Biomedical ethics. Contributions of religion in the current bioethical debate

As a general rule, bioethical debates deal with the questions raised by scientific-technical breakthroughs in the field of research and biomedical practice. The swiftness with which these advances take place calls into question whether moral philosophy —and in particular theological ethics— can provide answers to the new questions raised, or whether it should capitulate to strategic ethics.

In the last few months, the Journal of Medical Ethics has reignited the debate about the place of religion in medical ethics. Nigel Biggar, Professor of Moral Theology at Oxford University [1], has criticised the moral ambiguity of secular ethics, which often obliges us "to settle for a somewhat messy compromise" [1]. Biggar denies that religious logic is irrational, and admonishes intellectuals to overcome their "scientistic" prejudices and recognise that moral theology is a repository of genuinely convincing and illuminating principles. Biggar's theory is contested by Kevin Smith, professor at Abertay University in Dundee [2]; Brian Earp, researcher at Oxford University [3]; and Xavier Symons of Sydney Catholic University [4].

Smith's criticism of Biggar's arguments centres on the following: firstly, the principles of theological ethics are not universal, since they appeal to divine authority instead of rational discourse; furthermore, they were formulated when the possibilities of contemporary technology for detecting prenatal disease early on, creating and maintaining embryonic life outside the maternal womb, or eliminating intrauterine life using techniques that are safe for the pregnant woman were still unknown. Only "secular" ethics, he adds, guarantee discussion based on ethical principles open to rational analysis. He concludes that only utilitarianism has the potential to attract a universal consensus, because happiness and suffering are, respectively, highly valued and deprecated by all agents who participate in the debate.

Brian Earp also disagrees that religion should have a place as such in discussion forums on medical ethics. His fear is that the Episcopal Conferences, which citing Mencimer he defines as "a group of celibate older men" [6], can establish health care directives. If so, he warns, non-believers would have

to accept the banning of abortion, prescription of contraceptives and voluntary sterilisation, as well as the disregard of the healthcare system for living wills that involve, if necessary, withdrawal of assisted feeding or other life support measures [3]. Nevertheless, Earp recognises that Biggar rules out all appeals to authority, "whether to that of the Bible, or the Pope or the Qur'an" [1], which makes his proposal inoffensive and unnecessary. Ultimately, he explains, the concept of religion proposed by Biggar is analogous to "moral philosophy", and it manages as an ordinary tool to persuade instead of to impose. As a result, his claim is both uncontroversial and irrelevant [3].

Along the same line, Xavier Symons disputes that religion — understood as a system of divine worship — has a place in the secular medical debate. Negotiation, for Symons, precludes that rival proposals are accused of being blinded by sin. However, theist moral philosophy does merit a place in medical ethics, since its reasonings are rational statements with respect to the moral order inscribed by God in the teleological structure of human nature, i.e. respect for the natural law [4].

Biggar's response to his detractors has been cordial, but convincing. He reproaches Smith, on one hand, for not properly distinguishing between popular religion and theological ethics. On the other, that he maintains a utopian view of the possibility of reaching a universal ethical consensus from the premises of utilitarianism. Biggar accuses Smith of relying on a strictly empiricist concept of reason that contemporary philosophy, reopened to metaphysics, surpassed some time ago. The divine command and ethical reasons are not opposed, but operate at different levels (foundational and normative, respectively). It is also untrue that theological ethics is out of touch with the advances of contemporary medicine. For more than 50 years, specialists in religious ethics have contributed to reflection on the possibilities of reproductive technology and genetic engineering. With respect to the likelihood of utilitarianism to attract a universal consensus, Biggar appeals to the Kantian objections to utilitarianism, which have been evolving for 200 years and have no sign of subsiding [5].

To Earp he responds that theological ethics does not seek to impose its precepts under the threat of eternal damnation. This is, precisely, the prejudice of utilitarianism against religion, which it considers authoritarian, dogmatic and irrational. This prejudice, Biggar warns him, could also be applied to utilitarianism when expressed in an authoritative and intimidating manner. Specialists in religious ethics, however, use the persuasion techniques typical of philosophy, on the basis of standard ethical concepts such as human flourishing, goods and virtues, rights and obligations, the intention and consequences of our acts. It happens, yes, that religious convictions about the existence of God, the ordered nature of the world, the sinful condition of the human being and post-mortem reward for a virtuous life shape a specific understanding of ethical concepts. Religious ethics are therefore not very different from secular ethics insofar as the method is concerned; they are however in content, since, occasionally, atheist philosophers and moral theologians can reach the same conclusion. In the end, the objective moral order is perfectly accessible to the human intellect not distorted by vices. In any case, an openly liberal public forum will recognise that there are two interpretations on how to access reality: empiricism and metaphysics. Therefore, a particular position must not be confused with reason itself. Secularism, although it thinks that its point of view is the right one, must have sufficient humility and generosity to recognise that theists think exactly the same, and not to colonise "reason" by dismissing religion as simply irrational [5].

Finally, Biggar agrees with Symons that the concept "religion" is too broad to refer to medical ethics. His proposal, rather, refers to a rationally developed ethic that is ultimately based on religious beliefs. These beliefs are rational and can be defended as such, as they entail belief in a moral order that is part

of human nature: the natural law. Theist moral philosophy, adds Biggar, makes it clear that “religious belief and philosophical method need not be alternatives”. However, Biggar believes that Symons underestimates the degree and persistence of ethical disagreement that exists in the “secular” forum. Human reason is finite and some of us love the wrong good; furthermore, human reason is vulnerable to sin, i.e. to deliberately choose the bad. This, whatever way Symons looks at it, is not a merely “Augustinian” or “Thomistic” point of view, but an empirical observation [5].

Our assessment

The debate in the preceding paragraphs is both real and artificial. It is real because, in effect, it is happening, but it is artificial because it should have been considered concluded some time ago with a clear outcome: the impugnment of theses that exclude religious ethics from the secular medical debate. In this respect, we believe that Nigel Biggar’s arguments are conclusive. They suggest, first of all, that religious beliefs can be expressed in terms accessible to reason; second, theological ethics uses persuasion and the deliberative method as a tool of expression; third, the immediate experience of consciousness is often based on religious beliefs; fourth, that scientistic empiricism limits the capacity of access to a universal truth; and finally, that utilitarianism has not been able to arouse a global ethical consensus. We understand, therefore, that a medical ethic detached from fundamental beliefs about the reality of its speakers and target audience is doomed to unsustainable solitude. If medical ethics sidesteps the basic metaphysical assumptions, it is left speechless to comprehend human life and the reach that scientific theories have in its general context.

It is true that the experience of moral obligation, i.e. in the opinion of conscience, does not presuppose faith in God. In itself, it is an immediate experience. However, as R. Spaemann notes, that experience can “be dissolved in reflection as in an acid”, and only the idea of a divine mandate backs its unconditionality. For this reason — and although faith in God is not a requirement for true ethical judgements or moral convictions — it ontologically establishes the claims to truth. In any case, opening up to the truth is not beyond the personal experience of he who seeks it, and if this includes a relationship with God, why must it be excluded? It is incomprehensible that experts in ethics who have religious beliefs are reproached for starting from an assumption, as if those who make this criticism do not start from some premise. In his reply to Xavier Symons, Biggar concludes that it would be unjust to reduce the Catholic ethical perspective to Thomism, since it is also the result of empirical observation. We share this view. Furthermore, we would also like to add that empiricism is not entitled to artificially eliminate the spiritual dimension, which belongs to the human experience on which ethics thematically reflects.

References:

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