A United States Catholic Health Care Ethicist reflects on Evangelium Vitae and the Life Challenges Ahead (1995-2005)*

Um eticista católico norte-americano dedicado aos cuidados de saúde reflete sobre Evangelium Vitae e os desafios da vida que nos esperam (1995-2005)

Un eticista norte-americano católico de los cuidados de salud hace reflexión sobre Evangelium Vitae y los desafíos de la vida que nos presenterá el futuro (1995-2005)

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ABSTRACT: ...The present encyclical [Evangelium Vitae] ..is therefore meant to be a *precise and vigorous reaffirmation of the value of human life and its inviolability*, and at the same time a pressing appeal addressed to each and every person, in the name of God: *respect, protect, love and serve life, every human life!* Only in this direction will you find justice, development, true freedom, peace and happiness.

KEYWORDS: Evangelium Vitae Encyclical; Human Dignity; Health Care

RESUMO: ... Esta encíclica [*Evangelium Vitae*] pretende ser *uma reafirmação precisa e vigorosa do valor da vida humana e de sua inviolabilidade*, e ao mesmo tempo um forte apelo dirigido a cada pessoa, em nome de Deus: *respeitar, proteger, amar e servir à vida, toda vida humana!* Só nesse rumo encontremos a justiça, o desenvolvimento, a liberdade verdadeira, a paz e a felicidade.

DESCRITORES: Encíclica Evangelium Vitae; Dignidade Humana; Cuidados de saúde

RESUMEN: ...Esta encíclica [*Evangelium Vitae*]... por lo tanto busca ser *una reafirmación exacta y vigorosa del valor de la vida humana y de su inviolabilidad*, y al mismo tiempo una súplica acuciante dirigida a cada persona, en nombre de Dios: *respectar, proteger, amar y servir la vida, toda vida humana!* Solamente en esta dirección usted va a encontrar la justicia, el desarrollo, la libertad verdadera, la paz y la felicidad.

PALABRAS-LLAVE: Encíclica Evangelium Vitae; Dignidad Humana; Cuidados de Salud

I want to begin by thanking Professor Pessini/Bochatey for the honor of addressing this topic as we together celebrate the tenth anniversary of Evangelium Vitae. I am also very happy to meet all of you who are studying bioethics… we face huge challenges and have a very important role to play for our Church and societies. It is good to be doing this together!

It is my plan to open with a few remarks about the encyclical and then to describe key challenges in the United States to life at its beginning and end. Daily events in the United States reaffirm the significance of the encyclical's reaffirmation of the value of human life and it inviolability — and the encyclical's proper emphasis on abortion and euthanasia. What the paper will highlight, however, is the attention the encyclical draws to the "structure of sin" and its potential for "darkening conscience" such that people of good faith find it difficult to distinguish between good and evil in what concerns the basic value of human life. I will speak to the challenges Catholic bioethicists and their colleagues in the universities and health care institutions face in *forming consciences* that respect life. Finally, I will conclude with three dramatic situations in the United States that point to the need to think beyond abortion and euthanasia when promoting a culture of life that protects *all the vulnerable* and makes real Jesus' promise that he came that *we may have life, and have it more abundantly* (Jn 10:10).

Evangelium Vitae: The Big Picture

[Note to translator: This section may need to be skipped in light of time constraints]

Pope John Paul divides his encyclical into four chapters, with an introduction and a conclusion. He begins with his first chapter on the

* Palestra proferida em 03 de fevereiro de 2006, no Centro de Convenções Pompéia, São Paulo, Brasil.

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present day threats facing human life. The most severe threats facing present day culture are attacks against the weak and defenseless, in particular at the beginning and the end of life. Abortion and euthanasia represent the gravest sins being performed in present day culture. This culture which defends these actions under the auspice of individualistic freedom represents a "culture of death" which is at war with "culture of life" which Jesus and the Gospel preaches. In this "culture of death" public opinion distorts the notion of democracy as civil law replaces moral law and creates division between the strong and the weak. Growing concern with this individual freedom pervades society as the strong do what they will to increase material pleasure, while losing sight of the value of suffering. Deriving from this culture is an expansion of proportionalism and moral and ethical relativism. This culture has spread through all facets of public life and has caused division even among faithful Catholics.

