

inevitably use enhancements in unenlightened, selfish, and abusive ways.

Transhumanists are essentially interested in making something other than man, for to be merely human is to be defective. It is unimaginable and almost perverse that someone would choose to be human if given the choice to be anything else. Most striking, this is very similar to what we read in science fiction novels, which appear less fictional than we would at first believe. It is part and parcel of a way of thinking that goes beyond not only God but man himself, proving that when God is removed from the picture, eventually man—created in his image and likeness—will soon be removed as well. From a theological perspective, this is clearly the diabolic dream of eliminating the image of God, which the demons most envy.

“When appealing to common sense, transhumanists promise a better world in humanly comprehensible terms. However, their own assumptions lead them to abandon those promises in favor of willful change toward incomprehensible outcomes,” Rubin explains in his opening words to the last chapter of *Eclipse of Man* (163). He criticizes how progress becomes “the sheer accumulation of

information, a kind of hoarding mentality that is based on the belief that you never know what might come in handy someday.” Clearly, from this we cannot marvel at the belief that efforts to restrain science or technology on ethical grounds represent a threat to progress: “After all, if progress is mere accumulation, then of course restraint *is* a threat” (164, original emphasis). Rubin shows that there is a kind of betrayal in the transhumanist mantra and the idea of progress itself. Science was given pride of place in our society because it was thought that the freedom of scientific pursuit would enable greater human well-being. When we cease to ask questions about human well-being, however, natural science seems to lose its purpose. Transhumanism’s goal of human extinction, which uses science against humanity, is another good reason to be concerned about the misuse of freedom in a world that applauds relativism and questions eternal truths.

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***The Culture of Death:
The Age of “Do Harm” Medicine, 2nd ed.***
by Wesley J. Smith

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An eighty-nine-year-old Purple Heart recipient has profound dementia and has forgotten how to feed himself. He is not dying. A thirty-two-year-old former high school football star suffered a serious traumatic brain injury following an ATV accident. He is not dying. A twenty-five-year-old mom underwent a routine emergency caesarian section and delivered a healthy baby. She subsequently experienced a post-operative cardiac arrest resulting in a persistent vegetative state. She

is not dying. Because of their inability to feed themselves, each has his or her nutrition and hydration maintained by means of a feeding tube without complications. These patients are totally dependent on others for their care. Yet in all fifty states, it is legal to discontinue their fluids and nutrients, resulting in their deaths within seven to fourteen days. These are examples of legal euthanasia. The *Declaration on Euthanasia* defines *euthanasia* as “an action or an omission which of itself

or by intention causes death, in order that all suffering may in this way be eliminated.”¹ Many in today’s culture believe procuring the deaths of certain vulnerable patients is justifiable, even good. Their argument relies heavily on the emerging quality-of-life ethic, which is eclipsing the once common sanctity-of-life approach.

Wesley Smith’s *Culture of Death* drives the point home clearly. He has been writing about these matters for a long time, and this book contains a vast amount of material from his considerable expertise and experience. Once, life itself was greatly valued, not only by the religiously disposed but also by the secular culture. Think of the laws many states and jurisdictions had against suicide. Smith thoroughly describes how far “the practice of medicine [has been pushed] away from the ideals and beliefs that most ‘regular’ people count on to protect them when they or loved ones grow seriously ill or disabled” (xviii). This is the story of “the subversive impact of bioethics and ideological agendas on the fundamental moral principles that have long governed the practice of medicine specifically and our society’s values and mores generally” (xv). In fact, the author’s greatest service is presenting this story in an accessible way to a general audience.

For centuries, the medical profession was guided by the Hippocratic Oath, a pre-Christian code of doing no harm to those seeking help for their ailments and diseases. Smith identifies this as a foundational tenet of the sanctity-of-life ethic, which acknowledges “the equal inherent moral worth of all human beings” (xix). This tradition maintains its focus on individual patients, not the community or the “greater good.” The recognition of each person’s inalienable right to life and the resulting moral community reinforce the equality and moral worthiness of every single person. As the practice of medicine became more complex, however, new moral dilemmas arose, and a new field of bioethics emerged. Its early growth was guided by Judeo-Christian theologians, ethicists, philosophers, and lawyers such as Richard McCormick, Daniel Callahan, and Paul Ramsey.

