

CHRISTIAN SOCIAL ETHICS AND HEALTH CARE: Toward a Spirituality for a Biotechnological Age

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ILIVE ACROSS THE STREET FROM the gracious old Ronald McDonald House of Pittsburgh. According to Rose Marie Haller, the director, the Ronald McDonald House exists 'to provide housing for families of children with life-threatening diseases. It is a home away from home.' Ms Haller notes that families from around the world have sojourned there and have helped one another through their trying times. Just now a man is pacing back and forth along the veranda of the House smoking a cigarette and looking tense. One can only guess what heartache he attempts to conceal and what hope he places in biomedical technology.

The image of the house across the street stays with me. It symbolizes some of the competing values of our culture: the Christian call to love God, others and self versus the incessant drive to conquer nature, nations and disease. It raises questions for me as I ponder life on this planet at this moment of human history. How is a Christian supposed to live? What difference does being a believer make? Particularly in the area of biomedical technology, does being a believer make any difference? Should it? Can it? Is health-care ethics concerned about more than decision-making according to principles?

In this article I will argue that the process of decision-making is different for the believer than the non-believer, although the decisions reached may be identical. I will explore three major areas: 1) Christian social ethics and creation; 2) health-care ethics and biomedical technology; 3) spirituality for a biotechnological age.

Christian social ethics and creation

One of the hallmarks of Christian social ethics is the emphasis placed upon the social nature of the human person. The gospel urges us to love others as we love ourselves. We may not disregard the needs of our

neighbours. Our neighbours, it turns out, may be the persons least likely to merit our affection. Moreover, in this age of ecological awareness, we realize that our neighbours include all that is extra-self. We may not neglect their needs because they inconvenience us. It would appear as well that we may not justifiably neglect our own needs as we tend to those of others. Such extremes, we believe, are neither desirable nor demanded by the gospel.

The call for self-sacrificing mutuality sets up a relationship with others which stands in direct contrast to the individualism espoused by much of advertising today. The media focuses on the needs—real or imaginary—of the individual human person and how these needs can be met through the purchase of a particular product or service. One is encouraged to be the first and the best. Competition is stressed; co-operation receives little or no attention. By fostering this confrontational model, individuals must have the best product if they are to maintain the edge over their opponents. One must not settle for less than superlatives at every level of life.

The opening words of Genesis invite us to revel in the goodness of creation. All that is is declared good by God: the teeming waters, the birds of the air, the fish of the sea, all that exists. Surely if God sees that the world in which we live is good, we ought to adopt that attitude and cherish the gift of life bestowed upon this unique planet. An attitude of reverence toward the stuff of our existence and toward those persons who share our world would seem appropriate as we continue to discover the ever new surprises that greet us each day.

And yet members of the human community attempt to alter the landscape in which we find ourselves. We are, it appears, terminally dissatisfied with what we find. The 'short run' drives our 'improvement' as we struggle to make the world that is to conform to the world of our economic and sometimes racist dreams.

As we know, this preferred future we have tried to create has caused untold damage to other life forms as well as to ourselves. We breathe polluted air, drink polluted water, and suffer the damages of holes in our ozone ceiling. We render extinct entire species at unparalleled rates in our race toward greater convenience and longevity. In the name of progress we weaken our planetary quality of life even as we extend our quantity of years. Ethicist George Annas has noted that extending the human life expectancy has meant that nearly everyone in First World countries who meets or exceeds the projected average length of days can virtually count on spending two years in a nursing home.¹

The believer understands that an individual's life is a gift of God to be enjoyed and cared for within reasonable limits. Human life ought not to

be maintained at the expense of other plants and animals which are too often seen to exist to support the human's claim to superiority. Because the Christian regards all of creation as an expression of the goodness of God, an instrumental approach to otherkind is unacceptable. We may not use and abuse members of creation for our own purposes, because to disregard the intrinsic value of plants and animals is to thwart God's plan for creation.

