

A RESPONSE TO HUBERT DOUCET

I would like to thank Professor Doucet for his very helpful survey and assessment of contemporary American bioethics. His intention was twofold: first, to show that American bioethics will not accomplish its original dream unless it returns to its initial anthropological consciousness; and second, to propose four specific ways in which theology might contribute to this important focus. His presentation, which developed through three parts, has shown clearly that the very future of bioethics is at stake. I will briefly comment on two issues discussed in Doucet's paper: (1) the marginalization of religious voices in American bioethics and (2) the search for meaning as the primary task of bioethics. I will conclude by pointing to an additional challenge to American bioethics.

Professor Doucet is certainly correct when he claims that religious ethics remained dominant in American bioethics until around 1975. One can readily identify those theologians who wrote regularly in the field during this period: Richard McCormick,¹ Charles Curran² and Warren Reich³ in the Roman Catholic community; Paul Ramsey,⁴ Joseph Fletcher,⁵ James Childress,⁶ James M. Gustafson⁷ and William F. May⁸ in the Protestant communities; David Smith⁹ in the Anglican tradition; and Fred Rosner¹⁰ and David Bleich¹¹ within the Jewish communities. After the mid-1970s, however, these religious voices began to be

¹Richard A. McCormick, SJ, *How Brave A New World: Dilemmas in Bioethics* (New York: Doubleday & Company, 1981).

²Charles E. Curran, *Issues in Sexual and Medical Ethics* (Notre Dame IN: University of Notre Dame Press, 1978).

³Warren T. Reich, editor in chief, *Encyclopedia of Bioethics*, 1st ed. (New York: Macmillan, 1978).

⁴Paul Ramsey, *Fabricated Man: The Ethics of Genetic Control* (New Haven CT: Yale University Press, 1970).

⁵Joseph Fletcher, *Morals and Medicine* (Boston: Beacon Press, 1954).

⁶James F. Childress, *Priorities in Biomedical Ethics* (Philadelphia: Westminster, 1981).

⁷James M. Gustafson, *The Contributions of Theology to Medical Ethics* (Milwaukee: Marquette University Press, 1975).

⁸William F. May, *The Physician's Covenant: Images of the Healer in Medical Ethics* (Philadelphia: Westminster, 1983).

⁹David H. Smith, *Health and Medicine in the Anglican Tradition: Conscience, Community, and Compromise* (New York: Crossroad, 1986).

¹⁰Fred Rosner, *Modern Medicine and Jewish Law* (New York: Yeshiva University Department of Special Publications, 1972).

¹¹J. David Bleich, *Contemporary Halakhic Problems* (New York: KTAV, 1977).

marginalized in American bioethics, though they have never been judged completely irrelevant to contemporary issues.¹² At a 1993 conference sponsored by the Institute of Religion in Houston, Stephen Lammers, a Catholic bioethicist, argued that the marginalization of religious reflection, which he defines as "the lack of public voice for persons with religious convictions,"¹³ has impacted three settings: (1) the academy, (2) the profession of medicine and the clinic, and (3) public policy. Let me say a few words about each.

For Lammers, marginalization occurred in the academy when the focus of American bioethics turned from substantive discussions of various topics grounded in some vision of who we are (what Doucet has called anthropological consciousness) to procedures. This focus on procedures quickly became the standard paradigm for understanding bioethics within the academy (principlism), and it was believed by many that this paradigm possessed the characteristics of universality and neutrality.¹⁴ Because religious voices within academia continued to focus on anthropological concerns rather than on the procedures for applying principles to issues, they were eventually pushed to the margins of academic interests. Second, a lack of public voice for religious convictions soon pervaded the medical clinic because, once the standard paradigm in the academy was fashioned, it was readily adopted by those who had to make decisions about patient care. Physicians and nurses were drawn to this form of moral reasoning because they thought these principles of autonomy, beneficence, non-maleficence and justice could be adopted by all reasonable persons. Religious beliefs were plural, and the application of them to complex clinical decisions could prove subjective and contentious. Besides, the rhythm of the clinic was fast-paced, and challenging patients' conceptions of the good life was frankly too time-consuming and often futile. Finally, at the level of public policy the language of the standard account of American bioethics was secular, not religious. Consequently, the multiple languages of particular religious communities began to be marginalized in this paradigm in favor of the more individualist language of personal autonomy and rights. Professor Doucet's points about the privatization of religion and the nature of ethics as secular are certainly applicable here.

The second issue I would like to address concerns what I think Doucet and I consider to be the primary task of bioethics, or at least what ought to be the primary task of this form of ethical reflection. Since the mid-70s, what has occu-

¹²For example, the recent Report and Recommendations of the National Bioethics Advisory Commission, *Cloning Human Beings*, devoted an entire chapter to religious perspectives on this topic. National Bioethics Advisory Commission, *Cloning Human Beings* (Rockville MD: U.S. Government Printing Office, 1997) 39-61.

¹³Stephen Lammers, "The Marginalization of Religious Voices in Bioethics," in *Religion & Medical Ethics: Looking Back, Looking Forward*, ed. Allen Verhey (Grand Rapids MI: Eerdmans, 1996) 19.

¹⁴*Ibid.*, 25.

ped the attention of most participants in American bioethics is either a concern with normative ethics or with the development of various ethical methodologies, e.g., phenomenology, casuistry, etc.¹⁵ The consequence of this preoccupation, of course, has been a divorce of meaning (in Professor Doucet's words, "anthropological consciousness") from the normative principles established in this paradigm.

