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Love Your Enemies: Toward a Christoform Bioethic

M. Therese Lysaught
Marquette University

Chapter 14

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On March 31, 2005, Terri Schiavo died. For the two months prior to her death, the United States watched the debacle of the fight over her life play out in the media. One could not pick up a newspaper, turn on the television, or surf a news Web site without encountering daily developments in her case. Photographs, cartoons, and images soon became iconic; one glance would tell what version of the story was leading the headlines. Like many of the "classic cases" in medical ethics, the case of Terri Schiavo gripped public consciousness in a powerful way.

Two years later the repercussions from her death and the public struggle that preceded it have certainly not died down.[1] Her name continues to incite passion. The case has caused distress within the health care system and for Catholics trying faithfully to navigate end-of-life decisions. The number of people seeking to complete living wills remains up, while many patients and families are worried that they can no longer be morally justified in refusing or withdrawing medically assisted nutrition and hydration. On the American political scene, competing political action committees have been formed to continue to lobby both sides of her case. Her husband has formed one called TerriPAC, to enact legislation to prevent the kinds of challenges her parents presented to his decisional authority. Another, Terri's List, has been formed to help elect politicians who supported or would support her parents' bid.

1. In the interest of space, I will not include a description of the case here. It was long and complicated, and how the story was to be told was a central part of the conflict. A quick Internet search will supply any interested reader with a surfeit of stories and Web sites on the case.

In the United States it is difficult to find a person not acquainted with the case. Almost everyone has an opinion. Yet the specifics of the case are elusive. What *were* the facts? Terri Schiavo suffered an event leading to anoxia and severe brain damage in 1990; there was a financial settlement in the case; soon after that her husband began a bid to disconnect her surgically implanted feeding tube, a bid to which her parents objected; legal suit and countersuit continued for the next twelve years; with the result that 2005 witnessed both a flurry of problematic legislative moves as well as a public vigil by primarily supporters of Terri's parents during her final three months; her feeding tube was disconnected on March 18, and it took her thirteen days to die. These seem to be the agreed-upon facts.

The rest is controverted, or perhaps it is more correct to say that the two sides of the case give radically different accounts in terms of: the cause of the anoxia; her proper diagnosis; her prognosis; the motives on each side; and so on. Each side told radically different stories. In fact, on the one-year anniversary of her death, her parents and former husband both released their "tell-all" books, each offering their own narration of the long and tortured history that constitutes *Terri's Story.*[2]

In this chapter I will use the Schiavo case as a place from which to examine that field we now call "bioethics." For while the Schiavo case provides a tidy focus for this particular chapter, I would argue that much that I will say here – at least the outlines – could be transposed to the analysis of other cases and issues in bioethics.

Medical quandaries, in our secularized medical culture, are usually cast as being about particular, highly charged treatment decisions. Ought someone be allowed to "pull the plug" or not? Generally, this question is answered by bringing forward one specific principle, for example, autonomy, the inviolability of life, or utility. The principle is applied to the case in a formulaic fashion and produces an answer; the answers emerging from the various principles are then seen as incommensurable. The question is: Which principle will trump?

I would like to suggest, however, that health-care ethics is not primarily about quandaries; it is not primarily about particular, highly charged treatment decisions. Do decisions need to be made? Certainly. But treatment decisions – and their execution – constitute a small percentage of the actions and interactions that occur in health-care settings, that surround the realities of being ill, suffering, and dying. Those truly concerned with

2. This is the title of one of the already many books on Terri Schiavo (by Diana Lynne, WND Books, 2005).

what Christian discipleship looks like in the face of illness, suffering, dying, and medicine – what we call health-care ethics – must attend at least as assiduously to the shape of their actions and interactions the bulk of the time. Christian health-care ethics, in other words, is not about isolated, rare, occasional treatment decisions; it is about the shape of the entire Christian life as lived within and around the context of medicine.

Secondly, quandaries in bioethics are often presented as opportunities for us (the viewers, or voyeurs) to weigh in on what in particular *other* people ought or ought not to decide or do in their specific crises. On the Schiavo case everyone, it seemed, had an opinion about whether or not her treatment should have been discontinued. I would suggest, however, that in this particular case especially, this was only one of the moral questions. In this case, because of the way the initial conflict was handled, because of the nature of bioethics, and because of the role of the media, an equally (if not more critical) moral issue arose.

This issue was the fomenting of enmity. I would argue that enmity became the centrally operative moral dynamic in the case. At its root, this case was not simply a conflict about treatment decisions. Rather, the case itself was fueled by a disastrous brokenness and enmity between members of Terri's family, between people she loved deeply. This was the engine that drove the case: a decade-long fracture within Terri's family, most likely with fault and conflict of interest on both sides.

What is more, the antagonism – rather than being modulated or defused by bioethics – was augmented by the discipline's inherently conflictual nature. It is not incidental that most of the "classic cases" that have shaped the field of medical ethics have been legal cases. As a result, medical ethics shares the weaknesses of the law, especially insofar as its model of decision making is essentially adversarial. Who gets to decide when those involved disagree? Whose rights trump rights or interests of others? Who *wins?* Certainly, conflict is what brings cases to the ethics committee or courtroom. But such a model fails truly to *resolve* conflict. It might move the question out of the hospital or the hospice room, thereby providing a tidy answer for the medical establishment, but rarely does it truly address or resolve the moral pain and alienation at the center of such cases.[3]

Then, familial antagonism augmented by a conflict-centered ethics was amplified by activists on both sides of the case. Media-saturated as we

3. For example, in the Schiavo case the decision was made over two years. The case came to an end. And yet, twelve months later, the hostility of the family members continues.