Human beings are part of the wonder that reveals the splendour of the Creator. We derive our meaning and purpose from this Creator and not from a consumer society. Plants and animals have an incomparable dignity just as we do. They also derive their value from the Creator and not from their relation to us. Insofar as we learn from one another and regard the other with reverence, we follow the lead of the one who first invited us to consider the lilies of the field and the ravens of the air.

Medical research and health-care practices which depend upon the wasteful and harmful use of various types of life at the very least ought to be reviewed. Without doing extensive research into the field, one can easily discover unspeakably merciless protocols perpetrated against all forms of life. A consistent ethic of respect for life must extend compassion to all forms of life. Christians who participate in and encourage cruel plant and animal experimentation have a responsibility to look for and offer alternatives to these destructive paths to knowledge.

As a society we have lost the will and surrendered the means to become peacemakers in many areas of human life including health care. By adopting the destruction of so-called lesser forms of life as the most appropriate avenue to human health, we have overturned biblical values and masked the reality of genuine human dignity. If we truly believe that we have been created in the image of God, how is it that we fail to recognize the inherent contradiction between medical research and experimentation as we now know them and human health and well-being? Our anthropocentrism can only spell oppression and exploitation for the other expressions of planetary reality. To destroy one form of life at the expense of another seems naïve at best and dead wrong at worst.

If medical technology is driven by the profit motive, and if health care operates on the principle of defying death at any cost, then we can expect even more examples of horrific experimentation on plants, animals and humans to be performed under the guise of progress. Rampant and radical disregard for the intrinsic value of creation can only mean the devaluing of the marginalized members of humankind as well.

Health-care ethics in a biotechnological age

Current practices and developments in health care are causing us to re-evaluate the role of ethics in the medical world. Whereas in the past medical ethics² was thought to refer in the main to issues of etiquette, e.g. whether a physician ought to sit on a patient's bed or smoke in the patient's room, the galloping pace of technological advances combined with the growing awareness of the limitations and abuses of paternalism have meant that many patients are rightfully taking a greater role in their own health care. Whereas in the past physicians assumed that they knew what was best for their patients and seldom if ever perceived a need to go to great lengths to explain what they were about to do, today both patients and health-care administrators are demanding a measure of informed consent and are recognizing a patient's right to refuse treatment.

Patients are not best served if they are seen only as a bundle of rights and symptoms. Ideally, patients and those who research the possibilities of enhanced health care, as well as those who deliver health care, must be seen as partners in the wellness process.

Likewise, patients ought not to be perceived primarily as those who consume drugs and utilize special, costly equipment. When this happens, the health-care profession becomes an industry, and it may fail to live up to its vocation. The focus shifts from a call to heal to a need for profit. Advertising in the field of health care, for example, follows the lead of other spheres of the commercial arena. Doctors and other health-care practitioners are urged to solve the problems of their patients by the acquisition of new and better drugs and equipment. They must have the newest and best of everything if they are to have the competitive edge that keeps them in the fast lane of the medical world. Accordingly, that which does not return a profit for the manufacturers does not get mentioned in ads designed to encourage the buying and selling of what we are to believe is indispensable for the happiest life and most productive practice.

The furthest reaches of human life beyond the womb are being extended where possible by technological means. Medical science is pushing back the point of viability, i.e. the age at which a foetus may live outside the womb, as fast as possible. Barely viable infants as well as enfeebled adults are wired to high-tech contraptions of all descriptions with ever increasing urgency in an effort, so it is said, to save their lives. One wonders at what expense and for whose ego and greed this kind of technology is being advanced. What does justice demand for the pre-viable and scarcely viable, or for the aged and terminally ill? How does

the future state of their lives factor into the decisions made concerning the employment of so-called 'extraordinary means'³ of treatment?

How do 'quality of life' arguments square against 'sanctity of life' arguments for the Christian? What vision of God plays in our eyes as we struggle to make life and death decisions, as well as everyday decisions that have become more complex because of the things in our lives? What image of God dances before us as we contemplate the difficulties at the death bed of a loved one? What definition of right and true and good eludes us as we desperately try to sort options that our technological wonderland has presented to us in major health-care facilities around the world? When is enough finally enough? Can decisions for formerly competent relatives be made without excessive guilt by their surrogates? What are the ingredients of truly Christian decisions? What is the connection between love and law, between principles and relationships when it comes to making Christian decisions, particularly in the area of health care?

