

BIOETHICS

Bioethics in Catholic Theology and Scientific Bioethics

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Abstract

Every creature is good and subject to the principle of solidarity that everyone has been blessed and gifted with life by God. Therefore, we cannot have one without the other, and no man exists without an animal.

Over the last several decades, our world has been confronted with many ethical problems and ethics is being more and more sought after in spheres of human conduct and profession. Man has acquired enormous power over the world and over life itself, but he has also, willingly or not, become more responsible for 'the threats' against his very life, as well as against the life of other creatures. Within this context a discussion on biocentrism has ensued, which should replace Christian biblical *anthropocentrism*. At any rate, man has encountered a challenge to expand his moral sphere because nature needs his protection, whereas he no longer needs to protect himself from nature. It is exactly this point that poses a paradox: *only man can give protection to nature and the whole of life within it*. Having crossed all limits, he has to establish them yet again. Once again, he has to search for these limits within himself, which is exactly what original Christianity demands: to act according to one's pure belief (St. Peter). The aim of this work lies in trying to answer the questions of how to preserve life and healthy environment, how to achieve harmony between the development and modern ideas and trends as well as to establish the right relationship between man and his environment. The author primarily points out to the rising of *pastoral medicine* in Catholic theology, whose emergence was caused by the development of medical science and which gradually transforms into today's bioethics that is acknowledged by the theology. He then proceeds to discuss the disharmony between man and nature, about the rising of the 'animal rights' movement, and finally, about the beginnings of scientific and global bioethics which has developed in USA and which has spread throughout the world. However, he also tries to speak about the European path of bioethics stressing the fact that this term is far older because it originated in Germany, in 1927, and which corresponds far better to the concept of integrative bioethics.

Keywords: *ethics, bioethics, life, theology, medicine, the Church, the Christianity, science*

From pastoral medicine to bioethics

In many catholic moral textbooks of the second half of the 20th century, certain treatises appear under the term *medical ethics*, an incentive given, primarily set forth by the Pope Pius XII¹. In these treatises, moral theologians apply religious morality to medicine. Among the American moral theologians, some authors evinced interested in the relationship that exists between science and religion. Catholics and Protestants have significantly contributed to the rebirth of medical ethics, especially between 1965 and 1975.

Through its entire history Catholic moral theology has studied the ethical issues connected with life and physical integrity, under the aspect of the virtue of righteousness or under the Fifth of the Ten Commandments. There have been discussions on abortion, suicide, amputations of body parts for therapeutic

effects, on medical procedures in 'difficult childbirths'; on the act, place and time of marriage, on dying etc. However, over the course of many centuries there was a general attitude towards these issues so that moral theology was able to clearly distinguish what was right and what was wrong.

Already, by the end of the 19th century, the moral theologians had recognized that for scientific, cultural and social reasons, there it was necessary to acquire more profound knowledge on new medical advances which posed a problem to those involved in practical work (parish priests). The problem arose when these practical workers were required to give the correct answers to doctors on ethical dilemmas which were cropping up because of the rapid and successful development of medicine, as well as because of the new conception of nature and life. This led to the creation of pastoral medicine, a new theological and

1. Compare L. WALTERS, *La religione e la rinascita dell' etica medica negli Stati Uniti: 1965-1975*, u: E.E.SHELP (a cura di), *Teologia e bioetica*, trad. it. Ed. Dehoniane, Bologna 1989, str. 37-57.

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scientific moral discipline which has now become a part of the theological curriculum. Its aim was to give theology students, i.e. the candidates for priesthood, certain practical knowledge on anatomy, physiology, hygiene and psychology, to equip them to righteously deal with these problems in life, in the future. It was thus, that from its very beginnings the basic questions of medical ethics arose: abortion, contraception, various addictions, euthanasia, reanimation, and the care for the handicapped and mentally-ill individuals.