have become, the country seemed to take hold of the elements of the case that fit the mold of television drama, with its love for legal maneuvering *(Law and Order)* and medical theater *(ER),* both mixed with scandal. Through attempts to gain power through the media, as well as political and legal channels, activists used these avenues of discourse to shape the very *meaning* of the Schiavo case. While most Christians responded to the Schiavo case with regret and quiet dismay, sympathy and compassion – and of course, prayer – those who caught the spotlight of the media offered a response of a different sort: protest, tearful distress, outrage, civil disobedience, anger, hostility. Many a self-identified Christian was heard excoriating the opponents as agents of the culture of death, as "killers," as "murderers." One of the judges in the case, George Greer, was under the protection of armed guards and was ultimately asked to leave his Southern Baptist church.[4] Bioethicists played out the politics of the bedside vigil in print and private conversation, alternately referring to their opponents as either "scary" or "heretics." The actions of external activists, in other words, did not provide an alternative to the media drama, but reflected the dominant environment of fear and conflict. In the public sphere, secularists and Christians alike contributed to – even fomented – hostility and enmity.

Finally, wrapped up in these layered conflicts lurked the shadow of the ultimate enemy, death. Certainly a particular way of construing death – a theology of death – lies behind contemporary conflicts in bioethics. For those who have lost an eschatological horizon, those no longer shaped by the conviction that life transcends death, life becomes the ultimate and greatest good, an end in itself. Anything that threatens this end becomes the determinative enemy.

This, then, is what I believe to be an important reading of the Schiavo case – that it was not only a story about a particular treatment decision but it was equally a story of brokenness and hostility fomented into enmity by the actions of persons external to the case, some of whom even publicly identified themselves as Christians. To see this as a crucial reading of the Schiavo case shifts our attention away from immediate considerations of treatment decisions. It suggests that the case – and perhaps bioethics itself – needs to be approached in a radically different way than we are used to. It raises different questions. And those questions will require different sorts of answers. Here, I will argue, one of the overriding questions (though, ad-

4. "Judge in Schiavo Case Asked to Leave Church," *Christian Century,* April 19, 2005, p. 15.

mittedly, not the only question) is how one engages one's enemies, including, in the context of medicine, the enemy death.

Death as the Enemy, Medicine as War

In my description above, I suggested that activists in this case appeared to view death as the ultimate enemy. In staking out such a position, they merely embody the deep commitments of our culture. William F. May, one-time member of the President's Council on Bioethics and longtime member of the guild of theological ethicists, makes the case that contemporary medicine has both learned to and schools us to see death as the enemy.

In his book *The Physician's Covenant,* May describes at length how military metaphors and images, how the language of war itself, pervade the practice of medicine:

> The metaphor of war dominates the modern, popular understanding of disease and determines in countless ways the medical response. We see germs, viruses, bacteria, and cancers as invaders that break the territorial integrity of the body; they seize bridgeheads and, like an occupying army, threaten to spread, dominate, and destroy the whole. . . . Victims look for help to professionals, who, acquainted with the weapons of war, can take charge of the defense. The professional needs "intelligence." And so medicine has developed diagnostic procedures, scanning devices, and early warning systems more complex than the radar equipment of World War II, to let the professional know the enemy's location and the scale of the attack. . . . As in war, the very weapons used to fight the enemy can themselves endanger those on whose behalf one wields them. . . . The hospital becomes a military compound. . . . A kind of military discipline prevails there. . . . Modern medicine has tended to interpret itself not only through the prism of war but through the medium of its modern practice, that is, unlimited, unconditional war.[5]

This language of war is ubiquitous — found within medicine itself, but equally used by the media, in scientific journals, even by bioethicists. Take, for example, the realm of medical research. In 1971 Richard Nixon launched the "War on Cancer." Thirty-five years have passed, and this war is far from over — the same metaphor was employed and developed extensively in a

5. William F. May, *The Physician's Covenant: Images of the Healer in Medical Ethics* (Philadelphia: Westminster, 1983), pp. 64-66.

2002 report on cancer research in the major scientific journal *Nature*.[6] For many, and certainly for the media, clinical medicine via biotechnology is engaged in a war against disease, disability, suffering, and death. The tools of research and the clinic are the "medical armamentarium." Those who suffer from particular illnesses are "survivors." Cures are hailed as "magic bullets." And so on . . .

The metaphor of war is used most often when a new technology needs to be sold to political and public audiences in the United States. A recent example of this is the debate on human embryonic stem cell research. An article by two prominent bioethicists – Glenn McGee and Art Caplan – exemplifies this.[7] In their article "The Ethics and Politics of Small Sacrifices in Stem Cell Research," they use at least seven war-related images in seven pages. They characterize researchers who seek to develop therapies from human embryonic stem cells as fighting a "just war," a "war against suffering," caused by the whole gamut of diseases from Parkinson's to cancer to heart disease and more. They compare the annual mortality of cancer, which might potentially be alleviated through human embryonic stem cell research, to the number of people killed "in both the Kosovo and Vietnam conflicts." They suggest that advocates of human embryonic stem cell research plan to "sacrifice embryos for a revolutionary new kind of research." They characterize Parkinson's disease as an evil "dictator" dreaming up the most nefarious "chemical war campaign." Resonating with wartime rhetoric, they note that "adults and even children are sometimes forced to give [their lives], but only in the defense or at least interest of the community's highest ideals and most pressing interests."

But why war? How is it – to simply mention another example – that the race to map the human genome could become construed as an issue of national security (an analogy to war)?[8] How can one mount a war on something as amorphous as cancer? More importantly, what is required before someone can even start thinking about medical research and practice in terms of war?

To fight a war, as recent history reminds us all too well, requires an en-

6. Alison Abbott, "On the Offensive," *Nature* 416 (April 4, 2002): 470-74.

7. Glenn McGee and Arthur Caplan, "The Ethics and Politics of Small Sacrifices in Stem Cell Research," *Kennedy Institute of Ethics Journal* 9, no. 2 (1999): 151-57. The quotations in this paragraph are from this article.