Discernment for the Christian has always included the gathering of relevant data, seeking counsel, sufficient reflection and prayer before risking a decision. In our day, it is not so easy to gather the requisite pieces of every puzzle to be solved in decisions that involve, among other things, highly technical equipment and definitions of death. Who is a Christian in the eyes of the new science? Who can one become as a Christian in this new age? What is at stake for the one called Christian today? These and other questions are well worth pondering as we search for the most loving and reasoned response to the agonizing questions that present themselves in our high-tech and impersonal world.

Discerning a Christian understanding of the self in light of the latest scientific discoveries can be a difficult task. One is tempted to forsake the Christian value of simplicity, for example, in favour of the glitz of our age. The good life beckons to us; more and better calls. The needs of those with whom we share this earth pale before the desire to acquire new cars, bigger houses and sophisticated recreation centres. Research and development flourishes as we attempt to defeat death, forestall terminal illness, and convince ourselves that life is somehow worth living. Faith is, after all, faith. It is not a panacea for all that perplexes and beguiles the believer.

If it is difficult to determine what is a Christian response to the clutter of consumerism in extra-medical circles, it is perhaps even more difficult to make such a determination within the medical establishment. There, for the most part, death is perceived as the enemy to be defeated at all costs. A war against this perceived enemy rages unrelentingly. Doctors

work without ceasing to keep their patients alive. Tragically, the dignity of the patients for whom they care is sometimes neglected in favour of winning the battle against death. In other words, patients may be both harmed and wronged when their desire for meaningful life is eclipsed by the physician's perception of death as a failure to conquer the ultimate foe.

The Christian, however, purports to believe that death is not the enemy. Indeed, the Christian believes that death has already been defeated in the resurrection of Jesus the Christ. Consequently, the emphasis shifts from exerting every effort to cling to the last shreds of a life devoid of meaning to doing everything reasonably possible to provide dignity and significance to the inevitable end. Health care for the Christian exists to provide healing and wholeness insofar as these are reasonably possible. It is not to engage in futile contests against an unseen adversary.

Spirituality for a biotechnological age

Christians have long known the healing value of care and trust. To cherish the other and offer healing in the name of Jesus is as old as the Acts of the Apostles. This is not to suggest that care and trust can replace drugs and machines in a modern hospital. Rather, if we were to be faithful at least to the rudimentary elements of our faith even as we engage the most authentic resources of the technological age, we might live lives of greater wholeness and healing than we have yet realized. The Christian tradition holds out the promise of a kind of health and healing that the physical sciences cannot know. The physical sciences, in turn, if employed in accordance with Christian values, offer a kind of health and healing that complements the contributions of Christian community. Neither alone can provide the fullest measure of wellness available to us.

Total rejection of technology, therefore, is clearly not the answer. Responsible and compassionate acquisition and use of information and material to promote total planetary health is laudable. We must live out of an inclusive reading of scripture and reject an understanding of the material world which devalues and undervalues the non-human members of creation. The exploitative exclusivism of anthropocentrism must give way to a biocentric ethic of inclusion. Human persons may not neglect and abuse the fragile and vulnerable of God's created world.

We have been called to human life with all of its attendant moments of pain and celebration. As Christians, we believe that God wills us to participate both in our individual and communal dynamic processes of wellness. Fullness of life has been promised to us if we will but receive it

in its mysterious and wonderful forms. Christian communities enhance the possibilities for discovering and memorializing this great gift. Recognizing and reverencing the dignity of each person at all times calls for the respectful acknowledgement of each one's autonomy and right to self-fulfilment. Members of the health-care profession, then, have a right to their dignity and an obligation to promote the dignity of their patients. A working model of collaboration must be adopted in the medical establishment if the integrity of the profession is to be maintained.

