

## SEMINAR ON HEALTH CARE THEOLOGY AND ETHICS

### A. GENETICS AND TECHNOLOGICAL REPRODUCTION

Richard McCormick, SJ, commented on selected points in the Vatican Instruction on *Respect for Human life in its Origin and on the Dignity of Procreation*. The Instruction appeared at a time, in 1987, when the number of recorded births of IVF (in vitro fertilization) had reached 4000 since the 1978 birth by IVF of Louise Brown in England. Developments have moved far beyond homologous IVF within marriage to involvement of three or more parties in procreation, through use of donated sperm, ova, embryos, and surrogate mothers or carriers; to insemination of single women and lesbian couples; and to freezing sperm and embryos. That the separation of the genetic-gestational-rearing roles continues to raise serious ethical problems is attested by the number of committee reports (at least 74) that have appeared as of April, 1987. These include the Waller Report (Australia 1983-1984), Warnock Report (England, 1984), Ontario Law Reform Commission (1985) and the American Fertility Society (1986). While the Vatican document received a mixed reaction—welcomed by some, derided by others—it is an important document: a guiding word from a respected authority, on a runaway technology that touches basic human values.

McCormick focused discussion of the Instruction around five points.

1. Anthropology. The document makes an excellent beginning in stating as a general criterion for the use of science and technology "the integral good of the human person." This is in accord with Vatican II which proposed as a norm not the "intention of nature inscribed in the organs and their functions, but the person integrally and adequately considered." This norm is implicit in the statements of theologians who teach that the "immediate finality is always subordinate to the total finality of a reasonable human life." (John Wright, SJ *America* 144 (1981) 175-8). Yes, the Instruction adopts the Vatican II criterion. The question is whether it applies it.
2. Protection of the early embryo. Embryos are discarded, frozen, and subject to experimentation. The urgent question raised is one of evaluating not when human life begins, but the moral evaluation of the pre-embryo. While other reputable bodies have answered this question by calling for respect, without requiring the respect that is due to person, the church has consistently taught that human life must be absolutely respected and protected from the moment of conception. The Instruction reiterates this position, calling for "unconditioned respect", requiring that the embryo's "rights as a person must be recognized", forbidding non-therapeutic experimentation as "crimes against their dignity as

- human beings", and equating the destruction of embryos with abortion. The problem with this position is that developmental individuality is not complete in the pre-embryo—twinning, recombination, primitive streak are not completed before about fourteen days. The Instruction may be viewed as drawing lines against fetal abuse at such an early point—the moment of conception, which most people reject as the beginning of personhood—that it loses its power to persuade.
3. Third party involvement. Against growing practices of third party donations of sperm, ova, embryo and uterus, the Vatican states that "The fidelity of the spouses in the unity of marriage involves reciprocal respect of their right to become a father and a mother only through each other." Third party involvement is characterized as "a violation of the reciprocal commitment of the spouses and a grave lack in regard to that essential property of marriage which is its unity." It violates the rights of the child, and damages personal relationships of spouses by rupturing the genetic-gestational-rearing relationships. McCormick essentially agrees with this assessment while acknowledging that this may represent a minority view in this country where AID has been practiced for several decades. Maintaining the argument that third-party involvement violates the marriage covenant raises troubling questions about the definition of marriage, and the moral evaluation of such practices as second and third marriages, trial marriage, marriage-in-stages, etc. It is further argued, against third party involvement, that any relaxation in marital exclusivity harms the marriage and the prospective child; also it opens the door to other possible harmful consequences. Such harms are at this point mostly conjectural, but the fears of what might happen are legitimate. This is obviously a key issue in the area of reproductive technology. To pursue our questions about the consequences for the child, about the violation of the marriage bond, we need empirical data to substantiate what appear to be solid reasons for drawing the ethical line at the point of third party involvement.
  4. Homologous artificial insemination, IVF and ET (embryo transfer). Based on the principle of the inseparable connection between the unitive and procreative meaning of the conjugal act, the Vatican Instruction rejects procreation by IVF and ET as "deprived of its proper perfection." This teaching is problematic, and leads one to ask: is the document not more about contraception than about reproductive technology?—if the Vatican approved IVF and ET, it would thus allow a procedure that entails the separation of the unitive and procreative, thereby undermining the inseparability principle on which its contraception teaching is based. This position forces other questions: What does it mean to attribute a procreative dimension to acts of intercourse known to be and intended to be non-procreative? Is an act "deprived of this proper perfection" morally wrong in all cases? What accounts for this elevation of the "inseparability principle (which may indeed be a legitimate esthetic or ecological concern) into an absolute moral imperative? Cannot a child produced with the assistance of a medical intervention be the fruit of its parents' love every bit as much as one conceived via sexual intercourse? For some of these reasons the Congregation's reasoning has been found unpersuasive on the "simple case" and some Catholic institutions (in France, Belgium, Holland) have publicly stated that they intend to continue to provide IVF and ET.

5. Moral and Civil Law. The Vatican calls for civil law to protect the right to life and physical integrity from the moment of conception, to guard the rights of the family and of marriage as an institution and the child's right to be brought up by his parents. In addition, according to the Vatican, the law must provide appropriate penal sanctions for every deliberate violation of the child's rights. The Vatican position is weak in that it (i) misidentifies rights, by overstatement, and (ii) ignores that feasibility test.