More recently, the issues concerning the beginning and the end of life emerged: genetic engineering, eugenics, prenatal diagnostics and treatment, various possibilities of artificial insemination, embryo experiments, cloning, organ transplants, sex change, vivisection, the research of medicines, the prolongation of life, the selection of patients because of limited quantities of medicine or instruments, the criterion of determining death, the right to die with human dignity, the respect for a corpse, professional confidentiality, and the rights and obligations of health workers and patients². Therefore, the theologians' interest in medical ethics, an exclusively pastoral albeit deductive method in keeping with the traditional religious doctrine was adopted in the elaboration of medical and ethical issues. This was the ethics created by the theologians for doctors and religious people. It should not merely be mentioned, but rather emphasized that that in Christianity medical treatment is closely related to the very act of salvation and that it was used by the first Church whose role was later implemented by the Christian monks in their monasteries. The fact that the church managed to impose its therapeutic spirit on the chivalry of the Middle Ages is highly interesting. Every knight had to take an oath that he would defend churches and protect the weak, the sick, the lepers and the pilgrims. It even managed to form chivalric orders which exclusively served in hospitals and liberated Christian slaves³.

Not only did Christianity accept Hippocrates' medical ethics⁴, it also enriched it with new terms and values through

2. The first pastoral medicine text was the one which, by 1920, had 18 editions. Beside the German (original) there was the Latin text as well. The last classic text of pastoral medicine is by. Even today there is a course called Pastoral medicine at the Catechist Institute in Zagreb. The curriculum includes the following: Introduction: general terms, authenticity, historical overview, definitions; Mutuality of pastoral and medical profession; monastery medicine; the Church in the service of the sufferer; Medical anthropology and anthropometry; Medicine: definition; general terms; division of medicine: scientific and unofficial; Deontology: medical (professional ethics): general terms, Hammurabi's code of law, Hippocrates' oath, Genevan formulation of the Hippocratic oath; the most important medical and staff duties towards the patient - the respect for human life and health: medical associations; Health (definition), medical institutions and their duties; Illness: etymology and definition, historical development of the term 'illness' (Hippocrates, Galen, Sydenham, 19 th and 20 th centuries), division of illnesses; Male and female reproductive organs, their structure and function; fertilization, the shaping of the embryo and fetus, the mechanics of parturition; The natural planning of parenthood - Billings' and Ritzer's method; Methods and means of contraception: bioethical aspects, side-effects and risks of hormone preparation and intrauterine devices; intentional abortion- medical complications; fertilization *in vitro*; bioethics, clinical methodology, Cloning; Life stages in the population: child, puberty and adolescence; professional illnesses; the most important heart and coronary illnesses, hypertension; climacteric syndrome, osteoporosis, aging, death, euthanasia; Cancer; patient and his environment. Transplantation. AIDS: general notes, statistics, clinical aspects, the care of the sick and dying. Prionic diseases. Emergent and reemergent infectious diseases and bioterrorism. *In vitro* and other methods of aided fertilization. The ideas of palliative care - challenge for the 21st century. Ethics in time of gene technology. Medicine, medical profession and doctor's formation for life according to the views of the Church.

3. Compare. L. CICCONE, *Bioetica. Storia e problematiche oggi*, in: G.CINA-E.LOCCI-C.ROCCHETTA-L.SANDRIN (a cura di), *Dizionario di teologia pastorale sanitaria*, Ed. Camilliane, Torino 1997, pp. 136-137.

4. Compare. S. SPINSANTI (a cura di), *Documenti di deontologia e etica medica*, Milano 1985; D. GRACIA, *Fundamentos de bioetica*, Madrid 1989.

the practice of its doctrine and work. Interestingly, Christianity introduced the term *human person* into its theological understanding of man, which had immediate consequences on the approach to patients and their treatment. It was thus that *Christian individualism* was created which, in distinction from *classical dualism*, stresses that the whole man, his body and soul, is unique, and being such a *creature of God* he was put into this world and is responsible for the development of the world and life.