8. John Beatty, "Origins of the U.S. Human Genome Project: Changing Relationships between Genetics and National Security," in *Controlling Our Destinies: Historical, Philosophical, Ethical, and Theological Perspectives on the Human Genome Project*, ed. Phillip R. Sloan (Notre Dame, Ind.: University of Notre Dame Press, 2000), p. 141.

emy, and for May, that enemy is death. As he notes: "death looms as supremely antihuman, the absolute, invincible enemy which, nonetheless, we must resist to affirm our humanity."[9] He argues that the vision of medicine as a practice of war and the understanding of death as the supreme enemy arise out of the broader religious consciousness of contemporary culture. In an increasingly secularized culture, people may no longer believe in God, but that does not mean that gods do not rule their lives. "The modern interpretation of disease as destructive power fits in with the religious preoccupations of our time. . . . However, the gods that enthrall modern men and women do not bless but threaten them."[10] For May, the god above all gods is death. Death and the related god of suffering are those we fear most, those that wield the most power over us.[11] Perceived as absolute evil, "the *summum malum* of violent death," he notes, "has replaced God as the effective center of religious consciousness in the modern world."[12]

These dark forces threaten us; before them we stand helpless, innocent yet powerless. Without a champion to intervene on our behalf and defend us, we have no hope. Medicine has become over the past four decades just such a champion – a redeemer. May notes that only recently has the image of physician as fighter replaced the image of physician as parent; "the goal of medicine [now] defines itself negatively and adversarially as being either to prevent suffering or to prevent death."[13] May describes the physician as "the titan who responds to the sacred by seizing power in his or her own right and doing battle with the enemy."[14] The physician is the one that wields "the retaliatory powers that modern biomedical research places at his or her disposal."[15] Medicine, in this way, becomes our savior.[16]

May highlights this language to demonstrate a larger point – that images and metaphors tell stories, compressed prototypical stories. Without

9. May, *The Physician's Covenant,* p. 63.
10. May, *The Physician's Covenant,* p. 31.
11. May, *The Physician's Covenant,* p. 34.
12. May, *The Physician's Covenant,* p. 67.
13. May, *The Physician's Covenant,* p. 69.
14. May, *The Physician's Covenant,* p. 33.
15. May, *The Physician's Covenant,* p. 34.
16. One might even say that "Christ the physician" (a traditional Christian image) becomes physician-as-Christ, the one who (with the help of biotechnology) fights relentlessly against the last enemy, death. As Michael West, founder of Geron, CEO of Advanced Cell Technology, and cloning advocate, notes: "We're trying *to save* the lives of our fellow human beings who have *no hope* today" (Faith Keenan, "Cloning: Huckster or Hero?" *Business Week,* July 1, 2002, pp. 86-87, emphasis added). Science has become hope for those who have no other hope. Insofar as hope is a theological virtue, this is a striking theological claim.

words, without arguments, they encapsulate narratives in which we become located, narratives that shape our social role, our identities, indeed, the choices we make, the actions we take, and the ways we live our lives. Who we understand ourselves to be is deeply implicated in what we do. As such, images and metaphors "do not simply describe the world, they partly create and re-create the world to conform to a [particular vision of reality]."[17]

What vision of reality is being presented where death is spoken of as "god," medicine as savior? If nothing else, we are being presented with a theological vision of reality. Indeed, a "religious consciousness" lies behind modern medicine and bioethics, one deeply at odds with Christianity. And it shapes us powerfully. For in the Schiavo case we found such faulty theological convictions wielded even by some Christians. Take, for example, this theology of salvation (known in the discipline of theology by the technical term "soteriology"). Medicine was implored as the agent of salvation – able either to "save" Terri from death or to "save" her from suffering the indignity inflicted on her in sustaining her life.[18] Equally, salvation seemed to rest in the hands of the judicial system – to Governor Jeb Bush, to judges, to congresspeople were offered from both sides laments and petitions not unlike one finds in the Psalms.

For Christians, of course, salvation rests not in the hands of Jeb Bush or medical technology, but in the hands of the triune God who has acted in

17. May, *The Physician's Covenant,* p. 20.

18. It is easy to slip into this account of medicine-as-savior because it is, in part, a parody of the account of salvation offered by the Christian tradition. For the Christian tradition, suffering, death, and the other forces that threaten us and fear of which dominates our lives are nothing other than what traditional theological language has referred to as "the principalities and powers." Within the Christian narrative, they are understood as enemies. For example, Saint Paul, in his impassioned exhortation on the essence of salvation, concludes: "Then comes the end, when [Christ] hands over the kingdom to God the Father, after he has destroyed every ruler and every authority and power. For he must reign until he has put all his enemies under his feet. The last enemy to be destroyed is death" (1 Cor. 15:24-26). Paul clearly regards death as the enemy. Even Christ, as portrayed here, saw death as an enemy, triumphed over it, and will ultimately *destroy* it. Here, and in the book of Revelation, we find language of a great war betwęen Christ and the principalities and powers that rule the world, the last and greatest of which is death, an enemy that has ultimately been defeated by the cross and resurrection. The language here seems violent, even militaristic. As such, is it not appropriate to resist death, to war against it, to respond to it even with violent means if necessary? We need to take care in reading passages like 1 Cor. 15 too literally. For while Christ may well consider death an enemy, it would be out of character for the risen Christ to act violently, even toward this greatest of enemies. Christ, we believe, has triumphed over death. But as his initial victory was nonviolent, so also must be his final defeat of death.

