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Theologians at the Bedside: On the Role of Theology in Contemporary Bioethical Discourse

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Abstract:

The article discusses the role and mission of theologians in contemporary bioethical discourse. Christian bioethicists turn out to be the odd ones out in any academic discourse from a methodological perspective, however, this peripheral position can also be viewed as a privileged situation. They can act with exceptional freedom in domains which require cooperation between different disciplines, such as bioethics. Moral theologians can contribute most if they make use of this role of being the odd-one-out, with the attitude of having nothing to lose, and by placing relationships, the vulnerable, faith, everyday life experience, and the uncommon at the centre of the discourse. They can go beyond the limits of bioethical conversations centred on legal and medical questions bringing in viewpoints inspired by the long tradition of the praxis of the Church.

Key words: Christianity, bioethics, moral theology, moral epistemology, post-secular society

One of the major challenges for theologians today is to find their role and mission in relation to representatives of other disciplines. Many think that this role cannot be anything else but being the odd one out since theologians start from a point which happens to be alien for contemporary secularised thinking: the revelation of God. From this methodological point of view, theologians are clearly the odd ones out, since a physicist or a biologist cannot choose divine revelation as the starting point of their research, even if this scientist happens to be a religious person. The specific phenomena of the physical, biological, or the social cannot be explained with a reference to God, since this would not only mean violating the limits of the specific discipline but would also turn God into a kind of padding to fill the gaps of an academic theory. Treating God as a tool to save a theory would certainly be turned down by theologians working on an academic level.

With a closer look, however, the role of being the odd one out can also be viewed as a privileged situation. First, theologians in the secularised world of the twenty-first century can speak in a very loose manner compared to earlier times. Stanley Hauerwas, whose works clearly represent this loose character of contemporary theological language, describes the situation as follows:

Rather than bemoaning theology's loss of status, I am one of those theologians who thinks the loss of

theological credibility can be quite beneficial for the writing of theology today. Theologians now have nothing to lose, so we can do our work with the freedom that comes to those who have nothing to lose. We can write without apology. At the very least, that means we do not have to try to make what we believe acceptable to those who have decided that what we believe cannot be true.¹

Theologians act also with exceptional freedom in domains which require cooperation between different disciplines, such as bioethics. When it comes to questions of life or the human environment, physicians, economists, and lawyers are bound by questions which result from that particular viewpoint of their discipline. A lawyer needs to ask whether the proposed changes in regulation can be kept, or whether they can be enforced. Theologians do not need to worry much about that since, when they speak about questions of human life, they can appeal to the most important and most precious things in life. These are, as we all intuitively know, unenforceable, and can hardly be inserted into the frames of legal regulation. Theologians may make use of concepts, such as parental love, which go far beyond what can be formulated in legal terms.

This article focuses on the two abovementioned statements when it asks ‘what can theologians say at the bedside?’² Do theologians have something relevant to say, even if the partners in the discussion are reluctant to share the starting point of theological thinking? Are theologians able to say something relevant about bioethical questions, which can be seen as a specific contribution to the academic discourse?

Beyond Entrenched Positions

First of all, it is important to take a closer look at this exceptional freedom of theologians at the bedside. However, the hazards that Catholic theologians have to overcome must be considered also before starting to think and to speak about early life questions.

The first and main hazard in this field is the static warfare which pro-life and pro-choice groups have been fighting from entrenched positions for a long time now. This war is fought over questions like *When does life begin? When is a new life to be treated as a person or an individual? From which moment does new life have a right to absolute protection? Do women have the right to make decisions about their own body?*

These questions and the answers given to them are of great importance beyond doubt. It is necessary to consider what biology says about embryogenesis as equally as the arguments concerning the protection of the embryo’s life, be it absolute or gradual. They are important from the aspect of legal regulation and may determine the scope of our choices in a given situation. They often fail to help us to find proper solutions since everyone seems to know on which entrenched position one may find the Catholic moralist.

The biggest problem is, however, that the answers given to these questions are at a reasonable distance from the factual *Lebenswelt*. People, who are not part of the ongoing debate, may say even after the most sophisticated argumentation: ‘Well, it sounds logical. But what does the species, the continuity, the identity, or the potentiality argument say about who we are, and how we can lead a good life?’ The latter are questions which should be at the focus of every ethical theory.