This new perception of man and the world, which were created and redeemed, and also inspired by the parable of the Good Samaritan, creates in the Christianity a sense of the need to care for and cure the sick and weak⁵. Catholic moral theology also discussed the fact that a doctor primarily needs to be a *philosopher*, i.e. that he has to be able to establish the right relationship with the patient who is not a thing but a person, and that he should not just be a *technician*, i.e. implying he has to find out *who* his patient is before treating him. According to Christian beliefs the doctor primarily has to be a servant to the suffering ones and a brother to the sick brothers of Christ. Moreover, in the theological sense he is the Good Samaritan, i.e. the very Christ who alleviates the sufferings of the sick. In the evangelical sense, the patient is *Christus patiens* while the doctor is *Christus servus*⁶.

Based precisely on the basis of this theology, the Church has developed its moral theology which clearly emphasised the sanctity and inviolability of every creature's life, condemned abortion, infanticide, euthanasia and mutilating; it also developed its medical ethics.

In the last century, especially after World War II, many questions regarding medical ethics were raised, inspired by the Nazi experiments in the fields of medicine and genetics, as well as by the huge technological advancement which could turn against very life itself⁷.

Today, the general philosophical questions on the application of ethics in human life arise because of the sense and sensitivity that the ethical problems connected with human life have developed to a great degree. Clear demands to take firm ethical stands towards all criminal acts in the field of research of life have been advanced. Thus, the concept of human dignity and rights developed, which were realized in the United Nation's *Declaration of Human Rights* in 1948, *The Convention for the Protection of Human Rights and Fundamental Freedoms* (Rome, 1950), as well as in *The Code of Medical Ethics* (Geneva, 1949) comprising the Geneva Physician's oath, similar to that of Hippocrates, which clearly demands respect for life from the very moment of conception.

Following this, human rights, in particular the right to live, entered into the constitutions and laws of many countries. However, with the sense of human rights, the philosophical and ethical enquiry of their basis and justification also arises. Namely,

5. The first known hospital was established in Rome at the end of the XII. century in the St. Maria in Saxia church by order of the pope Innocent III; compare

6. We find the first synthesis of moral medicine in *Summa moralis* by St. Antoninus, the bishop of Florence (1383-1459). This book had an enormous influence on theology until the XVIIIth century (until 1740, it underwent 20 editions). Its third volume, *De statu medicorum*, talks about '*de officio, vitii, ac salarii medici*'. St. Antoninus discusses medical competence, assistance in dying, about the morality of subscribed drugs, about abortion...

7. Compare. E. SGRECCIA, *Manuale di bioetica. I. Fondamenti ed etica biomedica*, 2.ed., Milano 1994, p. 47.

there was the need to answer a basic question: what are human rights based on and where are their limits? It becomes clear to everyone that they should not just be legally proclaimed but also rationally justified in line with the ethical dignity of man. *The right to merely live* is not enough; there is also the need for a *philosophy of life*.

Apart from legal and philosophical development, biomedical research and new discoveries in that field were in progress⁸. New possibilities and discoveries of *genetic engineering* are significant⁹. All these technologies and scientific achievements examine life from its very beginnings and can influence the very procreative process as well as control the whole course of genetic development. This implies that these sciences and techniques cover man's greatest value, which is life. By touching life itself, they touch the living man as well. Further, experiments on human embryos touch the very source of life, which poses new ethical questions on humanity.

All individuals with good will are gradually becoming aware that scientific and technological advancements in the field of biomedicine require mandatory *limits and restrictions*. This becomes more necessary when we know that the state laws are neither adequate nor complete enough, taking the absolute values of life into consideration. It is well known that the laws as well as scientific research, particularly those in medicine, can suffer greatly under the wide influence of political ideologies.

At this time, moral theologians felt the need to create manuals, not only for priests but for doctors as well. Thus, the first *theological medical ethics* was created¹⁰. In the '50s of the last century the best works of that genre were created¹¹. Shortly after, the Second Vatican Ecumenical Council was set up which in its very *Pastoral Constitution Gaudium et Spes* expresses its apprehension of man and family; then came the encyclical *Humanae vitae* on marriage and transfer of life¹²; *Declaration on Procured Abortion*, 17 November, 1974; *Declaration on certain questions concerning sexual ethics*, 29 December, 1975; *Declaration on euthanasia*, 5 May, 1980; as well as a letter to the bishops on *Sterilization in Catholic hospitals*, instruction *Donum vitae*, 22 February, 1987; and finally, Pope John Paul II's speech on bioethical questions and on true bioethics in the encyclical *Evangelium vitae* in 1995¹³.