The second chapter describes life as a gift presented to us by Jesus Christ and the Gospel. Through the love of Jesus the Church continues to reach out for the poor, the outcast and all of those who recognize sin in their lives. Jesus brought meaning to death as well as life, as he died for our sins so that we could see the splendor and value of our lives. Human life has an intrinsic value because we are created in the image and likeness of God. Human life is not an absolute good, rather, it opens up the prospect of eternal life when we follow the examples of Jesus and the Gospel (EV n.47). Life is not a gift which we can choose to receive or not. God alone decides when life begins and ends for every individual.

The third and fourth chapters expand on the second chapter and explain the responsibility we have to protect human life. Because we are given life as a gift and hold dominion over the earth it is our responsibility to protect and promote life. Tracing scripture back to the Old Testament the Pope presents the commandment "Thou Shall Not Kill" as the ultimate defense against attacks on life. Sections 55 and 56 talk about self defense as the only means in which one can take another's life, and only if it is the last resort. Section 55 talks about self defense when one has a responsibility for another's life. This clearly is an argument for a Just War Theory. However, it must be the last resort. Section 56 deals with capital punishment, an act which was acceptable with Church teaching before Evangelium Vitae. Executing a criminal can be done if it protects the common good, and if no other solutions are available. The Pope John Paul II notes that there are only rare circumstances in which execution is suitable in present day, to the point of being nearly non-existent.

The Pope is less concerned with war and capital punishment than he is with abortion and euthanasia, attacks which he believes happen at the moments of greatest weakness and dependency. Because attacks on these individuals are directly or indirectly killing human life they are never licit, because they are using life as a means to an end. The Pope discusses the grave sin of abortion and the seriousness of the act, and in addition to blaming the women, he places blame on friends and family and the law which pressures individuals into having abortions. It is the "culture of death" which is allowing law and science to blur the beginning of life and making abortion more acceptable. The Pope also extends this protection of human life at the beginning to prohibit the experimentation of human embryos.

The next important section of this chapter is the defense against euthanasia, an attack on life in its final stages. The Pope John Paul II defines euthanasia as an action or omission that of itself and by intention causes death in order to eliminate suffering. He legitimizes the refusing of treatment of life-extending treatment which offers a disproportionate burden to benefit to the individual and the family. Pain killers are also licit in limiting suffering, even if they shorten life and decrease consciousness. In relationship to euthanasia the Pope equates suicide with murder, thus prohibiting it. Evangelium Vitae speaks of the human response to death, one of fear and hope for immortality. However, the encyclical addresses suffering as not something to avoid at all costs but as something which brings us closer to God and his redemptive work. In our culture today, particularly American culture, there is a strong aversion to suffering; to point that people will go to great lengths to avoid it, even if it means ending their lives.

When an individual believes that they have full freedom to do what they please with their life they begin to ask that these rights be protected under legal justification. These individuals believe that civil law should protect their interests and the interests of the whole. Popular opinion therefore would be a representation of democratic moral law. If majority of the public believes that abortion is morally acceptable should access be legalized? The Pope makes the argument that abortion is in opposition to natural law and that objective natural law should be the basis of civic law. So what are we to do if civil law supports a law contrary to moral law? The Pope emphasizes that not only does a faithful citizen have the right to conscientiously object but that there is a clear and grave obligation

to oppose any contrary laws with conscientious objection (EV n.73). It is the job of the citizen and the politicians to work to overturn laws that are contrary to abortion such as anti-life laws. We cannot then participate in voting or supporting laws that threaten human life, lest we be cooperators in the evil action. This may cause confusion with Catholic voters about the role the Church and their individual faith should play in their political decisions. While some may justify acts against human life with ethical relativism or proportionalism, according to the Pope there are no circumstances which justify attacks on human life (EV n.75). This signifies a stern rejection of proportional reasoning when it comes to making decisions in cases that involve human life.

