

The Impact of Secular Bioethics on Christian Bioethics: End-of-Life Decision-Making and Care

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Abstract:

This article presents the two versions of secular bioethics, one of American origin, the other European, both successors of Western Christian morals, who compete and concur to occupy, at the expense of a vision inspired by Orthodox Christianity, normative positions in the field of ethical assessments of health care in a newly reintegrated country in Western European political space such as Romania. Using as a case study health care at the end-of-life, the common mentality of the two secular variants is emphasized, namely the absence of any genuine reference to the transcendent and, in its absence, the centering of decisions on the self and the social equality in self-affirmation. On the contrary, a Christian-Orthodox bioethics has in its center the relationship with God and the submission to His will, according to which the good end of life is one in which repentance, forgiveness and reconciliation with God and fellow humans are the ethical priority.

Key-words:

Christian bioethics, secular bioethics, end-of-life care, transcendence

I. Conflict about appropriate end-of-life care: the confrontation with heterodox Western Europe

Having survived persecution from an officially atheist dominant culture, Romanian Orthodox are now confronted with a perhaps even more formidable enemy: the seductions of a post-modern humanist West. Where the first attempted to obliterate the orthodox mindset through explicit aggression and coercion, the second pursues the same goal through implicit, and thus milder forms of coercion, or through even more

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powerful forms of seduction. Becoming part of the European Union requires accepting a fabric of laws intended to remove Christian concerns from the public forum and public institutions. This fabric of law and public policy is explicitly secular. It has taken shape from the consequences of the Enlightenment, the French Revolution, and various laicist movements in the 19th and 20th centuries. The implications are far-reaching. Europe's secular policies threaten the integrity of Christian institutions,² discourage family life, and remove traditional Christian norms, - as for example in lifting the legal ban on homosexual acts. Quite generally, these policies establish a normative acceptance of life-and-death undertakings among consenting adults, which Orthodox Christians recognize as sinful. Thus, in some Western European countries, assisted suicide and voluntary euthanasia have been legalised. Traditional Christians understand that the good death involves not dying as one may have wanted to die, but rather dying in conformity with God's will. In contrast, the Western ethos with its bioethics underscores living and dying in conformity with one's own narrative, and in conformity with one's own wishes.

This contrast between the good life and death realized through submitting to the will of God versus the good life and death realized through submitting them to one's own wishes and one's own pursuit of self-realisation presents two foundationally different understandings of proper deportment and of bioethics. Traditional Christian bioethics is rooted in the unchanging teachings of the Church as the body of Christ in the Holy Spirit. Secular bioethics is rooted in the project of fashioning a morality for health care that revolves around persons invested with societally recognized autonomy and equality rights.

Here at the outset, some qualifications and explanations must be introduced. First, by "traditional Christian bioethics" I mean an Orthodox bioethics, that is, a Christian bioethics, that can say in unity with the Fathers of the Second Council of Nicaea AD 787, "we keep unchanged all the ecclesiastical traditions handed down to us, whether in writing or verbally".³ The focus is on maintaining continuity with the mind of the fathers. No new doctrines are developed, though old doctrines may now be applied in novel areas. In identifying a traditional Christian bioethics, I intend precisely to exclude the developmental bioethics of the Roman Catholics. I also exclude the plurality of bioethics affirmed by the various Protestantisms, as well as the plurality of bioethics one now often finds among Roman Catholics after Vatican II. Also, I recognize the real difference between, on the one side, the "Christian bioethics" of most of the mainline Christianities of the West, who in many ways seek

² See the prohibition of Roman Catholic hospitals' entitlement to refuse euthanasia services on their premises, after that practiced was legalised in 2002.

³ *The Seven Ecumenical Councils*, Nicene and Post-Nicene Fathers, second series, vol. 14, 1995, p. 550.

novel moral responses to biomedical questions, and on the other side the bioethics of fundamentalist Protestant sects. These sects, however disconnected from the ancient church, seek nevertheless to be in union with the mind of the Apostles.

The point is that the contrast between a Christian and a secular bioethics is complex and nuanced. In this paper I will be contrasting the bioethics of Orthodox Christianity with the bioethics of the secular West. The latter, unlike Orthodox Christian bioethics, focuses on autonomy, self-centered self-development, an immanent notion of biological and psychological flourishing, an immanent understanding of human dignity, and a passionate concern for equality. These two bioethics undergird radically different appreciations of the goals and norms that should guide end of life care and end of life decision making.