8. The most important discoveries made included the following: contraceptive pill (Pincus) was discovered in 1952. With this pill, human sexuality underwent considerable changes, as well as the psychology of women. In 1954, reanimation began to be applied. In 1959, in Belgium, the first child was conceived with the help of artificial insemination. In 1978, after many years of research, in England the first child conceived *in vitro* was born.

9. Compare. A. SERRA, *Le nuove frontiere della genetica e dell' embriologia*, in G. CONCETTI (ed.), *Bambini in provetta*, Roma (Logos) 1986, p. 9-41.

10. Compare the manuals . H. BON, *Precis de Medicine Catholique*, Alcan, Paris, 1936; P. TIBERGHEN, *Medicine et Morale*, Desclée, Paris s.d.

11. Compare. CH.MCFADDEN, *Medical Ethics, Philadelphia 1953*; J.PAQUIN, *Morale et Medicine*, Montreal 1955; G.KELLY, *Medico-Moral Problems*, St. Louis 1958.

12. Paul VI, Enciclica, *Humanae vitae*, 26 June, 1968. What is interesting is that this encyclical uses catholic theological unity. Many theologians did not agree with its doctrine, especially in the pastoral part.

13. All the editions of the doctrine of the Faith are edited by *Libreria Editrice Vaticana*. However, the official edition is always at *Acta Apostolicae sedis* (AAA) while the official vatican journal is *L'Osservatore Romano*. All the documents can be found in the collection *Enchiridion Vaticanum* which has a few volumes edited in '*Dehoniane*', Bologna. The official Italian edition is: *Lettera Enciclica Evangelium vitae del Sommo Pontefice Giovanni Paolo II ai Vescovi, ai Presbiteri e ai Diaconi, ai religiosi e alle religiose, ai fedeli laici*

From this context arises contemporary bioethics, which was mentioned for the first time, in the official documents by the very encyclical *Evangelium vitae* as a new scientific discipline. It is precisely this bioethics which is considered the science that deals with concrete problems. By analyzing rational processes it attempts to determine the paths of action in order to diminish the conflicts in the society.

Today's bioethics, therefore, commences as the moral reflection within the framework of 'the new medical situation' as an interdisciplinary and multi-perspective science or the field 'in which, in the interaction of various perspectives, outposts and criteria for the orientation in questions related to life or the criteria and circumstances of its preservation are made'. It is the part of 'moral philosophy' which seeks and passes judgments on the rightness and usefulness of certain human conduct on life. Bioethics, therefore, stands somewhere in the middle of the conceptual assumptions of certain objective values and the historically ethical lines of direction imposed upon it¹⁴. Its roots or origin must also be identified in the changes in the distribution of economical power, in the increasing growth of human rights and in the ever larger autonomy of individuals. For instance, in our society there is a conflict of legitimate rights and interests among people, which has resulted in various dilemmas and created a conflict of values. Bioethics is exactly the science that deals with concrete problems and by analyzing the rational processes tries to determine the paths of action in order to diminish the conflicts in society.

Also, the new theological reflection regarding bioethics in Catholic Christianity (37) can be divided into at least four phases, while a fifth one is in sight.

In the first phase, between the 1960s and '70s, theological reflection was directed towards the ability of alternative artificial insemination '*in vitro*' and the transfer of the embryo into the womb later on (FIVET).

Subsequently, in 1978, two events caught the attention of the public: the birth of the first '*in vitro*' baby (Louise Brown) and the false assertion of David Rorvik (In his image) that he had personally met an American millionaire who had cloned a son, completely in his image, with the help of some scientist.

The third phase of theological reflection started in 1993, after the announcement of the possibility of dividing the human embryo in order to create more genetically identical embryos.

The fourth period is the current period in which, after the cloning of mammals, opens up the possibility that the first cloned human baby (Eve) has been born, as well as the possibility of cloning human embryos for therapeutic purposes.