The final chapter of the encyclical calls all people, Catholic or not, to spread the Gospel of Life because it is the very foundation on which we exist. Promotion should occur first in our personal life and in our families. From there we should promote life through personal witness, volunteer work, social activity and political commitment (EV n. 87).

U.S. Challenges to Life at its Beginning and End

In this section I will attempt to offer a quick sketch of major ethical challenges in the United States at the beginnings and ends of life which illustrate the importance of *Evangelium Vitae's* call to proclaim the invincible hope and true joy that result from the single and indivisible Gospel of God's love for man, the Gospel of the dignity of the person, and the Gospel of life (EV, n. 2).

Beginning of Life Challenges

In the book *Children of Choice*, U. S. Constitutional scholar John Robertson summarizes the unprecedented reproductive choices now available to individuals. It takes little imagination to envision the consequences of a culture which places greater value on the exercise of reproductive choice and maximization of individual preferences then on respect for inviolability of human life, the importance of the transmission of human life in marriage and the central importance of the traditional family. Here is Robertson's description of the reproductive revolution.

> The term "reproductive revolution" is not mere hyperbole. Most human reproduction will, of course, continue to occur as the result of sexual intercourse with only the technology of modern obstetrics involved. The major issues of human reproduction will remain access to prenatal and postnatal care, reduction of infant mortality, provision of adequate child care, and access to contraception and abortion.
>
> What is revolutionary, however, is the unprecedented technical control that medical science now brings to the entire reproductive enterprise, thereby creating a fertile source of options for individuals facing reproductive decisions. ...The decision to have or not have children is, at some important level, no longer a matter of God or nature, ***but has become a choice*** whether persons gestate now or later, whether they overcome infertility, whether their children have certain genetic characteristics, or whether they use their reproductive capacity to produce tissue for transplant or embryos and fetuses for research." (J. A. Robertson, Children of Choice, Princeton, NJ: Princeton University Press; 1994. p. 5)

Embryonic Stem Cell Research and Cloning.

In July, 2002 the President's Council on Bioethics, under the chairmanship of Dr. Leon Kass, issued its report entitled "Human Cloning and Human Dignity." Council members voted 10 to 7 for a moratorium on using federal monies to support embryonic stem cell research. On November 2, 2004 California voters approved an initiative to grant $3 billion in state money to stem cell researchers. This is heralded as a rejection of President Bush's policy of restrictions on federally funded medical research using stem cells from human embryos by the most populous state. A few states, notably New Jersey, Wisconsin, and Illinois, are rushing to catch up with California in encouraging stem cell research, with an eye on the prestige and economic benefits that could result. Social conservatives in several other states are fighting embryonic stem cell research. Eight states — Arkansas, Iowa, Louisiana, Michigan, Nebraska, North Dakota, South Dakota, and Virginia — now ban or limit such research.

Catholics are divided in their support of embryonic stem cell research as the quotes below demonstrate.

Con. On September 5, 2001 my colleague Father Kevin FitzGerald, SJ, testified before the Senate Committee on Health Education, Labor and Pensions against supporting embryonic stem cell research.

> Much of our health care tradition is based on the idea that healing is a benefit to be made available to all. Consequently, it is not acceptable that for some to be healed others must be sacrificed–no matter their state in life. In response to this perspective, some argue that frozen "spare" embryos, left over from invitro fertilization treatments

> and not likely ever to be used to produce a pregnancy, might justifiably be destroyed in order to get embryonic stem cells. However, using a fundamental principle of health care which states that first of all one should not unnecessarily harm another, one can counter that no human life is "spare." Who among us has the right to decide that another human life is a "spare" life, especially when that human life does not have the chance to contest the decision? We do not consider it appropriate to take organs from dying patients or prisoners on "death row" before they have died in order to increase someone else's chances for healing or cure. Neither, then, should we consider any embryos "spare" so that we may destroy them for their stem cells. [Kevin FitzGerald, SJ, PhD. Testimony, September 5, 2001]

Pro: When I cited similar arguments in a debate I received the following response.

