* (Manila: UST Printing Office, 1983), p. 51; André Comte-Sponville, *Petit traité des grandes virtus* (1995); we have read the Spanish Edition: *Pequeño tratado de las grandes virtudes* (Madrid: Espasa-Calpe, 1995).

[22] Peter Kreeft, *Back to Virtue* (San Francisco: Ignatius Press, 1992), p. 67.

Ethical principles, virtues, values and norms make of our moral conscience a good and upright conscience. Conscience is the personal faculty that evaluates our actions and urges us to do good actions and avoid the bad ones. Our conscience (a well-formed and upright conscience) is our first superior and for believers, the voice of God. How essential it is for each one of us the continuing formation of conscience, a formation which is a pilgrimage towards ethical maturity by the paths of the search for truth and the witnessing of a virtuous life, by loving truly.[23]

In this context, I remember the inspiring words of Martin Luther King, Jr:

> *Cowardice asks the question, is it safe?*
> *Vanity asks the question, is it popular?*
> *But conscience asks the question, is it right?*
> *And there comes a time when one must take a position that is*
> *Neither safe nor popular. But one must take it because it is right.*

Conclusion

After reflecting on the theory of ethical principles, and explaining briefly the main ethical principles and the nature of the human person as the foundation and moral criterion of ethical principles, and finally of the practice of principles by acquiring the corresponding moral virtues, we are ready and happy to conclude!

Hence, my co-pilgrims, the ethical journey continues! Now it is time to walk the talk! Ethics, professional ethics are ordered to practice – to live as ethical and professional persons. Aristotle emphasized that the objective of studying ethics is not principally to know the ethical principles but to practice them, that is, to live virtuous lives. After all, the purpose of ethics is "to be good, that is, virtuous" (Peter Kreeft).

On our journey of life, we need a vision, for "without a vision, people become demoralized" (Pr 29:18). Being and behaving as principled and virtuous ethical beings improve our vision of a true and happy life, a life centered on the principle and the virtue of love.

Human life is centered on love, which is the primary principle of ethics, the value and virtue of life, the Golden Rule. Love is a good answer to the questions of life: *Who am I? Who must I become to be a flourishing human being?* I am a creature

[23] See Fausto B. Gomez, OP, "Formation of a Moral Conscience," in his book *The Journey Continues: Notes on Ethics and Bioethics* (Manila: University of Santo Tomas Publishing House, 2009), pp. 187-212.

of the universe on the way to become better and happier, that is, to love more – my family, my friends, myself, all others, my work – God. When all is said and done, what matters most is love. Truly,

> *I only exist in the measure I exist for others, for to be is to love* (E. Mounier).
> *To be a human being is to be a fellow human being (M. Buber).*
> *In the evening of life we will be examined on love* (St. John of the Cross).
> *Love never comes to an end* (1 Cor 13:8).■

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