The fifth phase began with the decoding of the human genome to which theologians as well as the Church are paying great attention. The human genome consists of genes, very small material units of inheritance. Genes are physically connected like a string of pearls and one gene controls the synthesis of one protein.

Naturally, the decoding of the human genome triggered ethical debates because of the genetic manipulation over man and the environment. Therefore, demands have been made to respect the integrity and dignity of every man, as well as his personal privacy.

e a tutte le persone di buona volonta' sul valore e l'invilabilita' della vita umana, 25.03.1995, Aggiunta in *L'Osservatore Romano*"nor. 76 od 31.03.1995.

14. Compare. . RUSSO, G, (a cura di), *Storia della bioetica. Le origini, il significato, le istituzioni*, Armando, Roma 1995.

Emergence of scientific bioethics

The emergence and the term 'bioethics' are linked to V. R. Potter II, a professor at Wisconsin University in USA who invented and launched it into the world of science under the name '*the science for survival*'¹⁵. Its content ranges across humanistic and social studies. In 1970, Potter published that the term '*bioethics*' is a compound of two Greek words βίος (bios-life) and ἠθός (ethos-ethics). He highlighted the fact that over the last decades, human knowledge of biology has been growing overwhelmingly and that some ethical values need to be applied. A year later, he published another book titled '*Bioethics – the bridge to the future*' which attracted many philosophers, theologians, sociologists, doctors, biologists and lawyers to the extent that the bibliography on bioethics began to massively accumulate. Here, bioethics is conceived as a sort of bridge towards a more secure future. The point in question is that bioethics should become a connection between natural and social studies, i.e. between biological science and ethics. Potter thus pointed out that the sustainable development of humanity must necessarily include the ethical system and ethical values of human behavior¹⁶. With this step, bioethics entered the world of science in the US and later on in the whole world.

However, it must be emphasised that the primary reflection on bioethics comes from two Catholic laymen: Dr. A. E. Hellegers and his philosopher friend, D. Callahan. Previously, in 1969, Callahan was the founder of *The Hastings Center* or *The institute of society, Ethics and Life* in Hastings-on-Hudson town near New York, while in 1971 at the University of Georgetown as part of the *Kennedy Institute (Joseph and Rose Kennedy Institute)* Hellegers introduced bioethics as *the study of human reproduction and bioethics*. Thus, *new medical ethics*, which was a synonym for bioethics for a very long time, was created¹⁷.

From the catholic standpoint, 1968 and the release of Paul VI's¹⁸ encyclical '*Humanae vitae*' made a great contribution to the birth of bioethics. Dr. A.E. Hellegers, who was the member of the Papal family council, strongly opposed the doctrine of '*Humanae vitae*'. He and Callahan then created bioethics, independent of Church Doctrine. It is for this reason, that the centres mentioned above were founded, which were ecumenically orientated in their initial stages but which later limited themselves to such an extent, that towards the end they denied any relationship between bioethics and theology. Researchers such as L. Walters, T. Beauchamp, J. Childress, W. T. Reich, as well as catholic theologians B. Häring, R. McCormick, C. Curran, S.J. Fuchs and the protestant researcher, P. Ramsey joined Hellegers. Later on, Callahan tried to create specific religious bioethics. From the Catholic section, there was an attempt to create catholic bioethics¹⁹ at the very 'Kennedy Institute of Ethics' as well as at

the University of Georgetown i.e. at its 'Center for the Advanced Studies of Ethics'. The names of American theologians E. D. Pellegrino, D. C. Thomasma, B. Ashley and E. K. O'Rourke merit mention.

Some consider the protestant bishop and theologian, J. Fletcher, as the founder of the first bioethics in America, his works being *Situation Ethics, Ethics of Genetic Control* and the book *Morals and Medicine*²⁰. This would actually mark the beginning of the first bioethical phase in America²¹.