What is it to value human life? What is it to have regard for those whose lives converge with our own? Health-care facilities exist to make patients well. This comes as a surprise to some health-care professionals just as the idea that schools exist to educate students comes as a surprise to some educators. Who has not had to reckon with an uncaring technician or a weary physician or nurse?

Christians must decide daily how they will treat the other. In elaborate health-care facilities the situations are different but the decisions are basically the same as in any interpersonal setting. The feeling one gets when one is merely tolerated or ignored is the same whether it befalls one in a hospital or in a subway station. Our decisions are, at very deep levels, always the same. We may treat the other with dignity or not. When the costs soar and life and death are at stake, one may apply the same basic values to these high-tech decisions. Health-care professionals will always choose wisely—not necessarily perfectly—if they determine what is medically indicated, respect the patient's or surrogate's autonomy, employ the most appropriate ethical principles, and attempt to do the most loving thing in the situation at hand.

As Christians, we believe in the basic benevolence of the universe. We trust that we have what it takes to meet the adversities that beset us. Furthermore, we are convinced that generous self-giving is the heart of human happiness. These attitudes roughly equate to the theological virtues of faith, hope and love. They undergird and inform such basic Christian principles as informed consent, autonomy and sanctity of life, which are familiar to health-care ethicists. We are persons in relation to the rest of the created universe. We are not called to absolute obedience to abstract principles. Instead, we are to strive to be faithful to the two great commandments which call us to love God and our neighbours—all of them—as ourselves.

Conclusion

Decision-making in this biotechnological age is increasingly difficult. Those involved in medicine often must choose from among a huge array

of health care delivery options. Although there is no guarantee that the decisions one makes will be right in an objective sense, how one makes decisions can give reasonable assurance that they are correct in a subjective sense.

The process of decision-making for the Christian is different from that for one who claims another primary allegiance. In the first place, as we have seen, the Christian places a high priority on the biblical injunction to love God, others and oneself. Christians make their decisions in the context of prayer and their own experience. Christians, like other conscientious persons, consult with others and rely on their own experience as they strive to gather relevant information and act according to their best insights. While Christians and others may make similar decisions, the process used is different.

My lived experience sometimes runs counter to what I have expressed here. I have not really accepted the way things are, the pain in the universe, the pain in the Ronald McDonald House across the street. Perhaps I have not accepted the will of God at all. I want to change things, to make them better. I do not accept death and sickness most of the time, especially the death and sickness of loved ones. I cry, and my eyes hurt from sobbing. I resent the aging process; I want to be forever young, at least forever feeling good. Practitioners of modern medicine feel the same way, apparently. Can we work together?

If the Christian is one who prays and lives in a long line of believers who have expressed and continue to express similar values and principles, can I be a Christian even as I cry out in my pain? What if we were to act as if we are Christian? We would be on our way toward becoming Christian.

We say that God is the God of the living. What does that mean? How can God be on our side in the midst of real life experiences of sadness? The invitation to Christians is to believe despite our unbelief, to trust despite evidence to the contrary. If Jesus is the way, the truth, and the life, it must be possible to live a moral life even in a biotechnological age.

NOTES

¹ George Annas, in his keynote address, 'You're not a kid anymore: neo-paternalism and the use of competence assessments to restrict the liberty of our grandparents', at a conference held on 'Competency issues in the 90s: personal rights of older adults and challenges to decision making and the elderly' at the Sheraton Warrendale, Mars, Pennsylvania, 10 April 1992.

² For purposes of this article 'medical ethics' and 'health-care ethics' will be used interchangeably.

³ In Roman Catholic ethics one is not required to provide extraordinary means of treatment to prolong life. The terms 'extraordinary means' and 'ordinary means' of treatment are generally

attributed to Pope Pius XII, although health-care ethicist David F. Kelly notes that 'Alphonsus Liguori argues in the eighteenth century that no one is obliged to use "extraordinary means", and cites previous moralists as holding the same view; the first to make the distinction may have been Banez in 1583' (David F. Kelly: *Critical care ethics: treatment decisions in American hospitals* [Kansas City: Sheed & Ward, 1991], p 17).