In addition to the theological and moral issues inherent in the Instruction, it will create conflicts and challenges for health care institutions and for pastoral counselors working with individual couples. Perhaps the best guide will be the insight of Charles Krauthammer: "We also need to attempt a moral calculus, in this case, weighing the pains of infertility against both the direct injuries of the new technologies and the risk of further injury in the future." As our presenter succinctly stated it: our most important challenge and weapon is "nuance."

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## B. CATHOLIC IDENTITY IN INSTITUTIONAL HEALTH CARE

Juliana Casey explained the origins, method, and content of a working document, *The Dynamics of Catholic Identity in Health Care*, recently published by the Division of Theology and Ethics of the Catholic Health Association of the United State (CHA).

*Origins.* The continuing transformation of health care and the social realities of American life that drive it, as well as changes within the Catholic Church, have been giving rise to questions concerning the specifically Catholic character of health care institutions: What does it mean to be Catholic? When institutions identify themselves as Catholic, what precisely are they saying about themselves and their activities? Does being Catholic make any practical difference?

In an effort to come to terms with questions like these, the CHA launched the "Catholic Identity Project" in 1986. Three goals characterized the project:

1. To establish a theological foundation for the health care ministry that merges the practical demands of that ministry with the theological insights of the Catholic tradition.
2. To determine the practical implications of the Catholic identity suggested by the theological foundation.
3. To create the impetus for an ongoing, disciplined process of theological reflection on health care as it moves through inevitable realignment in the United States.

*Method.* The process of framing a theological understanding of Catholic identity within the context of institutional health care involved contributions from groups of prominent American theologians and experienced Catholic health care practitioners. The theologians collaborated in developing what they considered to

be an appropriate theological foundation for health care in the United States today. The health care practitioners then evaluated the theologians' insights, giving special attention to operational implications. This process was repeated several times with different groups. Thus, the final working document has emerged from a thorough-going dialectic between orthodoxy and orthopraxis. Contemporary experience confronted the Tradition and vice versa. The document is referred to as a "working document" because it represents a point of departure for an on-going process of theological reflection rather than a definitive statement.

*Content.* Sacrament was chosen as the "interpretative key" in approaching the issue of Catholic identity in institutional health care. Casey reported that the document approached sacrament by highlighting the distinction between conventional signs, on the one hand, and symbols, on the other hand.

Both conventional signs and symbols exhibit two dimensions: (1) the physical appearance or the material makeup; and (2) the referent or the reality represented. The critical difference between conventional signs and symbols is rooted in the relationship of these two dimensions. We fabricate conventional signs, that is, we make them up to suit our own purposes. The physical characteristics of the sign conform to our fancy or cultural biases rather than to any inherent relationship between the sign and its referent. Conventional signs mean what *we* want them to mean. Take a traffic sign, for example. In the United States a stop sign is a red octagon with white letters: STOP. However, in another country, a stop sign consists of a blue triangle with white letters: HALT. Clearly there is no essential relationship between the meaning or referent (stop) and the physical appearance of the sign (octagon, triangle, or whatever).

A symbol, however, is different. Unlike a conventional sign, a symbol is not simply dependent upon an arbitrary agreement among persons. Although a conventional sign means what we want it to mean, a symbol displays inherent meaning. There is an essential link between the outward characteristics of a symbol and its referent or the reality it mediates. Unlike arbitrary conventional signs, symbols are discovered in the world around us; they are embedded in the reality we know. They disclose meaning that transcends personal preferences or cultural biases. There is, in other words, an intrinsic relationship between a symbol as we discover it in the world and the reality it reveals.

The function of a true symbol as revelatory becomes evident when one observes the response of someone in the presence of a maimed Vietnam veteran who stands before the memorial commemorating that war. The memorial can inspire either pride or disgust, grief or relief, but, as with all genuine symbols, the veteran and the memorial draw persons into an experience and move them in profound ways. The horror and the hope of the past—brave yet fallen comrades—are suddenly made really present to the veteran (and to all of us) as he or she contemplates the memorial which symbolizes that war. The symbol actually participates in that to which it points and renders it present. This insight is directly applicable to institutional health care.

Catholic health care institutions must reflect the radically sacramental (symbolic) character of the faith tradition that has given them birth. Catholic health care institutions should be sacraments, i.e., effective symbols of God's presence among

us. If Catholic health care providers take their sacramental identity seriously, their actions will be dramatically affected. The sacramental framework that our theological tradition provides is not a pious rendering of the way things should be. It is a rendering of the way things are. Inevitably, then, Catholic health care institutions are compelled to come to terms with their sacramental identity in the day-to-day operations of their facilities. Sacramental identity demands operational integrity.

It is our sacramental identity, for example, that is pushing the CHA and its member institutions to advocate for health care of the poor, general access to health care, etc. If our institutions cannot care for the poor, they cannot be who they intend to be. Doing justice is only one of the many practical imperatives of sacramental identity. The contemporary situation in health care in the United States makes it hard to do justice and thus threatens to undermine the identity of Catholic health care institutions by compromising their integrity. We cannot let that happen, even if it demands a radical change in how we go about health care delivery.

Members of the CTSA discussed and offered criticisms of *The Dynamics of Catholic Identity in Health Care*, which had been distributed in advance of the seminar.

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