Today, many perceive bioethics from a broader aspect, connecting it with demography issues as well as with ecology. The generally accepted definition of bioethics is that it is a 'systematic research of human behavior in the scientific and health care fields only until such time as this behavior is analyzed in the light of moral values and principles.'²²The term bioethics today comprises human responsibility for all life forms that exist in the world (termed biocentrism), not only the human attitude towards his own life, but also towards the life of other individuals, nature and all living creatures. In this sense, the newest definition of bioethics has appeared: 'Bioethics is the love of life'. It was launched by a New Zealander, Darryl Raymond Johnson Macer²³ but, although in reality the author is Pope John Paul II and his encyclical '*Evangelium vitae*'.

According to the many American bioethicists, bioethics can be distinguished into four branches: *theoretical, clinical, political and cultural*. However, certain other experts and historians of bioethics divide it into: *elementary, general, medical or clinical, alimentary, social, ambiance and animal*.

Today's issues triggered by *medically aided insemination, cloning and endangering life in general*, especially because of the lack of ethical awareness and responsibility of today's development and science, promote the discussion on the relationship between bioethics and law as a *bio-law*.

Currently, bioethics is conceived as a 'systematic research of human behavior in the scientific and health care fields as long as it is analyzed in the light of moral values and principles. Therefore, we are talking about scientific and systematic research, which includes identifying the causes and norms not only at work but also in the interdisciplinary dialogue between science, philosophy, ethics, law, theology, social studies, and today, especially biogenetics and biotechnology. It all boils down to the question: what are those values and norms?

From the very beginning, bioethicists dealt with basic problems and discussed the status of the human embryo, the inability to reduce man to the simple means of achieving certain results, man's primacy of the law at his birth and death, and the justification of the 'wish' of sterile people to have their own children. At the same time, a search was initiated for a type of general ethics which would be the foundation of rational lay and

15. The compound was created by V. R. Potter VR, *Bioethics, the Science for Survival*, u: Perspective Biology and Medicine, 1970; 14:127-53.

16. Compare. D.CALLAHAN, *Bioethics*, in: REICH WT ed.), *Encyclopedia of Bioethics*, 2. Ed., Macmillia Publishing Company, New York 1995, p. 250.

17. Compare I. ŠEGOTA, *Nova medicinska etika (bioetika)*, Medicinski fakultet Sveučilišta u Rijeci, Rijeka 1994.

18. Compare. J. LOZANO BARRAGAN, *Metabioetica e biomedicina. Sintesi di principi e applicazioni*, Citta' del Vaticano 2005, p. 26.

19. For the Christian roots of approaches to bioethics see. S.B.RAE-P.M.COX, *A Christian Approach in a Pluralistic Age*, The Center for Bioethics

and Human Dignity, William B. Erdmans Publishing Companx, Grand Rapids, Michigan/Cambridge, U.K., 1999.

20. J. FLETCHER, *Morals and Medicine*, Princeton 1954.

21. The work is considered to be the end of this epoch P. RAMSEY, *The Patient as Person: Explorations in Madical Ethics*, New Haven 1970.

22. The definition was given by REICH W.T, *Introduction in: Encyclopedia of bioethics*, 4 voll., The FreePress., New York 1978, 2 ed., Macmillia Publishing Company, New York 1995.

23. MACER D.R.J., *Bioethics is Love of Life*, Eubios Ethics Institute 1998, p.2.

Christian thought, as well as rejecting the usage of market and usefulness criteria in medicine, especially when human organs are in question. Later, there was a discussion on the cloning of plants (legitimate), animals (questionable) and finally humans, which generated intense discussions, and raised hopes and fears. Today, we all face the challenge of the study and final decoding of the human genome.

Currently, we are talking about *global bioethics* based on deliberation and ethical reflection on the results of empirical sciences and biotechnology. Conceived in such a manner, bioethics

has actually become *applied ethics* and a bridge between science and ethical theories, whose aim is to promote human welfare, respecting the whole range of nature and life in it. This is exactly the reason why, in discussions on bioethics, conflicting opinions are expressed when discussing its epistemology, anthropology and principles. Therefore, it can be stated that there are more bioethical streams. Today, speaking in simple terms, there are at least two bioethical streams: lay liberal and religious or bioethics open to transcendental and bioethics closed to transcendental.