> It's people like you with blind allegiance to Catholic dogma who are the main reason I left the church long ago to find my OWN, reasoned approach to God and morals. I'm convinced that the churches' attitudes regarding subjects like birth control, large families, abortion and stem cell research, revolve around the early Churches' desire to create as many Catholics as possible, for purposes of power, money and influence. Failing to use embryonic cells from embryos that are not going to be used to create a viable human being is a much greater sin against humanity in light of the fact that research shows very promising possibilities in developing cures for so many insidious human ailments and diseases. Your example of using death row inmates for organ transplants is so ingenuous as to be laughable. There is absolutely NO comparison between living breathing human beings and a little ball of cells that has no independent viability, no thoughts or memories, and none of the characteristics of a human being. [Anonymous comment to a different but similar statement]

Contraception

The majority of U.S. Catholics support the Church's ideal of responsible parenting and do not believe that artificial contraception is intrinsically evil. Major ethical issues include the need for conscience clauses that would allow Catholic health care institutions and providers to refrain from including contraceptives in health benefit packages and from dispensing them upon demand. Recently national media attention centered on the rights of pharmacists to refuse to fulfill prescriptions for contraceptives. Pro-choice groups are actively challenging the merger of Catholic and non-Catholic hospitals when these mergers result in non-Catholic hospitals having to forgo the provision of contraceptive and abortion services.

Morning After Pill. In a surprise move on August 25, 2005, the U.S. Food and Drug Administration postponed for at least 60 days a final decision on how to allow nonprescription sales of the morning-after pill called Plan B just to women 17 or older. The drug's maker, Barr Pharmaceuticals, criticized the decision, questioning how the agency could acknowledge that scientific evidence supported nonprescription sales and yet not allow those sales to begin. The morning-after pill is a high dose of regular birth control that, taken within 72 hours of unprotected sex, can lower the risk of pregnancy by up to 89 percent. Conservative groups, which have intensely lobbied FDA arguing that over-the-counter emergency contraception would encourage teen sex, welcomed the agency's decision. On August 31 Susan F. Wood, the top Food and Drug Administration official in charge of women's health issues resigned in protest against the agency's decision to further delay a final ruling on whether the "morning-after pill" should be made more easily accessible.

Abortion

More than 25 million Americans have had abortions since the U.S. Supreme Court decided Roe v. Wade and Doe v. Bolton in 1973. Often kept secret, even from close friends or family members, the experience cuts across all income levels, religions, races, lifestyles, political parties and marital circumstances. Though abortion rates have been falling since 1990, to their lowest level since the mid-1970s, abortion remains one of the most common surgical procedures for women in America. More than one in five pregnancies end in abortion.

A major issue for Catholics is the legality of abortion. Everyone seems united in wanting to decrease the number of unwanted pregnancies. At issue is the licitness of the means used. While abstinence is clearly the preferred means the problem remains of whether or not safe abortive methods should be available for those who chose to exercise this option.

Eugenics by abortion

In the United States, more than 80 percent of the babies diagnosed prenatally with Down syndrome are aborted. The American Association of People with Disabilities, whose premise is that "disability is a natural part of the human experience," warns that increasingly sophisticated prenatal genetic testing

technologies will mean that parents who are told their expected babies are less than perfect "will experience pressure to terminate their pregnancies from medical professionals and insurers." The worry is not groundless. In their book, *From Chance to Choice,* Allen Buchanan and his coauthors proposed the following scenario.

