

Bioethics:
A Primer for Christians
Second edition
by Gilbert Meilaender

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This brief book is rich in thought and comprehensive in scope. Its first edition was published in 1995; by 2005 new developments and questions in bioethics required Meilaender to update material—on organ donation, “brain death,” and stem cell research, for example—and gave him the opportunity to note how he had changed his mind on some issues. One of the most significant of these was the relevance of monozygotic twinning to the question of when an individual human life originates. In the first edition he said he was inclined toward, although not committed to, the view that a new individual comes to be only after twinning is no longer possible. Now far less persuaded that this is so, he thinks it likely that embryological evidence will show as arbitrary the argument that individual life is possible only after approximately fourteen days of development.

Meilaender begins with a chapter on the Christian vision informing his work. In subsequent chapters he carefully examines major bioethical issues, as reflected in the chapter titles: “Procreation versus Reproduction,” “Abortion,” “Genetic Advance,” “Prenatal Screening,” “Suicide and Euthanasia,” “Refusing Treatment,” “Who Decides?” (on patient autonomy), “Gifts of the Body: Organ Donation,” “Gifts of the Body: Human Experimentation,” “Embryos: The Smallest of Research Subjects,” and “Sickness and Health” (on the meaning of illness in human life). With the exception of two subjects—contraception (considered under “Procreation versus Reproduction”) and abortion when the pregnancy is caused by rape or incest or threatens the mother’s life—Catholics can not only agree with Meilaender but learn from him.

Before examining his positions on contraception and abortion, I will consider the following major themes central to his Christian bioethics: (1) the significance of baptism, (2) the bodiliness of human persons, (3) God’s loving will and absolute moral norms, and (4) the Christian meaning of suffering, which I consider along with Meilaender’s insistence that God, not science or medical progress, is our savior. I will then criticize his treatment of contraception and abortion in the circumstances mentioned and conclude with a final evaluation of the book.

The Significance of Baptism

In presenting the Christian vision that informs the entire book, Meilaender sets forth background beliefs that make his work truly “a primer for Christians.” And the first and most basic background belief is that by baptism Christians are handed over to God and become members of Christ’s body. The act of baptism is a “deeply individualizing act” precisely because what makes us true individuals is that God calls us each by name. It also brings us into the community of the church. This makes it impossible to exist in community with God apart from our bond with all the baptized, whose burdens we are to share as they share ours. Moreover, “because every person is made for God, no one is—to the whole extent of his or her being—simply a member of any human community” (2–3). This core belief, eloquently expressed by Meilaender, is central to any Christian bioethics.

Meilaender does not explicitly invoke this background belief in later chapters, but in them the solidarity of the human community is front and center: no man is an island, and we are all in some way related to all other human persons who are loved by the Triune God who wills that all men be saved and calls all men to holiness. This is illustrated in the chapter on suicide and euthanasia, where Meilaender gives human solidarity as one reason for rejecting euthanasia or mercy killing: Euthanasia “is not simply a ‘nonintervention’ in another person’s private choice. On the contrary, because it requires the participation of at least one other person, it becomes a communal act involving the larger society and giving its approval to an act of abandonment [of the suffering or dying]” (62). The other and more specifically Christian reason for rejecting such killing is that “if my life is not simply my possession for me to dispose of as I see fit . . . the same is true of the lives of others. I have no authority to act as if I exercised lordship over another’s life. . . . Hence Christians should not request or cooperate in either assisted suicide or euthanasia” (59). Earlier, in rejecting suicide, Meilaender wrote, “Christians have held that suicide is wrong because they have seen in it a contradiction of our nature as creatures, an unwillingness to receive life moment by moment from the hand of God without ever regarding it as simply ‘our’ possession” (56). He notes that “suicide as a rational project expresses a desire to be only free and not finite—a desire to be more like Creator than creature” (57).