1 © Stanley HAUERWAS, How to write a theological sentence, available from: <http://www.abc.net.au/religion/articles/2013/09/26/3856546.htm>, cited 20th December 2017.

2 This is a reference to the terminology used by David J. Rothman, who labels lawyers, sociologists, philosophers, and theologians as ‘strangers’ in his book (*Strangers at the Bedside: A History of How Law and Bioethics Transformed Medical Decision Making*, Aldine de Gruyter, New York, 2003.), referring to their status in the health care system.

It is possible, however, to place this concrete *Lebenswelt* at the centre, and to ask these questions from a different angle. An excellent example for this alternative approach is the following sentence proposed by Gyula Gaizler: ‘The question of when human life begins ceases to be a problem when the child is welcomed by the parents.’³ This proposition eradicates the debate between pro-life and pro-choice groups since it focuses rather on the experience of parents than on theoretical issues. The hair-splitting arguments of philosophy and theology become simply irrelevant at this point. The narrow view focusing on the definition of when human life begins gives way to a much broader horizon. Questions and topics come into prominence, which could only exist on the periphery of bioethical discussions.

Placing Relationships at the Centre

The first such topic a theologian may put at the centre is relationship. The central statement of the Judaeo-Christian tradition is that the true fundament of our world is not a cold and distant entity, indifferent towards the fate of mankind, but a person – or as Christians claim, a community of persons – who is not indifferent but is in love with mankind, who comes close to human beings and wants their salvation. Martin Buber’s well-known phrase, ‘in the beginning is relation’, is one of the most important messages of the Jewish and the Christian faiths.⁴ If this is true then the most essential feature of reality is personal relatedness. This is also the central feature of human existence: *being related to others*.

But in the bioethical discourse about early life decisions this *being related to others* is often neglected.⁵ We tend to speak rather about maternal foetal conflict, the right to life, or the right to self-determination. The most important element of early life questions remains vague beyond these questions, namely the birth and evolution of a new relationship. There is a need to shift the focus from viewing the foetus and the mother as two conflicting individuals to the relationship(s) that evolve due to pregnancy. It is obvious that relationships can also be turned down, but even a ‘no’ signifies a certain kind of relatedness.

The question of the beginning of human life or personal being hardly ever emerges in our *Lebenswelt*. It is highly improbable that a woman, when she becomes aware of being pregnant, might start thinking about whether the baby was already a person or just on the way to personhood. Couples with fertility problems would also be unlikely to put these questions in the first place. From this angle it is clear that questions like *Can we consider the foetus as an individual prior to the time when twin formation is not possible anymore?* are of marginal relevance in human *Lebenswelt*. What matters is the affirmation of relationship and the presence of the preconditions of this affirmation.

Making a further step, it becomes clear that parental relationships have a logic significantly different from the logic of the public sphere, which is based on contract. There is an element of the unconditional in parent-child relationships since, as Hans Jonas puts it, the parent-child relationship is ‘independent of prior assent or choice, irrevocable, and not given to alteration of its terms by the participants; and, in that prime example, it encompasses its object totally’.⁶

The call and the longing to take responsibility and to look after another person emerges at this point radically, together with the experience that life was essentially not autarchic but being de-

3 Gyula GAIZLER and Kálmán NYÉKI, *Bioetika*, Budapest: Gondolat, 2003, p. 48.

4 Martin BUBER, *Ich und Du*, Heidelberg: Schneider, 1958.

5 Claudia WIESEMANN, *Von der Verantwortung, ein Kind zu bekommen. Eine Ethik der Elternschaft*, München: Beck, 2006.

6 Hans JONAS, *The Imperative of Responsibility*, Chicago: University of Chicago Press, 1984, pp. 94–95.

pendent on and completed by the other. Legal regulations fail to embrace the inner essence of parent-child relationships.⁷ They may establish certain frameworks, defining the social standards of parenting, but these cannot reach the central element of these relationships, namely love. Children are essentially dependent on their parents, and love, the essential element of their primary relationship, proves to be unenforceable.