> In the 1990s, as in the preceding three decades, parents mainly practiced negative eugenics, using tests for major chromosomal defects such as Down syndrome and aborting defective fetuses. By 2020 the standards for acceptable babies had been raised: prospective parents routinely aborted fetuses that were otherwise healthy but that had genes that gave them a significantly higher than average risk of breast cancer, colorectal cancer, Alzheimer's dementia, or coronary artery disease. By 2030, the trend was toward even higher standards: Fetuses with any of a range of "undesirable" or "less than optimal" combinations of genes were routinely aborted, including those predicted not to be in the highest quintile with respect to intelligence or even height. Widespread use of these techniques by parents who could afford them began to raise the average level of health, physical strength and stature, and intellectual ability in the population, a trend encouraged by nationalist politicians. But the insistence of many parents that their child be in the upper quintile created a spiral in which no amount of genetic boost ever seemed enough. [Allen Buchanan, Dan W. Brock, Norman Daniels, and Daniel Wiklier, From Change to Choice: Genetics and Justice (Cambridge: Cambridge University Press, 2003) 3.]

Recently I have met with several couples who were referred to the ethics center by their parish priests. In each case the couples were active in pro-life groups but found themselves, to their horror, considering terminating their pregnancy upon learning that their babies had serious genetic anomalies. Careful conversation revealed that while they were strongly motivated to follow God's law, they lacked trust that God's care would be sufficient—they had serious reservations about their ability to cope and in each case spoke about the power they possessed to stop their baby's suffering in the event that the baby would be born live and live several months in great pain.

Neonatal Decisionmaking

Approximately 50% of infants born at less than 1,500 grams survive. Of these, up to 40% are expected to have severe long term neurologic and developmental impairment. Although American physicians have resuscitated smaller and smaller neonates, the question of whether or not this is appropriate has been challenged by ethicists, economists, social scientists, nurses and physicians. Physicians and nurses who provide delivery room resuscitation have little direction for decisionmaking. The informal U.S. rule is to attempt to resuscitate all neonates who are > 400-500 grams or >23-24 weeks. In contrast to standard resuscitation practice in the U.S., physicians in other developed countries withhold treatment for marginal neonates, based on societal resources and social policies. Canada, e.g., recommends against resuscitation for infants of less than 25 gestational weeks. Questions that need to be addressed in light of our tradition include the following which were raised by pediatric intensive care professionals:

- When does routine care become extraordinary care, and when does that extraordinary care become futile care? Who makes this decision, and how is further care or a change in the course of goals of care determined?
- Is the parent who asks us to do everything always acting in the child's best interests? Can a parent truly make a decision that is in the best interests of the child from a benefit/burden standpoint, when that decision might lead to the loss of the child?
- Is the margin for success for procedures like transplants and/or chronic health care maintenance such that the benefit to the child and the family outweigh the (potential) burdens of pain, suffering, fear, family disruption, dysfunction and financial devastation? Has or should a "threshold for success" been determined? Who decides?
- How do we, as a society, finance a lifetime of expensive supportive care for a child who has used up the cap on his or her healthcare insurance in the first two years of life? Is it appropriate for a society with so many global pediatric and mental health needs to keep funding the millions of dollars necessary to keep an individual child alive?

[Smith, K., Uphoff, M.E. (2001). Uncharted Terrain: Dilemmas Born in the NICU Grow Up in the PICU. The Journal of Clinical Ethics, 2001; 12(3): 231-238.]

End of Life Challenges

Of the 2.2 million annual deaths in the United States, 80 percent occur in health care facilities; in roughly 1.5 million (about 75%) of these cases, death is preceded by some explicit decision about stopping or not starting medical treatment (Kass, 1993). To many, this com-

municates that death is within our control and contradicts the notion that God is the author of life and death. Assumptions underlying approaches to death and dying include the following:

- Life—and the fact that "bad things happen to good people" — is no longer a "mystery" to be contemplated but a "problem" to be solved. Most of us don't like being confronted with "problems we cannot solve" and there is an increasing tendency to get rid of the problem as quickly as possible, even if the problem is another human being. If a woman can abort an "inconvenient" pregnancy, why should I not be able to abort an inconvenient "elder" who is taking up too much of my time! Convenience, pleasure take top priority…
- Importance of control/mastery; Rather than learn what suffering has to teach me when I lose control because of my own or another's aging, disease, death… I reject suffering and struggle at all costs to control my experience.
- Absolutization of autonomy; What matters is that people are free to choose; not that they choose in light of what is Good.