Foundational to this conference is the appreciation by orthodox Christianity that the holy is prior to the good. Neither the orthodox church nor orthodox bioethics have been recast by the Kantian reduction of the holy to the good, or the Hegelian reduction of faith to culture, both of which lie at the root of the ethos of the European Union. My paper also envisages ways in which the threatened marginalisation of Christian bioethics by secular bioethics can be avoided. First, orthodox Christians and their institutions must resist the privatisation of orthodox Christianity or its bioethics. They must remember that an Orthodox Christian bioethics and its commitments for care at the end of life are those appropriate for all humans. Our religion may not be marginalized, because our God is the God of all reality. Second, Orthodox Christians must resist the radical impoverishment which comes with secular bioethics' reducing all moral concerns to a this-worldly account of life on earth. Orthodox Christians must recognise how this reduction radically misdirects our approach to life and death.

II. End-of-life decision-making: two versions of secular bioethics

Secular bioethicists come to Rumania somewhat like fundamentalist evangelical missionaries. Both are committed to saving orthodox Christians from what they – mistakenly – consider to be a misdirected focus in moral concerns. Of course, while the fundamentalist evangelical missionaries offer a new sense of Christianity, the secular bioethical missionaries wish to deflate all transcendence-oriented understandings of life and death. In many ways similar to Protestant preachers, bioethicists from Europe and America are intent on recasting the persistently other-world oriented ethos of orthodox Christian countries. After all, European bioethics itself developed out of a missionary export from America. Bioethics was born in America at the beginning of the 1970s as a response to the secularisation of American society, the de-professionalisation of American medicine, and the growing number of pressing questions raised regarding America's ever more influential, powerful, and costly medical industrial complex. Bioethics was fashioned in America to supply moral experts and practitioners who would fill the moral vacuum left by the

displacement of Christian theologians and chaplains. After having missionized America, these new secular experts deployed to both Western Europe and the Pacific Rim. They claimed universal validity for their philosophical moral norms. Only recently has there been a recognition of the very particular cultural bias of this allegedly rational bioethical teaching.⁴

Romania thus finds itself confronted by two classes of secular bioethical missionaries. One group preaches the original American version of bioethics. It tends to proclaim the gospel of the four principles (autonomy, beneficence, non-maleficence, and justice).⁵ The other group has to various degrees reformed this original doctrine to bring it into conformity with the European Union's own idiosyncratic understanding of liberty, fraternity, and equality. European secular bioethicists will therefore more frequently accent a concern for solidarity and human dignity. Both these two dominant secular bioethics however are unified in their commitment to "naturalise" Christian concerns with life and death. Both sects are united in locating all life and death choices "within the horizon of the finite and the immanent".⁶

Having removed God and His commands from their moral concerns, these secular bioethicists instead enthroned the individual as the cardinal fulcrum of morality and bioethics. Members of the American sect will understand an individual's authenticity and the propriety of his decisions prominently in terms of his free and even capricious choices. The European variant, by contrast, tends to limit individual autonomy by an ideal of social solidarity and a predetermined vision of proper liberty. This variant affirms the cardinal value of human dignity, develops moral and legal claims regarding equality of opportunity, and insists that one must therefore avoid discriminating against alternative religions and world views. "Human dignity" is thus no longer grounded in creation by and acceptance by God, but in acceptance by one's fellowmen. The accent on equality is understandable: When one no longer recognizes the centrality of God, and affirms instead the centrality of human persons, each of these persons becomes a surrogate god, - each claiming primacy for himself and having to settle for equality with all others.

Both forms of secular bioethics have at their core an understanding of what the good life and the good death are about. In each case, that understanding is created by humans. In each case, an authentically designed death is grounded in the patient's consent, often reflected in an advanced directive through which a competent person

⁴ H.T. Engelhardt jr, *The Foundations of Christian Bioethics*, Lisse: Swets & Zeitlinger, 2000.

⁵ T.L. Beauchamp and J.F. Childress, *Principles of Biomedical Ethics*, Oxford: Oxford University Press, 1979.