The drama of early life decisions – be it a maternal-foetal conflict, the failure of an IVF procedure, a positive prenatal diagnostic test result, or a normal pregnancy with its natural hopes and worries – can only be understood thoughtfully if we perceive them in the context of relationships, and less as individual problems to be solved by legal regulations.

Placing the Child at the Centre

At this point there emerges another central element of Christian theology. To which criteria should parent-child relationships conform? It might sound odd, but in Christian theology faith in God makes the responsibility of parents towards their children relative. It questions the authority of parents over their children. An example for this pattern is when Zechariah, the father of John the Baptist loses his power to speak until he names his son John, as the angel ordered.⁸ Giving the new-born this name was odd and unexpected for the family and the community since no one in their lineage had been given that name before. This story clearly shows the biblical pattern for parent-child relationships, making the authority of parents over their children relative. The act of giving someone a name was a symbolic act of authority in antiquity, including Judaism.⁹ Zechariah cannot give his son any name since he belongs fundamentally to God, and not even his parents have authority over him.

These ideas might sound strange in our western culture – where only those children are born who are planned and wanted, and where parents want the ‘best possible’ for their children and feel an obligation to get the most out of their offspring: that the child belongs fundamentally to God. This implies that there was something in parent-child relationships which happens to be beyond parental control.

This is stressed by Jürgen Habermas as he speaks of the moral symmetrical relationships between parents and children, which manifests itself in the fact that no generation has had the power so far to determine the physical characteristics of their offspring.¹⁰ Similarly, Giovanni Maio prompts us to give up the myth of ‘the absolute control and producibility of life’, and to resist the inclination to solve existential problems by ‘desperately holding on to technical solutions.’¹¹ Instead we should regain the ‘stance of humility’, which is nothing else but an open confrontation with our human nature, with our defencelessness, and with the uncontrollable in us.

The myth of ‘the absolute control and producibility of life’, and the temptation to solve our existential problems with the help of technical solutions does not only put pressure on parents and later on the children, but also on medical staff, since they are expected to perform beyond their limits: to guarantee certain outcomes and to assure the satisfaction of their clients.

Let’s take an example. How does prenatal diagnosis manifest itself in the *Lebenswelt* of parents?

7 Onora O’NEILL, Children’s Rights and Children’s Lives, *Ethics* 3/1988, pp. 445–463.

8 Cf. Lk 1:5–25.

9 Cf. Gen 2:19.

10 Jürgen HABERMAS, *Die Zukunft der menschlichen Natur. Auf dem Weg zu einer liberalen Eugenik?*, Frankfurt: Suhrkamp, 2005, p. 29.

11 Giovanni MAIO, Wenn die Technik die Vorstellung bestellbarer Kinder weckt, in: *Kinderwunsch und Reproduktionsmedizin. Ethische Herausforderungen der technisierten Fortpflanzung*, eds. Giovanni MAIO, Tobias EICHINGER and Claudia BOZZARO, Freiburg: Alber, 2013, pp. 34–35.

What avalanche might be induced in parents by a positive test result, for example, when they learn that their child might be born with Down Syndrome? Even if doctors speak only about probabilities and cannot predict the gravity of future symptoms. This situation might precipitously narrow the horizon of the parents and, as a result, also the chances of the relationship. The medical staff has practically no real tools to change this.

Placing Faith at the Centre

Such situations show clearly how medicine – by becoming a distinctive segment of society, a network of institutions with its own logic – has built up high walls around its territory. Although members of medical staff give testimony about the value of life and its meaning every day, the role of the making and creating sense is one that modern health care institutions, functioning according to the logic of modernity, are unable to fulfil. It is beyond their scope to answer the question of health, and moreover that of what good life is.

