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Letters To the Editor

Catholic Physicians' Guild

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Letters...

Comment on "Euthanasia"

To the Editor:

Thank you for inviting me to comment on the responses to my article on euthanasia (*LQ* Feb., 1977). I particularly appreciate Robert J. Comiskey's receptive tone and constructive criticisms. His points about my use of the principle of totality and about the need for consideration of the concrete factors involved in euthanasia are well taken. I would like to add the following specific observations.

1) It is true that the principle of totality is less helpful in the problem of euthanasia if biological death means "the cessation of the person." Many philosophers would agree that this is precisely its significance. Some Christian theologians (Charles Hartshorne) would also agree on this as the most appropriate interpretation of Christian biblical symbols. The Catholic theological tradition, and certainly Pope Pius XII, however, have not held that the person ceases to exist at death. I join in referring the term "whole person" to a body/spirit unity which transcends death. I do not think that this indicates a "dualistic" anthropology. The Christian tradition has affirmed the biblical symbol "resurrection of the body" and rejected the Platonic or gnostic concept of "immortality of the soul." "Resurrection of the body" indicates Christian faith in the God-gifted subsistence of the "whole person" after death as transformed but *embodied* personhood, not as disembodied soul. Thus my appeal within Christian theological ethics to "reconsider" euthanasia as an act which might benefit the "whole person." (Please see also my original note 43.)

2) The principle of double effect with its condition of "proportionality" is, as Comiskey suggests, a promising focus of analysis. (In fact, I gave it some attention in my doctoral dissertation.) It is linked to my use of the

principle of totality. As Richard McCormick, S.J., has pointed out, it is morally legitimate to *directly* intend and cause a pre-moral evil (death) for a proportionate reason. The argument in the case of euthanasia must center on whether there ever in fact exists proportionate reason to kill a suffering-dying patient. This is where the principle of totality comes in: Does the good of the whole person constitute sufficient reason to directly cause death? This is the question which I addressed in the *Linacre Quarterly*.

3) Mr. Comiskey's "concrete objections" are most important. (I must admit to being a theoretician.) More analysis and reflection is definitely needed on the level of public policy. We might begin by observing that morality and legality are distinct spheres. Even if euthanasia is sometimes morally justifiable, would it make a good social policy? Would the embodiment in civil law of a "right" (legal) to euthanasia be either imprudent or immoral?

I must admit that I find James G. Colbert's argument somewhat less than illuminating or cogent (a comment which I realize he would happily return).

1) Colbert accuses me (and even Richard McCormick) of shifting the definition of "human" to exclude those whose lives are not "meaningful" and therefore not "valuable." I am dismayed and baffled at this inference. It should be clearly understood that when I talk about euthanasia I refer to the possibility of such an act being in accord with the full human dignity and value of a dying individual and with the moral obligations of others to him (pp. 51, 60).

2) I find Colbert's interpretation of Aquinas confusing. According to Colbert, Aquinas sees death as the greatest "ontological" evil and holds that innocent life is "an absolute." On the contrary, I would maintain that for Aquinas the greatest evil, and only evil to be avoided absolutely, is moral evil or sin. This follows from his assertion that the soul is more important than

the body, and that the person is to safeguard his spiritual over his physical welfare (*Summa Contra Gentiles*, Cn. 121; *Summa Theologiae*, II-II, Q. 25, a. 7 & 11). The Catholic tradition in general has never held that even innocent life is to be preserved under any and all circumstances.

3) Colbert encourages continued observance of the distinction between ordinary and extraordinary means of life support in order to avoid making judgments about the meaningfulness of life. He does not seem to be fully aware of the refinement of this distinction in terms of the criteria of "convenience and utility" (Gerald Kelly, S.J., *Medico-Moral Problems*, St. Louis: Catholic Hospital Association, 1958, p. 129). If, as is commonly accepted in moral theology today, the extraordinary means is not the "unusual" means but the one which is either not "convenient" (too painful, expensive, abhorrent, etc.) or not useful, then:

- a. there are not the two standards Colbert mentions, (ordinary vs. extraordinary and successful vs. unsuccessful), but only one comprehensive standard; and
- b. it is still necessary to evaluate the "meaningfulness" of life to determine whether a treatment is excessively onerous ("inconvenient") and therefore extraordinary.