The Bodiliness of Human Persons

I use this rubric to identify Meilaender’s vigorous defense of the truth that all living members of the human species are persons, and not only those with exercisable properties of thinking, communicating, awareness, and such. Many people today accept the dualistic view that a living human being is one thing, a person another; they recognize that senile old people (or unborn babies, or newborns, or “handicapped” individuals) are living human beings but deny that they are “persons.” Meilaender, however, affirms that they “are severely disabled *persons*, the weakest among us” (5, emphasis added). He rejects body–soul or body–mind dualism or dualism of any stripe that separates the person from his or her body or from his or her spirit, proclaiming,

Personhood is not something we “have” at some point in [our] history. Rather as embodied spirits or inspirited bodies we are persons throughout the whole of

[our] life. . . . Those human beings who permanently lack certain empowering cognitive capacities—as well as all human beings in stages of life where those powers are absent—are simply the weakest and most needy *members* of our community. We can care for them and about them only by acknowledging the living bodily presence they have among us—seeking to discern in their faces the hidden spirit, the call to community that their bodily presence constitutes, and the face of Christ. (6, original emphasis)

This great truth is explicitly referred to in Meilaender’s analysis of a host of bioethical questions. Thus, in the chapter on abortion he rejects the dualistic argument that some living members of the human species (in this instance unborn babies) are not “persons” and writes as follows:

Knowing that God has created us not simply as free spirits, but as embodied creatures; knowing that in the child conceived in, carried by, and born to Mary God has taken the whole course of our bodily development into his own life; and knowing that even before we have the capacity for speech the Spirit intercedes for us, we can hardly find ourselves drawn toward the “personhood” argument. It is true . . . that certain capacities and characteristics distinguish human beings from other species. But the personhood argument mistakenly assumes that these distinguishing characteristics constitute qualifications for membership in the human community. But to be a member of our community, with a claim to care equal to yours or mine, an individual *need not possess these capacities*. To “qualify” for membership he need only be begotten of human parents. (32, emphasis added)

This truth is also illustrated in the chapter on refusing treatments. The uselessness of a treatment is a nonsuicidal and legitimate criterion for withholding or withdrawing the treatment. This criterion is abused, however, when it is used to justify omitting simple surgery to repair the blocked esophagus of a baby with Down syndrome on the grounds that the surgery would be useless because it would preserve not the life of a “person” but only the life of a baby who is *not* a “person,” since the baby with Down syndrome cannot do what persons do (69–70). Similarly, in discussing the legitimate criterion of burdensomeness, Meilaender stresses that this criterion is abused when food and hydration are withheld from persons in an alleged vegetative state. Commenting on the Karen Quinlan and Nancy Cruzon cases, he notes the temptation to consider their lives in that state as excessively burdensome. He then declares, “But if we act on such a thought and withdraw the feeding tube, the burden at which we are taking aim is not the treatment but life itself” (71).

In the chapter on organ donation, Meilaender again emphasizes the bodily character of our existence as *human* persons, against dualists who make the body instrumental to the “person” (the conscious subject). Thus, he rejects as immoral a widowed and debilitated father’s proposal to “give” his heart to a beloved son in need of one, because “not every gift can be given by those who know themselves to be creatures rather than Creator. *The body, as the place of personal presence, has its own integrity, which ought to be respected*” (88, emphasis added). While approving kidney donation and transplantation as of itself not immoral, Meilaender nonetheless judges this procedure troubling “if—in depicting generosity in ways unmoored from the body and the body’s connections—*it suggests a separation of who we are from the*

body that we are”; he notes that other concerns, such as consent, “should not obscure a larger underlying issue: *the integrity of bodily life*” (90, emphases added).

God’s Loving Will and Absolute Moral Norms

Among “background” Christian beliefs Meilaender holds that God’s loving will trumps any of our efforts to overcome the limits of our finitude. Thus, in considering medical or scientific progress, we must be willing to say no if the never-ending human self-creation runs counter to the will of God with respect to the ethical issues such advancements so often pose. Meilaender thinks that the proper ethic to adopt is what moralists today call “deontological,” insofar as it recognizes limits to our freedom and judges acts not only in terms of good consequences that may come about but also in terms of how they violate duties we owe to others (5). He does not consider the natural law ethic rooted in Aquinas and today developed by Germain Grisez, John Finnis, Joseph Boyle, Robert Joyce, Patrick Lee, and others. But he does show that he is opposed to the kind of utilitarian/consequentialist/proportionalist ethical thinking that is dominant in Western culture today.

Meilaender frequently returns to this theme and spells it out when discussing the existence of moral absolutes, that is, specific moral norms that admit of no exceptions, such as that one ought never deliberately choose to kill an innocent human person (e.g., an unborn child, a senile and demented person, or someone in the “vegetative” state). He thus approves of the classic principle, or rule, of double effect. He points out that martyrs, for instance, do not deliberately choose to commit suicide or kill themselves (we have seen already that he totally repudiates suicide and euthanasia) but rather choose to bear witness to the truth of the Gospel, foreseeing that by doing so they are likely to die—a death they do not, however, intend. He illustrates how this distinction between foreseeing and intending is at work in the refusal, which he thinks correct, of a Jehovah’s Witness who refuses the potentially life-saving intervention of a blood transfusion, because for him to accept the transfusion would be sinful and contrary to what God wills (66–68).