Repeated U.S. studies report that many do not die well in the U.S. A recent national study (Teno, JAMA, 2004) reported:

- One in four people who died did not receive enough pain medication and sometimes received none at all.
- One in two patients did not receive enough emotional support. One in four respondents expressed concern over physician communication and treatment options.
- Twenty-one percent complained that the dying person was not always treated with respect.
- One in three respondents said family members did not receive enough emotional support.

Not researched is the degree to which spiritual needs of the seriously ill and dying are identified and met. Experience suggests that little attention is paid to problems such as spiritual distress, existential angst, problems of meaning, hopelessness, etc. All of which means that helping the seriously ill and dying claim Jesus' promise of "having life, and having it abundantly (Jn 10:10) is a low priority for most Americans.

An article in a recent collection of palliative care articles argued that clinicians who care for severely ill patients should become aware of "last resort" palliative interventions and decide which ones they are willing to provide. "The challenge is to find the least harmful alternative given the patient's circumstances and the values of the patient, family and clinicians involved. "Last resort" palliative interventions include:

1. Standard pain management
2. Forgoing life-sustaining therapy
3. Voluntarily stopping eating and drinking
4. Terminal sedation: heavy sedation to escape pain, shortness of breath, other severe symptoms
5. Assisted suicide
6. Voluntary active euthanasia

[Quill TE, Lee BC, Nunn S. Palliative treatments of last resort: choosing the least harmful alternative. Annals of Internal Medicine, 2000; 132(6): 488]

Assisted Suicide and Active Euthanasia

In contrast to the rest of the United States (and most of the world), the state of \o „Oregon" Oregon has legalized physician-assisted suicide (but not euthanasia: a physician or anyone else may not directly kill). In \o „2003" 2003, Oregon reported 42 cases of physician assisted suicide (0.14 % of all deaths), all by drinking a strong \o "Barbiturate" barbiturate \o "Potion" potion. The doctor is not required to be present; in 12 cases he/she was. From 1998 to 2004, 171 Oregonians relied on the assisted suicide law. While these numbers are small anecdotal evidence exists that these practices exist even in states in which they are illegal and no accurate count exists.

Forgoing life-sustaining therapy

While it is clear that U.S. law and Catholic teaching permit patients or their surrogates to forgo life sustaining therapy which is deemed to be minimally effective or disproportionately burdensome, the recent Terri Schiavo debacle demonstrated just how complicated these decisions can be. Her case quickly became a media spectacle and seemed to sharpen tensions between liberals and conservatives. On one side the liberals supported the courts and Michael Schiavo, expressing that it is what Terri wanted and that they were doing the humane thing. On the other side, the conservatives supported the Schindlers and felt that removing Terri's feeding tube was euthanasia and was subsequently was inhumane. Like most political issues even the Church was split on the issue, as Church members and theologians came forth to support both positions. For the Church it was a matter of whether or not medical nutrition and hydration is seen as ordinary or extraordinary means of treatment for someone in a persistent vegetative state (PVS).

The U.S. Catholic Health Association issued the flowing news release about Ms. Schiavo.

Within the Catholic tradition, decisions about forgoing life-sustaining treatment are made by assessing the potential burdens of the treatment in proportion to hoped-for-benefits relative to the patient's condition

and from the patient's perspective. In the matter of medically administered nutrition and hydration, Directive 58 of the Ethical and Religious Directives for Catholic Health Care Services calls for a presumption in favor of their use. However, as Cardinal William H. Keeler, chairman of the United States Conference of Catholic Bishops' Committee fro Pro-Life Activities, recently stated, and as stipulated in the Directives, "there are times when even such basic means may cease to be morally obligatory because they have become useless or unduly burdensome for the patient." Removing them, however, with the intent to cause the patient's death, is always morally unacceptable.