Jesus Christ. Jesus was not necessarily absent from the rhetoric bandied about during early 2005. Ironically, Jesus took his place on some placards proclaiming this distorted soteriology. But this Jesus was more the Jesus of Mel Gibson than, perhaps, the Jesus of the Gospels – a bloody corpus abstracted from the rest of his story. Jesus became a rhetorical tool. Some mapped Terri onto Christ, rendering her a Christ figure, the Suffering Servant of Isaiah. Judges and politicians became her betrayers, "Judas Iscariots," in the words of Operation Rescue's Randall Terry.[19]

Though more could be said, I hope it is becoming clear how, in spite of the apparent rifts between some Christians and secularists in this case, when one presses behind the surface rhetoric, one finds a remarkable degree of overlap, of substantive agreement, of ideological and theological similarity in their positions. Insofar as this theology drives their actions, it calls for a theological response.

Holy Week

But where to begin? One of the most interesting editorial cartoons published in March 2005 subtly gives us a possibility. The cartoon depicts Terri lying in a hospital bed. Superimposed over her, though not immediately obvious, is the shadow of a cross mapping itself onto her body so that she becomes the corpus. Lying at the foot of her bed is a sponge and a bottle labeled vinegar. The cartoon, in other words, trades on the not inconsequential fact that Terri's final vigil began during Holy Week.

Holy Week stands as the most important week of the liturgical year, the week when the church celebrates in time and ritual the central claim of the gospel. Here, in other words, the church enacts the normative claims of the Christian faith. Certainly Christians are called to see Christ "in the least among us," as many of the placards of the protestors proclaimed; thus, to see Christ in Terri is a move that was certainly legitimate both theologically and according to most of Christian tradition. But while Terri was "read" as Christ, a *christological* reading of her dying and death was not at the forefront of the media hype. For as Christians, we are not called to save Christ from death but rather to follow him. We are to

19. Others described Terri using the language of martyrdom. Although I cannot explore it at length here, it would be equally interesting to analyze the martyrdom language used in this case, especially the differences between Christian public action in this case and the sort of Christian public action that surrounded the martyrdom of Christians in the early church or, for that matter, in the twentieth century.

follow him as he dies, understanding his death to mark God's victory over death. And we are called to follow him in the shape of his life. In other words, Christology is indeed normative for Christian ethics, but not as it played out in the public battles of the Schiavo case. What would public engagement in the Schiavo case have looked like had the Christians party to the vigil (although not them alone) understood Terri's death christologically or saw the primary christological agents to be *themselves* rather than Terri?

Let us briefly consider Holy Week: Beginning with Jesus' triumphal entry into Jerusalem on Passion Sunday, Christians follow him day by day, moment by moment, through his last meal with his friends; his great act of service to them as he washes their feet; his agonized decision on how to respond to the enemies he knows will soon accost him; his unjust arrest and the mockery of justice that followed; his betrayal by his friends; and his horrific walk up the road to Calvary. At the pinnacle of the story stands the crucifixion, the passion, Good Friday. Here Jesus accepts a clearly unjust death and utters the amazing words: "Father, forgive them; for they do not know what they are doing" (Luke 23:34). And through his entry into death, God vanquishes it.

As Christians follow Jesus to Calvary during Holy Week, we hold vigil, as did Terri's supporters. We watch as the one we proclaim to be God rejects hatred, violence, and even judicial resistance to the powers of the world as a way of saving his life. Jesus chastises those who suggest violence to protect him. He stands mute in the face of judicial proceedings, rather than seeking his rights or paying lawyers exorbitant amounts of money to find every last loophole to save him. He shows that his life (and therefore our lives) is not about winning against adversaries, asserting his rights, or triumphing over others. He takes the pain and brokenness, injustice and sin of the world onto his own body in order to reconcile it to God and to show us the path toward reconciliation with each other.

In contrast to our hyper-litigious outlook, Jesus understands faithfulness to God fundamentally to be about something else. It is not about saving his life, even his most innocent of lives. Because of Jesus' victory over death, life within the Christian tradition has never been understood as an end in itself. The passion stories speak first and foremost not about the inviolability of life — rather, they display Jesus' engagement with the principalities and powers that dominate the world and his commitment to loving his enemies, to praying for those who are persecuting him, to forgiving others as *the* exemplar of God's very character, God's very way of being in the world. And he indicates that *this* is the Way to be followed. *This* is the Christ

to be imitated. This is the truth affirmed – against all expectation and "common sense" – by God in the resurrection.

The resurrection, Holy Week reminds us, is the center of the Christian story. Forgiveness and the commitment to concrete reconciliation between enemies in the here and now, even in the face of suffering and an unjust death – *this* is the story that the church retells and lives again each year at Holy Week. *This* is this story that Christians retell and live again each time we celebrate the Eucharist. *This,* the church affirms, in both its liturgical life and the shape of the liturgical year, is the overarching framework within which all other Christian convictions and principles must be ordered.

Thus, I would argue that the "public" engagement of Christians in the Schiavo case rooted in the liturgical practice of Holy Week would have looked very different. Even when life is at stake, even when an innocent life is at stake, even when a life may be taken unjustly, the eucharistic center of the church requires that Christian engagement with their enemies be shaped by love, normed by commitments to reconciliation.[20] In light of this, what might it have looked like had those who kept vigil for Terri Schiavo recognized that as they journeyed with her toward her death we journeyed as a church with Jesus to his passion, had they "read" her death not according to the conflictual story of bioethics and the U.S. legal system but through the lens of the central claims of the gospel?

Christian Practices and *The Gift of Peace*

There are no better answers to these questions than those exemplars in the Christian tradition. It is in the actual lives of people trying to live the Christian life that we can find the possibility of what we might call a christoform bioethic and learn what makes such a bioethic possible. One such exemplar that I would like to focus on here is Joseph Cardinal Bernardin and his autobiography entitled (not accidentally) *The Gift of Peace.* Bernardin is an important figure for at least two reasons. First, in his life and autobiography he explicitly embodies Christian engagement with medicine and the end of life; his story is in part the story of his terminal journey with pancreatic cancer. Moreover, for a number of years he was also head of the Office of

20. To be clear, I am not suggesting that the lens of Holy Week would lead us to a position that would simply "let go" or be passive in the face of threats to life or in the face of death. The question is rather of the shape of Christian engagement in the face of injustice and death.