⁶ Engelhardt, *The Foundations of Christian Bioethics*.

speaks to a future in which he is no longer competent. In the American version of secular bioethics, the person's free choices in these matters are held to be definitive. The will and wishes of others, as well as external norms concerning the good death, are rarely taken to override the wishes of a competent patient. In the European version of secular bioethics, there is often a greater accent on what are taken to be the established commitments of the patient, and on decisions that the medical team holds will have a 'positive' therapeutic impact. In both cases, end-of-life decision-making and end-of-life care is disconnected from a recognition of the transcendent. It is self-directed rather than Christ-directed. There are no resources to recognize the importance of asceticism, repentance, and confession. A consequence of this is that there is no ability to appreciate the need, even with management of pain, to maintain sufficient consciousness to allow repentance and confession.

The contrast between secular bioethics and Orthodox Christian bioethics of end-of-life care is thus significant. The Orthodox Christian recognizes that the good death depends on the extent to which the dying person has unified himself with Christ and has integrated his life with the life of the church. In contrast, secular bioethicists have advocated and helped institute legal frameworks that focus on the affirmation of the patient's wishes, without any concern for their impact on the patient's salvation. Even secular bioethicists at times will invoke patients' "spiritual need" and will advocate integrating a "spiritual dimension" into the care for dying patients. But what they mean by "spirituality" has nothing to do with the Holy Spirit, as confessed by traditional Christians. Rather, it is a code-word for a particular kind of psychological well-being. Even where secular bioethicists seem to include a regard for the transcendent, they offer nothing but a vague gesture that is supposed to communicate the certainty that in the end "all will end well". Even when pretending to enter the spiritual realm, secular bioethicists advocate reinforcing patients' passion-driven opinions, as long as these are perceived to be therapeutically supportive. Here as well, the focus is on the patient's unredeemed fantasies rather than on submission to the will of God. Any such notion of submission and conformity with God tends to be denounced as illiberal and inauthentic. Concerns for repentance are likely to be regarded as an inappropriate source of stress and anxiety at the end of life. For the secular bioethicist, any attempt to awaken the patient to the need of seeking a good defence before the dread judgement seat of Christ will appear as an invasion of the patient's privacy, and as freighting his last days with useless anxiety. Such truly spiritual care is prohibited as disrespectful, paternalising, and unprofessional. Of course there are others who are neo-pagen and new-age, but that is a different matter, not tied to our concerns with secular bioethics.

III. The hidden character of secularity

Not everything that comes labelled as “Christian bioethics” is authentically Christian. Secular bioethics often comes in Western Christian bioethical clothing. This is the case because Roman Catholic and mainline Protestant moral theological reflections both gave rise to, and subsequently were influenced by the Western Enlightenment and by the cultural changes it engendered. These changes led to a transformation of values so that charity was replaced by social justice, repentance by the secular affirmation of human dignity, and submission to spiritual fathers by a liberation of conscience. As a woman, I am especially alert to this transformation of values. Instead of inviting women first and foremost to be good monastics, wives, and mothers, thus also allowing them to care for their ageing relatives, this culture no longer opposes either sexual freedom or women’s full participation in an all-encompassing consumer economy. Of course such “enlightened” Christians will not invoke that consumer-economy, which they themselves claim to oppose. Instead, they will argue for the importance of a female input into the professions, management and politics. But it all amounts to the same: The working mother rarely has sufficient leisure and energies for transforming the family into the kind of “small church” that could develop and educate the children’s spiritual resources.

What happened to women happened to hospital chaplains as well. Their originally Christian spirituality was replaced by service within the framework of health care and the state. As a consequence, in great measure the hospital chaplaincy of the West, even in its care for the dying, has internalised secular norms, replacing concern with sin by concern for psychological distress. Rather than enjoining the dying to seek forgiveness from God, such chaplains encourage them to forgive themselves, as a final act of self-affirmation. These developments were crucially favoured by the willingness of Western mainline Christians to integrate their hospitals and hospices into the public health care system. While originally, these Christian institutions had been designed as frameworks in which Christians could extend their love of neighbour to the field of health care, that integration into the public service implicitly endorsed the view that the most effective agent of that love of neighbour is the state.

Secular bioethics, whether in its confessedly secular or seemingly Christian garb, is tied to powerful forces from a secular Europe and an ever more secular America. It seeks to relocate all health care in a post-Christian framework. Within this framework, a robustly traditional Christian bioethics will be tolerated only insofar as it remains a private narrative, a set of claims that eschew normativity for the society as a whole. Secular bioethics, as it comes to have more influence on end-of-life care in Romania, will constitute one of the major challenges that Orthodox Christians will face.