> In a March 2004 speech, Pope John Paul II affirmed the inherent dignity of every human being, including those in persistent vegetative state. These individuals "are fellow human beings… in need of love and care." In situations like that of Ms. Schiavo, it is critical that patients be provided the treatment and care that are of benefit to them and which do not impose undue burdens.

In my own experience, there are as many instances of too much life-sustaining treatment at the end of life as there are instances of too little. Just recently a nurse asked our ethics consultant to review the hospital record of a 97 year old nursing home resident who was sent to the hospital with respiratory distress, dehydration, and infection. The woman had no family who could be found and no one to advocate for her compassionate care. The doctor's plan was to stabilize her condition and send her back to the nursing home with a feeding tube in place since she could no longer swallow food. The nurse questioned whether or not the feeding tube and the surgery needed to place it, were consistent with compassionate care. She cited Pope John Paul II's decision not to be hospitalized and asked at what point others can make this decision, especially others like this 97 year old woman who was no longer able to speak for herself because of advanced dementia. What does life, and life in abundance, mean for this woman? The U. S. Catholic Health Association opens its *Ethical and Religious Directives for Catholic Health Care Services* with a powerful exhortation for health care professionals to discern carefully when medical technologies represent genuine advances that benefit patients and when they violate the true dignity and vocation of the human person.

> In a time of new medical discoveries rapid technological developments, and social change, what is new can either be an opportunity for genuine advance in human culture, or it can lead to policies and actions that are contrary to the **true dignity and vocation of the human person**. ...Created in God's image and likeness, the human family shares in the dominion that Christ manifested in his healing ministry. This sharing involves a stewardship over all material creation (Gn 1:26) that should neither abuse nor squander nature's resources. Through science the human race comes to understand God's wonderful work; and through technology it must conserve, protect, and perfect nature, in harmony with God's purposes. Health care professionals pursue a special vocation to share in carrying forth God's life-giving and healing work. Ethical and Religious Directives for Catholic Health Care Services, p. 5.

Some Americans seem so intent upon fighting the "culture of death" that they forget that we humans are all creatures and mortal and that the moment will come for each of us when God calls us home. At this point our role is to accept the invitation to "move on." It is a strange Catholic stance which denies death and waves a fist at God saying "You cannot have this life!"

The "Structure of Sin," Social Involvement andConscience Formation: The Role of Bioethics

What the preceding should make clear is that challenges to life, not mere physical life, but the abundance of life promised by Jesus, abound in contemporary society. What Evangelium Vitae appropriately stresses is attention to the social structures that promote death. I quote:

> In fact, while the climate of widespread moral uncertainty can in some way be explained by the multiplicity and gravity of today's social problems, and these can sometimes mitigate the subjective responsibility of individuals, it is no less true that we are confronted by an even larger reality which can be described as a veritable *structure of sin*. This reality is characterized by the emergence of a culture which denies solidarity and in many cases takes the form of a veritable "culture of death." …Looking at the situation from this point of view, it is possible to speak in a certain sense of a war of the powerful against the weak: a life which would require greater acceptance, love and care is considered useless or held to be an intolerable burden, and is therefore rejected in one way or another. A person who because of illness, handicap or, more simply, just by existing, compromises the well-being or lifestyle of those who are more favoured tends to be looked upon as an enemy to be resisted or eliminated. In this

way a kind of "*conspiracy against life*" is unleashed (Evangelium Vitae, 12).

One of the fruits of the Second Vatican Council was the awareness that a narrow focus on sin in a personal sense was the major reason for the failure of Catholics to see the situation of the modern world as truly a "sinful situation." This coupled with a heightened sociological appreciation of the reality of social structures has led to Evangelium Vitae's call to promote a "culture of life," a culture that exhorts and promotes all to promote and witness to the inviolability of human life… even when this entails heroic virtue. Henriot (1972) provides examples of there types of social sin:

1. A social structure which oppresses human dignity and stifles freedom is a sinful structure.
2. A social situation which promotes and facilitates individual acts of selfishness is a sinful situation.
3. A social structure or situation which is unjust also becomes sinful when one is aware of the injustice but refuses to exert efforts to change it. This is the social sin of complicity.