Pro-Life Activities for the National Conference of Catholic Bishops, a position from which he launched into public consciousness the phrase "the consistent ethic of life."[21] Bernardin brings together in his life the church's deep commitment to life while reading it through the lens of the gospel.

The Gift of Peace is a deceptively simple book. On its face it seems a somewhat random series of autobiographical reflections – the story of how he was falsely accused of sexual abuse; his struggle with terminal pancreatic cancer; and a brief opening reflection on how he took up the practice of daily prayer. But he clearly includes these three stories between the covers of one book because he saw them as deeply interconnected. And it is these interconnections that are crucial to our consideration of the Schiavo case. Allow me to briefly unpack these pieces.

He begins the book – and frames the entire work – with his story of learning how to attend to prayer. He recounts that in the 1970s – then a forty-five-year-old archbishop – he was called to account by some friends for neglecting his own personal prayer life and attending too much to do the doing of "good works" and the business of being archbishop. At their urging he decided to devote the first hour of his day to prayer and meditation – to simply spending time with God.

One thing this experience taught him was how deeply he wished for control, how tightly we tend "to hold onto ourselves and everything and everybody familiar to us."[22] Learning to pray for him meant learning how to "let go," to release his hold on those things that hold him in bondage, and to open himself completely to God's presence in our lives. This was no quick or easy process, but it proved absolutely crucial to his ability to face what came later. As he notes:

> I have desperately wanted to open the door of my soul as Zacchaeus [the tax collector] opened the door of his house. Only in that way can the Lord take over my life completely. Yet many times in the past I have only let him come in part of the way. I talked with him but seemed afraid to

21. Importantly, immediately prior to becoming head of the Office of Pro-Life Activities, Bernardin chaired the bishops committee for the landmark document *The Challenge of Peace: God's Promise and Our Response.* As I have argued elsewhere, if one looks at Bernardin's life and writings as a whole, one can make an argument that the consistent ethic of life can be read as an ethic of peacemaking. See my "From the Challenge of Peace to the Gift of Peace: Re-reading the Consistent Ethic of Life as an Ethic of Peacemaking," in *Advancing the Legacy of the Consistent Ethic of Life,* ed. Tom Nairn (forthcoming).

22. Joseph Cardinal Bernardin, *The Gift of Peace* (Chicago: Loyola University Press, 1997), p. 7.

> let him take over. Why was I afraid? Why did I open the door only so far and no more? . . . At times I think it was because I wanted to succeed and be acknowledged as a person who has succeeded. At other times I would become upset when I read or heard criticism about my decisions or actions. When these feelings prevailed, I wanted to control things, that is, I wanted to make them come out "right." . . . Have I feared that God's will may be different from mine and that if his will prevailed I would be criticized? . . . To come at this another way, I wonder if I refused to let the Lord enter all the way into my soul because I feared that he would insist that . . . I let go of certain things I was reluctant or unwilling to give up.[23]

This lengthy passage describes, I would guess, not only his life but also the dynamics of our lives. Equally, it captures an absolutely critical aspect of our exploration. Here we see the cardinal embark on a particular practice – the practice of prayer – a traditional Christian practice. It is through and only through this practice that he develops a particular disposition, attitude, skill, virtue – he names this "letting go," but we could equally call it "openness" to God and others, liberation from those things that possess us (pride, possessions, power, fear), trust in God, learning to understand God as the Lord of life, and so on. In his life he had long believed these things in theory, but he acknowledges that he had not really believed them in practice because he had not lived as if they were true.

These virtues, these dispositions prove critical for the last two major events of his life. The first of these is the false accusation of sexually abusing a seminarian. He introduces this chapter of his life with a meditation on "emptying oneself" – "emptying myself of everything – the plans I consider the largest as well as the distractions I judge the smallest – so that the Lord can really take over."[24] He quotes the Pauline hymn of the kenotic Christ ("Though he was in the form of God, / did not regard equality with God / as something to be exploited, / but emptied himself, / taking the form of a slave. . . . / he humbled himself / and became obedient to the point of death – / even death on a cross" [Phil. 2:6-8]) to convey what he means by "emptying oneself."

I will not rehearse the details of this part of the story here (I would encourage all to read it), but a few key elements are important. As with crisis situations in medicine, the accusation came out of nowhere and was devas-

23. Bernardin, *The Gift of Peace,* pp. 7-9.
24. Bernardin, *The Gift of Peace,* pp. 15-16.

tating. His world was, in many ways, turned upside down. The accusation struck at one of the key centers of his identity – his chastity. Because he was cardinal archbishop of Chicago and well known, when the news broke millions of people heard it and most likely believed it to be true. He was angry, bewildered at who could possibly launch such a false charge against him, and deeply humiliated. "As never before" he notes, "I felt the presence of evil."[25] Here a destructive power was at work, bearing down on him, threatening everything he held valuable – his life's work, his deepest convictions, his personal reputation, his position as cardinal of Chicago.

Yet at the same time he felt equally sustained by the conviction that "the truth will make you free" (John 8:32). He knew almost tangibly the presence of the God he had come increasingly to know in prayer. And the habit of prayer he had learned through ordinary days and years now becomes crucial. Before facing hordes of reporters the day after the accusation becomes public, he prays the rosary early in the morning, meditating on the Sorrowful Mysteries, and later spends an hour by himself in prayer and meditation. While he feels very much akin to Jesus' aloneness in the garden during his own agony, he equally knows that it is God's grace, strength, and presence that enable him to face the reporters, to stand calmly in the face of evil, and to speak the truth in love and peaceableness.