Again, in discussing embryos as the smallest of research subjects, Meilaender says, “Medicine and medical research have a place of honor in the story of our attempts to relieve suffering. It is a goal whose nobility none of us should deny, a goal Christians are eager to honor and support. Yet even our noble humanitarian projects do not always have moral trump, and *we must evaluate not only the goals we seek but also the means to those goals. It is at least possible, therefore, that we might have to renounce some means to the worthy end of relief of suffering*” (118, emphasis added). He clearly rejects any consequentialist, proportionalist ethics and recognizes that we make ourselves to be the kind of persons we are in and through the choices we make here and now, in and through the actions we choose to do or refrain from doing in order to achieve further good consequences. We must not do evil for the sake of good to come.

The Christian Meaning of Suffering

Confronting the suffering human person’s experience, especially when a person is gravely ill or caring for someone who is, Meilaender articulates a key background belief for a Christian bioethics: While we must care for those who suffer and seek to

ameliorate their suffering, “we should not imagine that suffering can be eliminated from human life or that it can have no point or purpose in our lives” (7). This leads us to remember that although doctors are healers, they are not saviors. All medicine can do is provide care for suffering persons, but that care cannot, of itself, offer the health and wholeness we ultimately need and desire. If we respect the moral limits that ought to bind us, we will not always be able to give people what they desire, “but we can and should assure them that the story of Jesus is true—that the negative and destructive forces of the universe are not the ultimate powers whom we worship” (7).

This background belief is front and center in the final chapter, “Sickness and Health.” Bioethics, Meilaender argues there, is fundamentally an invitation “to think about the way we live toward death in a world marked by illness and suffering,” providing us with the opportunity to consider how our way of life is shaped by our trust “in a God who suffers for our redemption” (120). Even the healthy must think about the meaning of illness in human life.

He points out that in chapter 9 of John’s Gospel, in the story of Jesus’s healing of the man born blind, Jesus suggests that the man’s blindness was no random occurrence but a work of God’s loving providence, providing an occasion for Jesus to work a great “sign” in his healing. Jesus does not say that sin never results in illness, nor does He say that it always does. He does not in fact give an answer to what causes illness, clearly warning us instead that God’s ways are not our ways and that his purposes may lie beyond our ken. But above all He gives the sufferer the dignity of being united with Him in His own suffering, and He gives all of us the duty of attending to the sick, of being compassionate and merciful. *We must not consider ourselves our own redeemers from sickness. We are not God nor should we pretend that we are* (121–123).

Although sickness, suffering, and death plague human life, they are not the greatest evil. That evil, Meilaender says, “would be to lose God, to have reason to doubt his faithfulness to us. . . . God defeats and destroys the negative powers of sickness and death, but he does it by claiming even that realm as his own—by entering it and bearing it to its own logical end. The perfection and power of God [are] displayed in the acceptance of neediness, dependence, and even suffering.” God will disappoint our desire for self-sufficiency and independence and our desire that he make sickness and death disappear. But He is with us in our sickness, suffering, and death. That indeed is good news (123–124).

Contraception

In his discussion of procreation versus reproduction (chapter 2), Meilaender begins with a beautiful presentation of the marital act as both unitive and procreative. He writes,

The child is God’s “yes” to [the man’s and woman’s] mutual self-giving. That such self-giving should be fruitful is the deepest mystery not just of human procreation but of God’s being. From eternity the Father “begets” the Son—that is, gives all that he is and has to the Son. Christians use just this language to affirm that God’s own being is a community in love. In begetting we too give

of ourselves and thereby form another who, though other, shares our nature and is equal to us in dignity. A child who is thus begotten, not made, embodies the union of his father and mother. . . . The power of their mutual love has given rise to another who, though different from them and equal in dignity to them, manifests in his person the love that unites them. Their love-giving has been life-giving; it is truly *procreation*. (14)

Turning to contraception shortly afterwards, he says, “The approved contraception has been for the sake of children and directed toward fruitful marriages. If reason and will play a role here, they do so only in the service of the procreative good of marriage” (16–17). Here Meilaender, it seems to me, summarizes the reasons he advanced to justify contraception in his contribution to a symposium on contraception in the December 1998 issue of *First Things*, where he declared that “contraceptive intercourse may sometimes be a fitting means by which husband and wife aim to nourish simultaneously the procreative and unitive purposes of their marriage.”

