Must Theology Remain Silent in Bioethics?

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Bioethics tends to lack both breadth and depth; a theological perspective can provide the necessary lack. The essential role of a theologian has always been to direct attention to dimensions of human situations that may have escaped our notice, to account for the interpretive frameworks people bring to their experiences of health, medicine, suffering, and death within a vision of human nature and destiny.

Bioethics does well what it does—provide principles of analysis and resolution of complex dilemmas. But there is much that it does not do. According to Ron Hamel, "It tends to lack both breadth and depth. Its vision of the moral life is constricted and, in focusing so much on principles and actions, it fails to account for the interpretive frameworks people bring to their experience of illness, their search for health, and their struggle with death."[1]

At the heart is the suggestion that a theological perspective can provide the necessary breadth and depth that shapes bioethics. The courage of the venture is dramatized by the statement of Rainer Maria Rilke: "We must assume our existence as broadly as we in any way can; everything, even the unheard-of, must be possible in it. That is at bottom the only course that is demanded of us; to have courage for the most strange, the most singular, and the most inexplicable that we may encounter. That mankind [sic] has in its sense been cowardly has done life endless harm; the experiences that are called "visions," the whole so-called "spirit-world," death, all those things that are so closely akin to us, have by daily parrying been so crowded out of life that the senses with which we would have grasped them are atrophied. To say nothing of god."[2]

Increasing Talk about the Legitimate Role of Theology in Bioethics

Bioethics and its practitioners have not been terribly hospitable to religion and theology over the past 20 years or so. That is ironic since: "...as the field of modern medicine ethics took shape two generations ago, its articulators were at ease with theology and often even at home in theological seminaries. A generation later they and their colleagues had moved out, to clinics and universities, where religious questions were often alien and theology was excluded."[3]

Today, we may be witnessing a shift in current. There has been more and more talk about the legitimate, and even significant, role of religion and theology in bioethics. A pioneer in this effort has been The Park Ridge Center, an institute for the study of health, faith and ethics. In its programs of research, publishing, and education, the center gives special attention to the relationship of religious beliefs on questions that confront people as they search for health and encounter illness. Other leading journals in the field are the *Hastings Center Report* which published a special supplement in its July/August 1990 issue, "Theology, Religious Traditions and Bioethics." The *Journal of Medicine and Philosophy* devoted its entire June 1992 issue to "Theology and Bioethics." The *Kennedy Institute of Ethics* journal published an article titled "Religious Ethics and Active Euthanasia in a Pluralistic Society," in its September 1992 issue. The Center for Ethics, Medicine, and Public Policy published a collection of essays entitled "Theological Development in Bioethics." *The Second Opinion*, a professional journal of The Park Ridge Center, has published many articles on the relation of theology and bioethics.[1,3]

New Context, New Openings for Bioethics

The new role of theology in bioethics has been strengthened by the view of the universe described by modern quantum physics. The universe viewed by some physicists is a world of a complicated web of relations between various parts of a unified whole. The world is not made up of separate objects, but rather of a network of relationships that include the human observer in an essential way. "We have to remember that what we observe is not nature in itself but nature exposed to our method of questioning."[4] So the subjectivity in the process of observation is intimately linked with the connectedness of everything. "If the world is a network of relationships, then what we call an object depends on how we delineate it, how we distinguish it from the rest of the network."[5] In this sense what we see depends on how we look. Hence the traditional idea of an *out there* world is no longer appropriate. Neither is the notion of a purely objective world that follows strict casual chains of connection.

Implications of the Concept of Relations

The concept of relations—the patterns and processes of interdependence of all things in the world—has profound implications for theology and bioethics. It is a vision that will transform our view of who we are and how we fit into the way of nature.[6] Some implications:

- We will seek the larger patterns of relationships that underlie the whole range of moral life and moral experience in the world. For example, could the appreciation of the interdependence of all life lead to a heightened ability to sense and actually experience our oneness with each other?
- We will raise questions about the common discourse of bioethics. Is it sufficiently rich to convey the full meaning of relevant theological language:
  - Covenant instead of contract.
  - Neighborly love instead of beneficence.

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– We are members of one another instead of autonomy.

What theological language presupposes: The uniqueness of self is founded by co-presence of the other. We know ourselves only within our relationship with others.

• We will enlarge the role of the primary narrators—patients, families, physicians, nurses, social workers. We will be dealing with a much denser complex of interrelationships that may affect the ethos of the context in which we do bioethics.

The Theologians' Contribution to Bioethics

The focus here has shifted from theology to the person doing the theology, namely the theologian. The essential role of theologians has always been: Directing attention to dimensions of human situation that may have escaped our notice, "to account for the interpretive frameworks" people bring to their experiences of health, medicine, suffering and death within a vision of human nature and destiny. In doing this basic function, the theologian assists in placing a particular decision within the context of a fuller account of purpose and meaning in life. And when that is done, it can deepen our appreciation of the moral dilemmas we face and of the options available to us for responding to them.

One example of alternative to moral dilemmas is that of the physician-assisted suicide. A physician who opposes physician assistance in dying is physician-philosopher Leon Kass. In *Why Doctors Must Not Kill,* he argues:

> The deepest ethical principle restraining the physician's power is not the autonomy or freedom of the patient; neither is it his [sic] own compassion nor good intention. Rather, it is the dignity and mysterious power of human life itself, and, therefore, also what the oath calls the purity and holiness of the life and art to which he has sworn devotion. A person can choose to be a physician, but he or she cannot simply choose what physicianship means.[7]

One can respect the wishes of a physician who believes it is the deepest constitutive essence of the physician to respect the dignity and power of human life. Yet a theologian will raise another point of view, "to participate in covenant with their patients to explore the meanings of death which challenge all of us, not only as physicians but as human beings."[7]

References

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Ethics, Standards, and TQM

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The most important ethical issue for our profession is the responsibility to assure the care delivered by our colleagues and ourselves meets a self-imposed standard of excellence. There is anecdotal and experimental evidence that we have not fulfilled this obligation. Peer review has proven, for a number of reasons, to be ineffective; however, improvements in the epidemiologic sciences should provide better standards and total quality management (TQM) might prove to be of value in monitoring, comparing and improving the decisions made by physicians. Its promise lies in its emphasis on statistical analysis, its focus on systematic rather than human error, and its use of outcomes as standards. These methods, however, should not diminish our other professional responsibilities: Altruism, peer review, and in Hippocrates' words "to prescribe regimens for the good of our patients—and never do harm to anyone."

Now that we are an industry, medical economic concerns tend to dominate our professional debates. So it is refreshing to be a part of this special issue of the *Hawaii Medical Journal* focusing on medical ethics. Our profession should participate in the debates over ethical dilemmas such as the impact of genetic discoveries, society's responsibility to provide universal access to health care, the rationing of health care services, and the extent to which patients should have a choice in treatment decisions. To be an effective voice in these debates, however, we must resolve some internal issues that have been avoided. These relate to our ethical responsibility to assure that the care delivered meets a self-imposed standard of excellence.

Standards are a prerequisite for professions. *Webster's New Collegiate Dictionary* defines a profession as a calling requiring specialized knowledge and often long and intensive preparation.[1] This narrow definition, however, does not do justice to the full import of the medical degree. The obligations, responsibilities and power of physicians go well beyond the intensive study required to obtain our specialized knowledge. Starr and Friedson have pointed out that the medical profession is a legal, institutional and moral privilege granted by society that must be earned by physicians through observing certain standards of behavior.[2] According to these authors, standards of behavior include, at least, altruism, a commitment to improvement and peer review. I would add to these the admonition of Hippocrates, "I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone."[3]

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