Moreover, from the beginning he finds himself overwhelmed with a sense of compassion for his accuser. A few days after the filing of the charges, he notes, "I felt a genuine impulse to pray with and comfort him."[26] He almost immediately writes a letter to the man, asking if he might visit him to pray with him. The man's lawyers never deliver the letter. The case eventually unravels on its own, and the charges are eventually dropped as the "evidence" proves to be fabricated. Bernardin could have simply rejoiced in his vindication, or he could have brought countercharges for defamation of character. But this is not the road he chooses. Rather, eleven months after the suit was dropped, he again tried to contact his accuser. This time he was successful. In the end, he met with him and – beyond what would be wildly unimaginable – was reconciled with him.[27] They became friends, such that six months later, when Bernardin was diagnosed with pancreatic cancer, one of the first letters he received was from his former accuser. It is a powerful story of forgiveness and reconciliation.

25. Bernardin, *The Gift of Peace,* p. 23.

26. Bernardin, *The Gift of Peace,* p. 25.

27. It is not unimportant that this reconciliation involves the sacraments of reconciliation and Eucharist.

Bernardin makes clear that only his openness to the presence and grace of God in his life, an openness given by God and cultivated through the practice of prayer, enabled this story to unfold as it did. Through the practice of prayer Bernardin learned to love God and to let go of the god of self-love. He developed the virtues necessary to be able to love one who was clearly his enemy, a person who he said inflicted upon him the most damage, in the most vicious manner, that he had ever experienced. What does such love look like? It is nonviolent – the cardinal made clear to his advisers and attorneys at the outset of the crisis that there would be no scorched-earth countersuit to beat the enemy down. It is compassionate – it feels the pain of the other, even of the enemy. It is reconciling – it seeks not to obliterate the enemy but to overcome the enmity between them through reconciliation. It reaches out to the enemy, to both create community with the enemy and to do the work of God's love in the world.

To this extent it is christoform – Bernardin makes clear that such is the nature of Christian love, rooted in the person of Jesus. Through his practice of prayer he has come to know Jesus as a fully human person, one who both experienced pain and suffering and yet "transformed human suffering into something greater: an ability to walk with the afflicted and to empty himself so that his loving Father could work more fully through him."[28] And it is this Jesus that he meets through his practice of prayer that increasingly becomes the One who shapes his life.

This experience becomes the prelude to the final chapter of his story, the story of his struggle with terminal pancreatic cancer complicated by painful spinal stenosis.[29] In his narrative, we watch as he uses the tools of medicine to resist the growth of cancer in his body. We watch as he wins a short-lived remission, and then as the cancer returns with renewed virulence. But importantly, the autobiography of his illness is not primarily about his illness – it is instead about how his illness leads him into a new world of ministry, meeting, being present to and praying for literally hundreds of others who struggle with cancer.

It is also about how his illness leads him to a new understanding of death. The final chapter in his story he entitles "Befriending Death." As the phrase suggests, he comes to regard "death not as an enemy or threat but as

28. Bernardin, *The Gift of Peace,* p. 46.

29. Clearly, Bernardin's medical situation differed from Terri Schiavo's medical situation. Nonetheless, he is a key exemplar insofar as the objective of this chapter is to shift attention to questions beyond those of treatment decisions – to attend to the question of the shape of Christian engagement with enmity and death in the myriad of ways they come together in the context of health care.

a friend."[30] The reorientation is first suggested to him by his friend Henri Nouwen, who learned it during his ministry among persons with disabilities in the Daybreak Community of L'Arche. As Bernardin notes: "It's very simple. If you have fear and anxiety and you talk to a friend, then those fears and anxieties are minimized and could even disappear. If you see them as an enemy, then you go into a state of denial and try to get as far away as possible from them. People of faith who believe that death is the transition from this life to eternal life, should see death as a friend."[31] Nouwen's insight resonates with Bernardin's life, shaped as it was by practices of "letting go" and giving God Lordship over his life; of practicing forgiveness; of ministering to others who were sick and dying. Liberation from the tyranny of suffering and death, reconciliation with death, and learning to love the enemy death to the point of calling it "friend" are for Bernardin the fruits of a worshipful life lived amidst the community of the broken. This he believes is "God's special gift to us all: the gift of peace. When we are at peace, we find the freedom to be most fully who we are, even in the worst of times. . . . We empty ourselves so that God may more fully work within us. And we become instruments in the hands of the Lord."[32]

Such peace, of course, is the peace of Christ. Even though the cardinal comes to refer to death as his friend, he continues to understand his journey as one that enters into Christ's passion. As he moves into the final phase of his illness, he notes, "the cross has become my constant companion."[33] As such, Bernardin's rereading of death is clearly christoform – shaped by a Christlike self-emptying, death, and resurrection. The love he gains for this enemy death is Christian love – *agape,* God's love for us – which is embodied most completely on the cross. Here and elsewhere, loving one's enemies means forgiveness of the real injuries, pain, and suffering they cause us. It means being reconciled to the presence and reality of the other. It means foregoing the fantasy that we "win" by eliminating or defeating them with violence. It might mean that we are rightly to "resist" their attempts to have power over us, to govern our lives with fear, to determine our actions.[34]

30. Bernardin, *The Gift of Peace,* p. 126.

31. Bernardin, *The Gift of Peace,* pp. 127-28. In learning to love our enemies, do they necessarily remain such, namely, *enemies?* The gospel does not promise that if we love our enemies, such enmity will disappear. In fact, it seems to promise that habits of loving one's enemies may well multiply them or lead to crucifixion or martyrdom.

32. Bernardin, *The Gift of Peace,* p. 153.

33. Bernardin, *The Gift of Peace,* p. 129.

34. In many ways, it ought not be surprising that Bernardin was able to embody such a counterintuitive approach to death. For importantly, he was also a first-order Franciscan

Toward a Christoform Bioethic

Here, then, we have what I am sure is a very different approach to the case of Terri Schiavo than most analyses offer. In addition, I hope it lays the groundwork for developing a new approach to Christian (and/or "Catholic") bioethics. In the interest of summing up, let me offer four points by way of conclusion.

