

BIOETHICS/HEALTHCARE – TOPIC SESSION

Topic: Social Salvation
 Convener: Stephanie Edwards, Boston Theological Interreligious Consortium
 Moderator: Marc Rugani, St. Anselm College
 Presenters: Emily Reimer-Barry, University of San Diego
 Michael Jaycox, Seattle University

This session considered the conference theme of social salvation in light of healthcare and bioethics. The two presenters in attendance gave excellent papers, which were followed by the moderator reading the abstract of Nicholas Kockler's paper, "Generating Insights from Catholic Social Teaching: Ethical Guidelines for Artificial Intelligence in Health Care" in order to bring into the conversation Kockler's insights about artificial intelligence (AI) even though he was unable to attend the meeting. This was followed by a discussion with the presenters through thoughtful questions and comments from the audience.

Emily Reimer-Barry's paper asked the provocative question posed in her paper's title, "Can an Institution Have a Conscience? Sticky Questions in Catholic Health Care." She contextualized the importance of her inquiry with two starting points: 1) the urgency of addressing the question evidenced by case studies that Reimer-Barry used to illustrate how the imposition of Catholic hospitals' institutional consciences in their current form has put patients and medical professionals in harmful situations, and 2) an acknowledgement that historically the Catholic moral tradition has supported the notion of an individual conscience, but not an institutional conscience. However, as Reimer-Barry argued, like individuals, institutions rely on conscience as a moral science that identifies values, discovers goods, and makes judgments for action; it is necessary to acknowledge this in order to ensure that institutional consciences are formed well. Reimer-Barry argued that, contra traditional claims, there already exist notions of institutional consciences in Catholic spaces. For example, she argued that this is seen in women religious who engage in communal discernment modeling mutual decision-making through free, genuine discernment. And institutional conscience is presumed, according to Reimer-Barry, in the USCCB's appeals to religious freedom. However, in those cases, she worries the bishops have erred towards an "ecclesiastical fundamentalism," borrowing a phrase from Anne E. Patrick, conflating magisterial teaching and institutional conscience by moving from church teaching to moral declaration without embracing a true model of communal discernment that incorporates the diverse views within the church. To correct for this, Reimer-Barry proposes revising the Ethical and Religious Directives for Catholic Health Care Services (ERDs), among other responses.

Attendees asked Reimer-Barry thoughtful questions around the challenges and opportunities of making her vision a reality, including how to navigate diverse and divergent views on the role of the bishops, what it means to be a corporate representative, and how communal moral discernment might already be occurring in grassroot groups.

Michael Jaycox's paper, "Autonomy and Medical Racism: Rebalancing Bioethics in a Secularizing Society," sought to open pathways for dialogue between secular and

theological bioethics. He began with case studies from clinical bioethics and public health during the COVID-19 pandemic that show how the principalist approach of secular bioethics and its overreliance on autonomy (and utilitarianism) did not protect the vulnerable and marginalized, thus exposing secular bioethics' life-threatening failings. Jaycox challenged stories about the history of bioethics that ignore the role of secularity and whiteness in shaping today's bioethics. Jaycox persuasively argued, using an array of thinkers, that secular bioethics must reckon with its history and shortcomings, from its reliance on Enlightenment colonialism to its relationship with the scientific method's racist history to its use of the category of religion to other. While secular bioethics has championed autonomy, Jaycox showed how this concept was developed with reference to White men and still excludes many today. Jaycox argued that religious bioethics can help to rebalance secular bioethics' focus on autonomy by drawing in the radical commitment to human dignity called for in the preferential option for the poor. Dialogue will not necessarily be easy, for Jaycox showed that religious bioethics no longer has a toehold in these conversations, evidenced by a bioethics journal that has publicly refused to engage with religious arguments. Thus, Jaycox argued that this discourse should be thought of akin to interreligious dialogue. The preferential option for the poor, understood not as a principle but as praxis, will invite parties into mutual conversation that interrupts the system with an anti-history that makes space for religious contributions and upholds the voices of the marginalized.

Jaycox was asked questions about how religious and secular bioethics interact in which he elucidated his position that he is hopeful for dialogue between religious and secular bioethics because he does not view the secular and religious to be at odds since we encounter the divine through the secular. He agreed with critiques of the racist and colonial history of religious bioethics that must also be contended with and he engaged in an exchange about whether autonomy is a secularized theological idea.

KATE JACKSON-MEYER
*Harvard University
Cambridge, Massachusetts*