In situations like those mentioned above healthcare institutions fail to help parents in their search for meaning within crisis, to gain strength, and to open up or to reshape their horizon once more. At this point religion must be moved from the periphery to the centre since religion fulfils the role of creating meaning even in modern societies. One of the commonly shared bases in debates about post-secular societies is the future viability of religious communities and their traditions, affecting social life with its goal to find and create meaning.¹²

But what does the creating sense mean in the framework of healthcare institutions? One clear example comes from Daniel Sulmasy, a Franciscan friar, doctor, and bioethicist. In an interview he was asked about the possibility to connect medical care, medical ethics, and pastoral care.¹³ In his answer he shows the organic link between these three fields through an example about a comatose patient and his wife, who was reluctant to agree to the cessation of her husband's treatment. It resulted in a dilemma for the medical staff, since they knew that they could not improve the condition of the patient by continuing treatment. Sulmasy, who was the ethical consultant in the case, discovered in the course of the conversation that the wife was a faithful Baptist, an active member of her congregation. He suggested that she invite her pastor to take part in the ethical consultation, which she accepted. This resulted in an important turn in the story. While ethical committees usually ask family members at a certain point to leave the room and discuss the case on their own, it was the pastor who asked everyone except for the wife to leave. Those two stayed in the room and prayed. When they came out the wife simply said: 'I think God is calling my husband home. It's OK for you to stop all these treatments.'¹⁴

In this case religion fulfilled the role which seems to remain unfulfilled in most modern medical systems: to provide help in the search for and creation of meaning in an extremely difficult existential situation. First, it is not the patient but his wife who is primarily affected by the decision which needs to be made. Second, she has to deal with a question that cannot be answered within the framework of the medical system: whether she can let her husband go.

Religion did not only open up the horizon of the wife but also that of the health care system. It is not by chance that Sulmasy stresses that an 'ethics committee that is attuned to the pastoral care

12 © Jürgen HABERMAS, Notes on Post-Secular Society, *New Perspectives Quarterly* 4/2008, pp. 17–29.

13 © Amy FRYKHOLM, Can doctors help us die well?, available from: <https://www.christiancentury.org/article/2014-10/can-doctors-help-us-die-well>, cited 20th December 2017.

14 Ibid.

side of things and can work with the chaplains in the hospital or the patient's own clergy is going to do a much better, more holistic job than if one thinks of these as separate worlds.¹⁵ Also in the case of early life decisions, for example, in the case of a positive test for Down Syndrome, religion may take the role of creating meaning and broadening horizons.

Placing Everyday Life at the Centre

Since theologians usually work with arguments taken from philosophy, and are thus using the language of philosophy as they take part in the bioethical discourse, there is a need to pose a question about the religious resources of Christian bioethicists. The opinion according to which moral principles can simply be derived from divine revelation, which is only accessible to believers, has mostly been rejected within moral theology – at least within the Catholic tradition. Moral questions concern believers and non-believers equally. Both groups may participate in the moral discourse with equal rights on the grounds of reason, intellect, or moral sense.

But what is the distinctive element of Christian ethics? What makes the difference between Christian and secular moral criticism? Where does the distinctive character of theological works come from? It is the same source as in the case of the example above, when the pastor was able to help the comatose patient's wife broaden her horizon by praying together with her.

Due to the work of Alfons Auer, moral theologians have often discussed the question of whether faith does not provide precise instructions concerning individual moral questions, but rather a horizon of meaning and motivation, which helps theologians put moral questions in a different light.¹⁶ As everyone's horizon is defined by the community to which one belongs, the horizon of theologians is defined by the everyday life of the Church. The way one views the world and gains motivation for action is defined by the practice of everyday life. For theologians this everyday practice is framed not just by tradition, but also by the everyday practice of the Church.

Placing the Uncommon at the Centre

The everyday life of the Church includes events and practices, which are unusual and go beyond the frameworks of everyday practice. The criterion of the practice of the Church must always be the praxis of Christ. This is beautifully shown by the illustration of Mt 8:1-3 in the Codex Echternach, originating from the 11th century.¹⁷ The picture is part of a commentary series to the Gospel of Matthew, showing Jesus coming down from the hill after the holding the Sermon on the Mount. A leper steps up to him, who is then healed by Jesus. For theologians in the bioethical discourse the scene has several implications. On the one hand, both Jesus and the leper overcome the common framework of social norms. The leper – who was classified in rabbinic theology as dead, together with the blind and the childless – was not supposed to step up to Jesus, not just for ritual but also for easily understandable hygienic reasons. However, according to the gospel, 'Jesus stretched out his hand and touched him'. Through this act 'his skin-disease was cleansed at once'. According to biblical scholars, this story is a resurrection narrative. The leper, who was classified as dead, has risen from social death. Jesus then sends him in accordance with Leviticus to 'go and