This argument can be accurately described as justifying married couples’ use of non-abortifacient contraceptives under the following conditions: (1) the decision to use them is well motivated and their use promotes simultaneously both unitive and procreative purposes of marriage and the marital act, and (2) their use in no way repudiates the intrinsic bond uniting these purposes but simply distinguishes between specific acts of marital sex and the thrust or direction of marital life and sexual congress as a whole or totality.

This reasoning is deeply flawed. With reference to the first point, it must be said that good motivations prompting the use of contraceptives and good hoped-for results of making use of them do not of themselves justify their use. Paradoxically, this reasoning exemplifies the consequentialist moral reasoning that Meilaender himself repudiates; he does not, however, seem to be aware that that is precisely the kind of reasoning he is using to justify use of non-abortifacient contraceptives by husbands and wives. He is essentially seeking to “re-describe” the action one chooses to do here and now, i.e., to contracept, in terms of its anticipated good effects. He is concealing, failing to reveal what one is doing here and now.

The second point complements the first and helps us see why the first point is fallacious. That point, central to the argument, is completely dependent on the significance of the distinction between individual acts of marital union and the whole, or totality, of such acts in the entire marriage. The problem is simply this: in and through the freely chosen acts we engage in every day we determine ourselves; we make ourselves *to be the kind of persons we are; we give to ourselves our identity as moral agents*. This is so because while our actions have effects in the external world and “get things done,” i.e., have consequences, they also and more importantly have something to tell us and others about ourselves. Morality comes from the heart; as Jesus said, it is not what enters a man that defiles him but what comes from him, from his heart. In other words, I (and all human persons) make myself to *be* an adulterer if I freely choose to have sex with a person to whom I, a married man, am not married; moreover, I remain an adulterer, inwardly disposed to commit adultery, unless I have a “change of heart,” experience *metanoia*, repent of my adultery and resolve, with the help of God’s grace, never to choose to commit adultery again.

Abortion

We have seen already that Meilaender defends the personhood of human embryos and considers their intentional (i.e., deliberate) killing as always gravely immoral. In considering—and rejecting as immoral—the argument that abortion is justified as a means of respecting a woman’s right to privacy, he says that it calls our attention to the truth that two persons are involved in abortion, the child and its mother. The mother and she alone bears the child until birth, when others are then able to help care for it.

But is it fair, he asks, to require her to continue bearing it despite the serious burdens this may impose on her? He contends, in passages that in my judgment contradict his principles and approve of behavior that is *not* Christian, that there are “very limited” circumstances in which we “ought not deny [the mother] an abortion if she seeks it” (34). He thinks that “if continued pregnancy constitutes a threat to the mother’s life such as either she or her child must die, *we cannot require her to build the human race by destroying herself*. Nor must we simply wait to see what happens, as if God . . . did not use us to bring care and healing even in a world radically distorted by our sin” (34, emphasis added). He goes on to say that we should render a similar judgment in cases of pregnancy resulting from forcible or incestuous intercourse: “In this instance, even though the fetus is . . . technically innocent, *its continued existence within the woman may constitute for her an embodiment of the original attack upon her person*” (34, emphasis added).

I want to point out, with respect to the first issue (when continuation of the pregnancy threatens the life of the mother), that the “abortion” could possibly be justified in accord with the principle double effect, with the death of the unborn child a foreseen but not intended effect of the act whose intended effect and immediate end is the saving of life of the mother. As noted above, Meilaender accepts the truth that the principle of double effect embodies, making effective use of it in his discussion of legitimate reasons for refusing treatment.

But let us suppose that a woman is told by her doctor that she must have an abortion to save her own life. She asks the doctor, “Do you mean that I must kill my child to save my life, or could it be that his death is foreseen but not willed by me?” and the doctor responds, “I mean that you must kill the child if you want to save your life.” It seems to me that the mother could and would say that she would rather die than kill her own child. In fact, later in this chapter, Meilaender speaks of the temptation after birth to rid oneself of an “unwanted child,” a temptation that could test father as well as mother: “One need not be a Christian to agree with Socrates that it is better to suffer evil than to do it, but certainly Christians should understand such a claim. If we seek to save ourselves *by doing away with the child who is unwanted*, we hand ourselves over to the destructive powers of the world in an attempt to avoid them, and we act as if those powers are ultimately worthy of our worship, as if they could save” (36–37, emphasis added). Contrast this truthful way of speaking with his unfortunate misdescription of the situation of the mother whose killing of her child he approves when he says, “We cannot require her to build the human race by destroying herself.” We are definitely *not* asking her to destroy herself to build the human race. We are simply asking her not to freely choose to kill

an unwanted child, because it is better to suffer evil than to do it, as even morally upright pagans like Socrates recognized.