First, the Schiavo case should highlight for us that quite often the central *moral* issue in end-of-life cases, or perhaps even within medicine and bioethics more broadly, is the need for reconciliation. Not only do families often come into the clinical setting "fractured," but there is also nothing like a medical crisis, especially one like this – where a sudden catastrophe in the life of a vibrant young woman then stretches on and on and on – to exacerbate or even create such fractures, bringing to the surface and magnifying all sorts of unresolved issues. And as is often the case, the one imperiled, about whom decisions have to be made, is the very one that helped mediate and foster the fragile family dynamic. Without her the family fragments.

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oblate. This distinctive attitude of peace and reconciliation in the face of death finds a new form in the work of Saint Francis of Assisi. Saint Francis, that most popular saint of all times, is particularly noted for his deep devotion to Jesus and how closely his life conformed to that of Christ in the Gospels. Francis is often referred to as *alter Christi* – "another Christ." Two years before his death, Saint Francis retreated to a mountaintop hermitage in La Verna, Italy, where, in the course of months of intense prayer, he received the stigmata, the marks of Jesus' passion in his hands, feet, and sides. The pain of the stigmata was compounded over the next two years by additional painful conditions, including blindness. And yet he continued to be filled with joy, his enthusiasm bursting forth in one of his most classic prayers, *The Canticle of Brother Sun.* Here, as Francis praises the trinitarian God in each element of God's magnificent creation, he culminates with death: "Praised be you, my Lord, through our Sister Bodily Death, from whom no living man can escape." Francis greets death, in other words, not only as a friend but also as a sister, and what is more, as that through which God can be praised. Thus, via Francis and others, the Christian tradition acknowledges the reality of death – that it is, indeed, the greatest of human enemies – but at the same time, from the beginning and at many points thereafter, the tradition witnesses that the distinctive Christian response is to approach it by saying, "Peace be with you"; "Praise you, Lord, for our sister bodily death."

This Franciscan attitude pervaded Bernardin's life. It is reported that when Bernardin, as cardinal archbishop of Chicago, faced what he knew would be a particularly difficult or contentious meeting, he would open the meeting with Saint Francis's classic peace prayer that begins "Lord, make me an instrument of your peace. . . ." It is also not coincidental that the last initiative he started was the Catholic Common Ground Initiative designed to try to foster reconciliation among the increasingly polarized factions in the Catholic Church.

This, however, should not be unexpected. Families are fragile in all sorts of ways, and illness, disability, death can be extraordinary blows.

Yet this fact of brokenness and need for reconciliation are not treated as a dimension of "medical ethics" proper. Even Catholic moral theologians or Christian bioethicists – to whom the concept of "reconciliation" is more readily available than it is perhaps to secular bioethicists – proceed as if the sole question is finding the right decision maker or making the right decision. Reconciliation is portrayed as a long, messy, nonclinical process for the chaplain or the social worker; it's part of *sacramental* theology, not moral theology.

To this my response is: well, yes and no. As my analysis suggests, I do think the sacraments and the practices of the Christian life are the place to find the resources for addressing the pressing questions of theology and medicine. Consequently, I would argue that we ought to resist this too-clean distinction between sacramental and moral theology. Rather, moral theologians need to make much clearer the connection between Christian ethics and Christian worship and to demonstrate just how this connection might work.

Nor is reconciliation simply a "pastoral" rather than an "ethical" issue. It is important for more than our feelings of unity. The autonomy of choice and the sanctity of life have become the central (and often sole) moral questions in the realm of bioethics because they deal with what are considered critical human goods – freedom and life. These are considered essential components of who we are. But a truly theological anthropology, a vision of the human person rooted in the Trinity and the fullest embodiment of the image of God who was Jesus Christ, does not stop there. It does not relegate human relatedness and community to simply a "pastoral" dimension. To be in community is not simply nice but is necessary to who we are. And imperiled community is equally, if not perhaps more problematic than, imperiled autonomy. If morality and ethics are about the pursuit of central human goods under the aegis of faith, then the need for reconciliation is a central moral question.

Second, I would argue that, theologically, reconciliation must be the overarching context of all other moral and ethical analysis. Does this mean that freedom and the sanctity of life are irrelevant? Not at all. Rather, it is about the proper ordering of goods, as Augustine would say. Absent this proper ordering – this ordering of Christian commitments under the overarching context of reconciliation and forgiveness – we risk more than moral disorder; we risk – in Augustine's terms – real evil. Consequently, it is possible in the clinical setting to achieve a "legally" or "procedurally" cor-

rect decision that is a complete failure. Saint Paul reminds us that if we speak in tongues, have the gift of prophecy, give all we possess to the poor, and become martyrs, but have not love, we are nothing. Similarly, if we achieve a "procedurally correct" outcome according to the canons of bioethics – either discontinuing or continuing artificial nutrition and hydration in the Schiavo case – but have not reconciliation (which is, of course, love), what do we have?

In other words, as Bernardin's story makes clear, I do not mean to suggest that treatment decisions are completely irrelevant – when first diagnosed, he pursued treatment aggressively; when the cancer returned, he again initially chose treatment but then decided to withdraw treatment and to allow death to come. In this he embodied the long-standing wisdom of the Catholic tradition, that life is a gift to be valued but not to be pursued at all costs.