15 Ibid.

16 Gerhard MARSCHÜTZ, *theologisch ethisch nachdenken. Band 1: Grundlagen*, Würzburg: Echter Verlag, 2009, pp. 35–72.

17 The picture and outline of the analysis was taken from © Paul M. ZULEHNER, *Pastoraltheologie Bd.1. Fundamentalpastoral*, Düsseldorf: Patmos, 1989. The picture is also available online: http://www.pius-kirchgegners.de/07_Bildmeditationen/4_Christus/Heilen.htm, cited 20th December 2017.

show' himself 'to the priest and make the offering prescribed by Moses', to enable him to fulfil social and religious expectations and to return to his earlier life. By healing the leper, Jesus does not simply cure him, but gives him his life back.

What is central to the story is not simply the act of healing. There were numerous other successful healers in the time of Jesus. What is important is that Jesus crosses the threshold drawn between him and the leper by Jewish law. He steps up to him and heals him by his touch. He gives the leper what he needs the most, and puts him at the centre, instead of the ritual prescriptions.

A closer look at the picture shows that the pictorial interpretation of the biblical passage does not stop at the meeting of Jesus and the leper. There are other figures behind Jesus. The first two are Peter and John, embodying law and love in the Church. They watch with one eye the action of Jesus and their own hands with the other, checking whether they are acting the same way as their Master. Behind the apostles are contemporaries from the 11th century, looking at the hands and actions of the apostles.

The picture illustrates the meaning of tradition for the Church, which is more than the passing on of certain theoretical knowledge, but also a certain way of acting modelled after the works of Jesus. Here it becomes clear that the Church is a community of memory, and also that the institutional practice of the Church has always been a tool against forgetting that Jesus always put the concrete person with his 'joys and the hopes, the griefs and the anxieties' at the centre.¹⁸

There are many examples for placing the uncommon at the centre in contemporary praxis. Jean Vanier, a professor of theology at the University of Toronto, left his professorship and invited two men, Raphael Simi and Philippe Seux, with developmental disabilities to reside at his home. He was not mainly moved to provide help for them, but to share their lives, to a common life together sharing and accepting their differences and to deepen their faith. This momentum resulted later in the development of a movement and several initiatives with the goal to share life with people living with disabilities and to enrich their lives mutually. This line is in sharp contrast with the way disabilities are viewed today, being identified with the narrowing of the horizon, the drastic setback of life chances, and the loss of social status. Jean Vanier, the offspring of a wealthy family, found the chance for perfection in sharing his life with disabled people.

How does this interpretation of disability change the contemporary context of prenatal diagnostics? Does pregnancy consulting reach beyond the narrow limits of informed consent concerning the range of medical options, and help the people concerned in their search for meaning? Does the treatment of infertility include the option for couples to think about the meaning of having children concerning their relationship, their biography, and their own life goals, and to get help and guidance in that process?

For theologians in the bioethical discourse the praxis of the Church preserved by its tradition is of great help, since it directs at viewpoints, existential momentum, and signs of life, which might remain obscure from the horizon of today's *Lebenswelt*. There is a great need for this wisdom in a society where the people with disabilities, with infertility, or with any condition which hinders them in taking part in social processes as expected are excluded and belong to the dead, just like the leper in the time of Jesus.

Closing Thoughts

What can theologians say at the bedside? How can they contribute to today's bioethical discourse

18 Gaudium et spes 1.

in a constructive manner? By being the odd-one-out, they have a vast amount of options. First of all, they need to reach beyond entrenched positions and overcome stereotypes to be able to join the conversation. They can contribute the most if they make use of this role of being the odd-one-out, with the attitude of having nothing to lose, by placing relationships, the vulnerable, the faith, the everyday life experience, and the uncommon at the centre of discourse. They can go beyond the limits of bioethical conversations centred on legal and medical questions, bringing in viewpoints inspired by the long tradition of the praxis of the Church. Thus, they can open up horizons and find new options for action, showing that life is always more than that which we seize.

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