Meilaender's acceptance of abortion as justified if the child is conceived as result of forced intercourse or an incestuous relationship is worse. The child—a person made in God's image and equal in dignity to his parents, whoever they may be—as a person and child of God is reduced to a thing. Meilaender does not precisely say this, but he does say that for the woman in question "its continued existence" is "an embodiment of the original attack upon her person." Notice the impersonal way of referring to this child as "it." Is Meilaender arguing as follows: Since the mother does not perceive the child in her womb as another victim of forcible or incestuous intercourse but rather as an "it," embodying the one who did violence to her and to the child, the child ceases to be for her what he in truth really is: *a person to be loved*? It seems to me that this is the case. Moreover, is it not true that children conceived in this way many times grow up to defend and protect their mothers, whom they love with a special love precisely because their mothers refused to confuse them with their attackers and let them live. In addition, Meilaender's defense of abortion of a child conceived because of forcible or incestuous sex is incompatible, it seems to me, with what he says later: "The life of the child in the womb is God's creation, and the child is part of the world Christ came to redeem. The worth and dignity of the child's life are not therefore dependent on our evaluation—on whether at any given moment we 'want' that child" (35). He goes on to say that "our continuing task . . . is to struggle to bring our judgments and feelings into accord with God's action, to let our estimate of the child be shaped and formed by God's" (36, emphasis added). My hope is that in the next edition of *Bioethics* Meilaender will revise this material in light of what he has to say in the chapter's final pages.

Concluding Evaluation

I have already surveyed the contents of much of the book regarding its Christian vision—procreation, abortion, suicide, and euthanasia in particular. Meilaender's discussion of treatment refusals, organ donation, human experimentation, genetic advances, patient autonomy, and screening the unborn are uniformly excellent and compatible, in my opinion, with Catholic thought. There are some areas, however, where I think that constructive comments can be made.

In the chapter on genetic advances, Meilaender's judgment on germ cell therapy and enhancement therapy (42–43) is similar to that made in 2008 by the Congregation for the Doctrine of the Faith in *Dignitas personae*. However, *Dignitas personae's* condemnation of germ cell therapy is not unconditional, whereas Meilaender's seems to be. The Vatican document holds that,

because the risks connected to any genetic manipulation are considerable and as yet not fully controllable, *in the present state of research, it is not morally permissible to act in a way that may cause possible harm to the resulting progeny*. In the hypothesis of gene therapy on the embryo, it needs to be added that this only takes place in the context of in vitro fertilization and thus runs up against all the ethical objections to such procedures. For these reasons, therefore, it must be stated that, *in its current state* [emphasis added], germ line cell therapy in all its forms is morally illicit. (n. 27)

Discussing prenatal screening, Meilaender eloquently affirms, “Christians ought to set themselves against prenatal screening, at least as it is currently practiced in this country in an increasingly routinized way. For it stands in conflict with the virtue that would say to another, ‘It’s good that you exist’” (48). This modern technique has unfortunately transformed the child into a “product” inferior to its producers and subject to quality controls, to be eliminated—that is, killed, if the child does not measure up to certain standards (49–51). This is quite true. Meilaender does not, however, consider good uses of prenatal screening to provide prenatal care and treatment. Physicians like Thomas W. Hilgers, M.D., have shown that noninvasive ways of examining the unborn, such as sonograms, can be used for genuinely therapeutic purposes. For example, at a hearing at the U.S. Senate some years ago, sponsored by pro-life Senator Gordon Humphrey of New Hampshire, I heard testimony from a couple and their physician—as the child, now born, rested on her mother’s lap—in which they described the wonderful surgery that had been done on the child while she was still in womb, a therapeutic intervention indicated after prenatal diagnosis had shown that she suffered from a neural tube defect and that fluids were building up in her cranium, exerting pressure on her brain. This timely intervention was successful in minimizing the harm this child suffered.

Other observations of similar nature could be made, but the ones offered suffice. Meilaender’s work is, in truth, a “primer for Christians,” and Catholic Christians can learn much from it.

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