But the treatment decisions are not the focus of his account of the end of life. Instead, the focus is on how he lived in the face of death. These are the real theological-moral questions that every Christian will face. How do Catholics or Christians act in the face of death? How do we act when faced with this real evil that promises to tear apart the fabric of our lives? How do we act when faced with other people who, through their actions in end-of-life situations, become our enemies (even if they are members of our families)? On an institutional level, what would it mean to develop a decision-making process, algorithm, etc., that took the overarching goal of reconciliation seriously? What would it look like? What would the outcomes be? What would it look like for health-care institutions to name reconciliation as a "core value" and to make sure it informs their policies, practices, language, and ethos? What would it look like for Catholic moral theology or bioethics to be shaped around a commitment to reconciliation? Forty years ago the words "autonomy" and "informed consent" were foreign to the clinical setting. How different might clinical medicine look forty years hence if Christians conscientiously tried to introduce into medical ethics the language of forgiveness?

Thirdly, to be clear, forgiveness and reconciliation are not Pollyanna, touchy-feely, why-can't-we-all-just-get-along sorts of things. Rather they are concrete practices that require continual effort and a lifetime to learn. They are not the sort of thing one will wake up one morning to and say, "Aha! I'm a forgiving person!" As Bernardin makes clear in his own story, his ability to forgive his accuser and to face death not as the end but as the opportunity for a new ministry was a gift – a gift of God, sustained by God's gracious, creative, and life-giving presence – made possible by his two-decade-long

practice of daily prayer. Practices like prayer help instill in us specific virtues so crucial in crises and as we die – virtues like patience and openness to the other. Equally, they habituate us to more readily see the world not under the descriptions our culture gives us as normative (e.g., fight a lawsuit with a lawsuit) but rather under the auspices of the Christian story.

Nor are forgiveness and reconciliation best left to the initiative of individuals. So counter to our nature is it to love our enemies, to forgive them, to be reconciled with them, that it's almost impossible to do alone (those people who figure out how to, we usually call "saints"). Christianity (as well as Judaism and Islam) has set aside special rites and special times to call us to account, knowing well that left to our own devices, we would never do it. It is too hard, especially when we are overwhelmed with the pain caused by alienation and brokenness. Forgiveness and reconciliation must be mediated by the community, by the institutions within which patients and families find themselves. These things must be intentional, they must be attended to, they must be practiced. And they must be practiced within the community of the church, both because without it they would never happen, and because without them the church itself could not be sustained, for they are its very essence.

Finally, I will grant you that love of enemy and forgiveness are far more difficult to legislate than the principle of sanctity of life or the right to autonomy. Nor are they easy to live out. But those who claim to be Christian – as did so many people in the Schiavo and other end-of-life cases – know that this is the ultimate context for all other commitments, even the Christian commitment to life. And it is our call as Christians to show that it is possible, to embody in our lives a politics not primarily of the state and federal court, not of health-care policies, nor of fear and enmity, but rather of redemption.

Action is the "test" of our belief. Do we face whatever threatens us calmly, truthfully, peaceably, as Bernardin did his accuser, relentlessly seeking reconciliation in the midst of it? Do we encounter the thing or person who threatens us as an opportunity to launch a new ministry, a new witness to Christ's presence in our lives, to create a network of prayer, friendship, and reconciliation, beyond what we ever could have imagined? Only by dwelling in the Christian story every day, in the Eucharist, and through feasts such as the triduum, can we begin to see life as a gift through which God can be glorified, enemies as those who need compassion, and death as the enemy transformed.

As we act, so we will witness. Many fear that speaking of bioethics in such resoundingly Christian terms cannot help but alienate those who do

not share the Christian faith. But I disagree. The witness of Cardinal Bernardin has moved many who had little interest in faith or Christianity to see that there might be another way. Showing is always more powerful than saying. Christians, indeed, are called to minister to the brokenness of the world, but this ministry must necessarily resemble the lead of the one we claim to follow, namely, the witness of Jesus Christ, the trinitarian God incarnate. It is our call as Christians to show that it is possible, to attempt to embody this. And if we do, I bet we'd be amazed by how God's grace would heal the world.

Concurrent Readings

Albom, Mitch. *Tuesdays with Morrie.* Reprint, New York: Anchor Publishing, 2005. This is the story of one facing what is usually considered the worst-case scenario (or the best-case for assisted suicide or euthanasia), amyotrophic lateral sclerosis (ALS, Lou Gehrig's disease). In the face of this illness, Morrie Schwarz embodies an approach to the end of his life not unlike that found in Bernardin's *The Gift of Peace* — including the key emphases on new mission/ministry and reconciliation.

Ashley, Benedict, O.P., and Kevin O'Rourke, O.P. *Healthcare Ethics: A Theological Analysis.* Washington, D.C.: Georgetown University Press, 2006. Ashley and O'Rourke's tome (now in its fifth edition) represents the best vision of a traditional Catholic, deeply Thomistic approach to health-care ethics. Their work reflects critical engagement with the discipline of medical ethics as well as their personal experience working in the health-care context. It provides both theoretical chapters and chapters on "issues" that could be read alongside this chapter.

Bernardin, Joseph Cardinal. *The Gift of Peace.* Chicago: Loyola University Press, 1997. The significance of this book is outlined above. It is definitely a must-read.

Shuman, Joel James, and Brian Volck, M.D. *Reclaiming the Body: Christians and the Faithful Use of Modern Medicine.* Grand Rapids: Brazos, 2006. Coauthored by a physician and a theologian, this book uses literature, contemporary stories, and more to give a theological reading of medicine. Accessibly written, it integrates attention to our bodies and the gathered body of Christ in rethinking how medicine can be a practice of hospitality toward the suffering and helpless of the world.

U.S. Conference of Catholic Bishops. *The Ethical and Religious Directives for Catholic Health Care Services.* 2001. Available online at: http://www.usccb.

org/bishops/directives.shtml. This short pamphlet summarizes the Catholic Church's positions on questions in medicine. It pairs short theological reflections with the list of guidelines to be adhered to by Catholic health-care institutions. While relatively brief, it gives a good overview of a theological perspective on medicine – beginning, importantly, with "the social responsibility of healthcare institutions."