

BIOETHICS/HEALTHCARE—TOPIC SESSION

Topic: Grace at Work in the World of Healthcare and Bioethics  
Convener: John J. Fitzgerald, St. John's University  
Moderator: Michael McCarthy, Loyola University Chicago  
Presenters: Kate Jackson-Meyer, Boston College  
Conor M. Kelly, Marquette University

This session began with Kate Jackson-Meyer's "Tragic Dilemmas in Bioethics and the Need for Moral, Spiritual, and Communal Healing through Grace." Her paper opens by recognizing that tragic dilemmas and hard cases, while distinct, share the quality of being times when people are vulnerable to moral, spiritual, and psychological harms that call for community support and healing. Three such instances are then introduced, featuring a Filipina mother who decides to unplug her gravely injured teenage son from an expensive respirator, Neonatal Intensive Care Unit doctors in India who do not possess enough respirators to provide for all the babies in their care, and American parents who make their own NICU life-and-death decisions. Relying on the work of African theologian Emmanuel Katongole and others, Jackson-Meyer puts forth twelve suggestions to help Christian communities fulfill their responsibility to become "sites of grace" for "moral and spiritual healing" in such scenarios. These include the following: attending to the Christian story of both divine love and our obligation to love others; enabling agents to lament to God and thereby discover hope; providing them a "safe space" to disclose their thoughts; addressing unmet essential needs that may impede healing; supplying tools for moral discernment; furnishing professional therapy when necessary; encouraging agents to express forgiveness when opportune; helping them to see divine grace at work; paying heed to the individual context of each agent; understanding that healing is a gradual process; facilitating companionship; and recognizing the community's own role in promoting structures of sin.

Next, Conor Kelly presented on "The End of Life and the Work of Grace: Ordinary and Extraordinary Means in a Global Context." Historically, Catholic moral theologians have assumed that the natural law obliges us to safeguard our own life as a gift from God, and they have concluded that we are bound to undergo ordinary (i.e., proportionate), but not extraordinary (i.e., excessively burdensome), means of doing so. Kelly argues that this reasoning allows us to understand divine grace as operative through not just the provision of ordinary means, but also the refraining from extraordinary means, given that the afterlife is also a gift of grace. However, in practice, many contemporary Catholics "default in favor of intervention," given their sense that withholding or withdrawing life-sustaining means, such as artificial nutrition and hydration (ANH) from patients in the persistent vegetative state (PVS), would not be a grace-filled act. In response, Kelly contends that this phenomenon is not simply theologically problematic but also neglectful of the fact that at least half of the world's population lacks access to basic health care services. In light of this global reality and the primacy of conscience, he provocatively suggests that a Catholic could licitly choose to decline either of the following as a global form of extraordinary care—(A) ANH in favor of hospice if diagnosed with PVS, or (B) an effective yet expensive cancer treatment that is generally regarded as ordinary care in the United States—and thereby become a channel of grace, as long as that decision was made in a spirit of

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selfless solidarity concerned with making “additional resources available for more basic (or perhaps similarly basic) care for more people in the world.”

In the discussion that followed, Jackson-Meyer was asked about what might be done in situations involving relatively isolated agents, and she responded that others might still strive to offer a worthwhile modicum of support (perhaps by helping to create a community) even if it were not fully adequate. As for Kelly’s paper, attendees wondered how individuals might be moved to be more accepting of the idea of withholding or withdrawing extraordinary means, to what extent forgoing medical care in the aforementioned instances actually would redound to the benefit of the disadvantaged, and whether undergoing extraordinary care or even physician-assisted suicide (PAS) in certain circumstances could also be a noble and grace-filled choice. In reply, Kelly once again stressed the virtue of solidarity and how sustained reflection on it—in contrast to the kind of excessive individualism our society often teaches us—could lead us to resist PAS (notably in cases involving the elderly), refrain from extraordinary means, and possibly even to endure said means on occasion. Jackson-Meyer added here that being faced with a choice about PAS can itself be a tragic dilemma. Later, another participant suggested that other religious traditions could provide insights on the workings of divine grace, a remark that would seem to apply to both papers. The session ended on common ground, as both Jackson-Meyer and Kelly agreed upon the importance of respect for the conscience of others in the context of weighty moral decisions.

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