Ethicists intent on promoting the Gospel of Life will need to engage citizens in reflection and discourse on how best to use prophetic word, symbolic witness and political action to challenge the sinful structures of death.

Especially powerful is the effect these structures of sin exert on individual conscience. Once again I quote from Evangelium Vitae:

> The end result of this is tragic: Not only is the fact of the destruction of so many human lives still to be born or in their final stage extremely grave and disturbing, but no less grave and disturbing is the fact that *conscience itself, darkened as it were by such widespread conditioning, is finding it increasingly difficult to distinguish between good and evil in what concerns the basic value of human life* [Evangelium Vitae, 4]

In our contemporary culture we need to ask what role religion, and more importantly what role knowledge of God's will and the desire to love God by obeying his will, play in dictating our individual choices. Much work needs to be done not only on promulgating Church teachings but on helping individuals develop a personal and loving relationship with God that will make loving obedience the primary determinant of moral choices. This theme is powerfully developed in Veritatis Splendor.

[Translator: Probably will not have time to read this quote!}

> *"Then someone came to him and said, 'Teacher, what good must I do to have eternal life?'" Mt 19:16*
>
> In the young man, we can recognize every person who, consciously or not, *approaches Christ the Redeemer of man and questions him about morality.* For the young man, the *question* is not so much about the rules to be followed, but *about the full meaning of life.* This is in fact the aspiration at the heart of every human decision and action, the quiet searching and interior prompting which sets freedom in motion. This question is ultimately an appeal to the absolute Good which attracts us and beckons us; it is the echo of a call from God who is the origin and goal of man's life. Precisely in this perspective the Second Vatican Council called for a renewal of moral theology, so that its teaching would display the lofty vocation which the faithful have received in Christ, the only response fully capable of satisfying the desire of the human heart. *In order to make this "encounter" with Christ possible, God willed his Church.* Indeed, the Church „wishes to serve this single end: that each person may be able to find Christ, in order that Christ may walk with each person the path of life". [Veritatis Splendor, 1993, p. 13]

The Need to Think Beyond Abortion and Euthanasia When Promoting a Culture of Life.

One result of the culture of life and culture of death language in the U.S. is that it seems to have facilitated the development of two distinct groups of Catholics, which for lack of better labels I will designate as conservative and liberal Catholics. While there are most certainly "radical" conservative and "radical" liberal Catholics, most.

Catholics situate themselves at some point on the continuum between both ends. Interestingly, both groups believe quite strongly that they possess the "Gospel truth" and cannot understand the intransigence of others.

Strengths of the conservative Catholics include their respect for our magisterial teachings, the clarity of their positions, the "black and whiteness" of their judgments, and their zeal to attack sinful structures, the "culture of death." Limitations of this group include the singlemindedness with which they focus on abortion and euthanasia to the detriment of other life issues [A doctoral student told me recently that she believes when we die and go to heaven the only question Jesus will ask is what we did to combat abortion!], their inability to dialogue with others who hold different beliefs and tendency to demonize these individuals, their failure to recognize human weakness and sin and respond in a pastorally appropriate manner, and finally their slowness

to recognize the potential contributions the experience of the people (sensum fideum) brings to the Church's apprehension of truth.

Strengths of the liberal Catholics include their appreciation of the distinctive roles of the magisterium, theologians and the experience of the people in apprehending truth; their sensitivities to the complexity of moral decisionmaking; and their attention to broad social justice issues. Limitations include tendency to moral relativism and willingness to rationalize sinful actions; limited respect for the authority of the Church; and potential to confuse committed Catholics of simple faith.

Since my time is short I wish to speak briefly of three U.S. events which point for the need to go beyond abortion and euthanasia if we are serious about promoting the Gospel of life: The failed Clinton Health Care Reform Initiative, The War in Iraq, and Hurricane Katrina.