Two things are important here. First, the standard paradigm in American bioethics has not recognized that there are actually several forms of moral discourse on bioethical topics. James Gustafson has argued that there are four forms of moral discourse: ethical or normative discourse, prophetic discourse, a narrative form of moral discourse, and public policy discourse. Because most secular participants in the field have restricted their discussion to the first form, a certain impoverishment has occurred that has also marginalized religious voices which regularly relied on prophetic and narrative discourses. Though theologians writing before the mid-70s also engaged in normative analyses of bioethical topics, e.g., experimentation on human subjects, much of their analyses focused on the horizon and context of meaning that lay in the background and oriented us to these topics. It is particularly here that the narrative form of moral discourse was important to the theologian because he or she could focus on what is called the "ethics of being," or the moral character of the agents and the religious stories that informed and guided moral behavior. In divorcing moral meaning from its ethical principles, the standard secular paradigm of American bioethics lost its moorings in historical communities and began to address itself to "the person from anywhere (or from nowhere)."¹⁶

The second important point on this issue is what Professor Doucet has called the return to "anthropological consciousness," or what Warren Reich of Georgetown University has called the return to the search for meaning in moral experience.¹⁷ At that same 1993 conference in Houston, Reich argued that the future of ethics, and especially American bioethics, depends on a concerted effort to use the tools of modern phenomenology to rejoin normative analysis with contexts of meaning. His conviction "is that ethics finds its starting point and its ultimate formative element in an experiential paradigm characterized by the search for the meaning of moral experience."¹⁸ For him, normative ethics not only relies on but actually proceeds from this larger interpretive framework of meaning. He is acutely aware as one who teaches in a medical school that his view will be

¹⁵For a review of these various ethical methodologies, see Edwin R. DuBose, Ron Hamel, and Laurence J. O'Connell, eds., *A Matter of Principles?: Ferment in U.S. Bioethics* (Valley Forge PA: Trinity Press International, 1994).

¹⁶Lammers, "The Marginalization of Religious Voices," 25.

¹⁷Warren Thomas Reich, "A New Era for Bioethics: The Search for Meaning in Moral Experience," in Verhey, *Religion & Medical Ethics*, 96-119.

¹⁸*Ibid.*, 102.

objected to, at least implicitly, because questions of meaning for clinicians are only of secondary importance to making real-life, tough decisions. Nonetheless, it seems that it is precisely here that the contributions of theology can have their greatest impact.

Theology can continue to contribute to bioethical issues by focusing not merely on procedures but primarily on the substantive meaning of the nature of persons. This was theology's original contribution, and there is ample room in the contemporary environment for this important discussion to take place. Narrative and prophetic moral discourses may be the best vehicles to convey this contribution. In addition, theologians, and others, can make significant contributions by attending to the concrete images that interpret and inform actions. William F. May's book, *The Physician's Covenant*, remains a classic text on this topic. Furthermore, nearly all existing topics in bioethics, and most of those that are currently developing, rely on a horizon of meaning relating to the moral experience of death, suffering, illness (what Doucet has referred to as "what it means to be a sick person"), hope, finitude, human progress, etc.¹⁹ Bioethical topics such as physician-assisted suicide and euthanasia can only be adequately described and morally assessed by reference to the horizon of meaning of those moral experiences of illness, suffering, etc. Finally, as Professor Doucet has claimed in the second part of his paper, we need to attend to different cultures and their interpretations of these moral experiences. The future of American bioethics depends on its commitment to this cross-cultural enterprise, and theologians can contribute here as well with their hermeneutical focus on religious communities.

By way of conclusion, I would like to highlight one additional challenge to American bioethics: the impact of both postmodern nonfoundationalism and the claims to autonomy for religious ethics (the question of the uniqueness of Christian morality). In the Roman Catholic moral tradition, these two intellectual movements have been historically distinct and their contexts have differed.²⁰ Nevertheless, recently the two have more or less coalesced in Catholicism to challenge the possibility of a common morality as that could be applied to contemporary issues in American bioethics. One new journal on the market is entitled *Christian Bioethics: Non-Ecumenical Studies in Medical Morality*, which is edited by H. Tristram Engelhardt, Jr. and Kevin Wm. Wildes, S.J. It is somewhat understandable why such a journal would have been founded: to challenge the standard

¹⁹For an exploration of these backgrounds and their application to the topic of health care reform in the U.S., see Philip S. Keane, S.S., *Health Care Reform: A Catholic View* (New York: Paulist, 1993).

²⁰For a further discussion of the contexts for these two movements, see my chapter, "The Question of the Uniqueness of Christian Morality: An Historical and Critical Analysis of the Debate in Roman Catholic Ethics," in *A Fundamental Practical Moral Theology*, ed. Todd Salzman (Omaha NE: Creighton University Press, forthcoming).

account of bioethics in this country. However, at least one of these editors (Wildes) believes that Christians must be "skeptical about the extent to which there can be a bioethics that appeals to our common humanity."²¹ In general, such a claim about the nature of morality or about the nature of Christian morality in particular is not new, of course. It is relatively new, though, both in the Roman Catholic moral tradition, which has been historically grounded in some form of natural law theory, and in the standard account of American bioethics, which has established a set of common, middle-level moral principles to guide our reflection on bioethical issues. How theological bioethicists will negotiate this challenge of skepticism will no doubt influence whether their voices will be recognized again as potential partners within public conversations on bioethical issues or whether they will continue to be marginalized in these important discussions.

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²¹Kevin Wm. Wildes, S.J., "The Ecumenical and Non-Ecumenical Dialectic of Christian Bioethics," *Christian Bioethics: Non-Ecumenical Studies in Medical Morality* 1 (September 1995): 123.