Finally, Colbert's suggestion that some patients be allowed to die contradicts his statement that "life is an absolute."

In the end, I remain unpersuaded by the reasons given for Mr. Colbert's judgment that directly killing the suffering-dying patient is always intrinsically "illicit." A fear that a moral justification of euthanasia may be misused in some social circumstances seems to underlie Colbert's attempted moral arguments against euthanasia. This in itself may be a valid hesitation with regard to social policy, rather than to the intrinsic morality of the act, and returns us to Mr. Comiskey's "concrete objections."

I thank both authors for their responses and hope they and others will contribute to the ongoing conversation about these common concerns.

— Lisa Sowle Cahill
Assistant Professor of Theology,
Boston College

Letter from Canada

Bioethics and Leadership of the Medical Profession

Dr. Jacques Genest, Canada's greatest name in hypertension research, gave an address on this topic on 27th January this year at the annual meeting of the Royal College of Physicians and Surgeons.

He acknowledged that this subject is a delicate issue because it involves moral and religious values. There are two conflicting attitudes towards such values, that of Scientific Humanism and that of the Jewish and Christian religions and he believes that the latter is an attitude of greater humility.

Dr. Genest discussed a variety of practices where ethical issues are of importance. He spoke of artificial insemination by donor, where he stressed mainly the legal obstacles, such as illegitimacy, balanced against somewhat trifling benefits. *In vitro* fertilization is another toy which carries far too many unknown dangers to be played with safely. He mentioned coercive sterilization which has become a real danger to personal rights in India; alternatives would require more courageous leadership.

On the subject of abortion, Dr. Genest quoted Professor Lejeune's article in the *American Journal of Human Genetics* that "a fetus belongs to the human race from the first cell division"; a statement that has never been refuted. He was intolerant of abstract arguments for abortion and believed that most were done for purely selfish reasons. He stated that abortion was no longer indicated in maternal hypertension. He failed to see any ethical

difference between antenatal diagnosis followed by abortion and waiting to see if the baby was malformed at birth and then killing it.

Euthanasia has become a major topic in England. Dr. Genest felt that the case for euthanasia had been built largely on hypothetical presentations. In fact the care of the dying patient may be both a proof of devotion by the family and an example of fortitude by the patient which can have a lasting influence for good. Besides, who is going to be the euthanasiast? He did not believe we can always rely on the good will of the doctor.

Dr. Genest cited genetic experimentation with *E. coli* as an example of a line of research which carries grave dangers for the community. The prospect for disaster was there, that for benefit still problematical, but not all scientists show the same degree of ethical concern and responsibility. Some kind of regulation was necessary.

A Bioethics Centre has been established at the Clinical Research Centre in Montreal. It will have working parties on specific problems, public

symposia, TV panels and will publish monographs. He proposed that the Royal College should appoint a committee on bioethics as a way for the profession to regain social leadership. With the questioning of all basic values, our civilization based on moral concepts is in process of disintegration. The dominant ethic has become hedonistic. For the medical profession, respect for life must be supreme. Once we bring in a category of worthless human beings or, with Fletcher, decide that humans are non-persons before a certain age of development or below a certain IQ score, we introduce a wedge which will destroy human rights. This actually happened in Nazi Germany and Stalin's Russia and could happen here.

A utilitarian concept is infiltrating medicine, but the profession must wrest back a moral leadership from the economists and bureaucrats. We must get away from a labor-union attitude to our work and a demand for a bourgeois style of life, back to a true moral value of concern for people.

—Dr. W. N. P. Albi

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