In time, secular voices became predominant, some argue by design. The new field was ultimately influenced by Joseph Fletcher, an apostate, former Episcopalian priest. Called by some the “patriarch of bioethics,” Fletcher became known for situational ethics, an approach that denies objective moral truths. This icon of the emerging field of bioethics “dismissed the notion of innate human rights” (12), harshly criticized the “reverence for life,” and believed that “nobody in his right mind regards life as sacrosanct” (Fletcher, quoted on 11).

Smith rightly states that bioethics is an ill-defined discipline. Universities offer degree programs without clear and agreed-on qualifications, official certifications, or licensing to ensure public safety and the common good. Moreover, becoming a bioethicist, Smith argues, is actually of little importance. It is the “*ideology of mainstream bioethics*” and “a relatively small ‘insider’ group of elite practitioners . . . that hold a steadily increasing sway over the laws of public health, the application of medical ethics, and the protocols that govern hospital care” (xviii, original emphasis). The pursuit of the good in medicine, health, and society is based not on an objective acknowledgment of human dignity and the inalienable right to life, but on a utilitarian calculus. Thanks in part to the work of Peter Singer, the once inclusive moral community of all human beings is being replaced by an exclusive “moral” community that applies tests of personhood and value to humans and animals alike. Ironically, in this new, ostensibly broader paradigm, some among us are found wanting.

Smith calls this a new era of “potential medical authoritarianism” and shows that it has not occurred by chance. Rather, it has arrived by the work of a dedicated, “elite group of moral philosophers, academics, doctors, lawyers, and members of the medical intelligentsia” who reject the traditional moral principles of Hippocratic medicine and Western values (3). In this brave new world, “killing is beneficence, suicide is ‘rational,’ natural death is undignified, and caring properly and compassionately for people who are elderly, prematurely born, disabled,

despairing, or dying is a ‘burden’ that wastes emotional and financial resources” (xix). These are elements of a dystopian worldview pushed by the mainstream bioethics movement. It contains “dehumanizing ideas and health policies” (253), including the intentional dehydration of cognitively disabled persons, futile-care theories that encourage the withdrawal of desired end-of-life care, medical discrimination based on age or disability, and the redefinition of physician-assisted suicide and euthanasia from crimes to “medical treatment.” In this new age of “do harm” medicine, medical professionals who espouse “moral heterodoxy” are greatly pressured to disregard their conscience and beliefs (269). The result over time is chilling. Smith writes, “In short, we are coming to a time when the only people who will (or can) become doctors are those willing to, at least in some circumstances, kill—or, at the very least, be willingly complicit in the act. How frightening is that?” (270)

His description of the “age of do harm medicine” is undeniably accurate. Recent research on human embryos clearly demonstrates this new “bioethics” at work. A report published in *MIT Technology Review* revealed that scientists at Oregon Health and Science University purposely engendered embryos with a genetic mutation to see if they could repair it using the CRISPR/Cas9 gene-editing technique.² Legal scholar and bioethicist R. Alta Charo stated that she did not find this “inherently unethical.” More telling and troubling, she referred to the public’s role in deciding whether to “get rid of regulatory obstacles to these studies.”³ Note that she did not even mention the public’s role in deciding whether to totally ban research on human embryos. Commenting on this research, Stanford University law professor and bioethicist Hank Greely wrote that the “‘key point’ is that no one has tried to implant any edited embryos.”⁴ He went on to write that these were “research embryos not to be transferred for possible implantation. [It is] not a big deal.”⁵

Clearly, these statements by elite bioethicists reflect utilitarian nihilism, in which killing is beneficence in medical practice. In this new bioethics, dignity is rejected and labeled

a useless concept.⁶ Compare this perspective with the one expressed in *Donum vitae*, which states, “The human being must be respected—as a person—from the very first instant of his existence.”⁷ *Culture of Death* is a remarkable work for today, and Smith leaves us with much to ponder, including some apt advice. He sets out some clear recommendations to protect the conscience rights of physicians and to affirm the value of human life (270–271). He challenges those of us who hold on to the sanctity of life of each person: “We must create a vibrant, robust, and influential school of bioethics that can effectively challenge the utilitarian school in all venues . . . and boldly propose public health policies based upon the foundational belief that each of us is equal, wanted, and loved, that there is no such thing as ‘them’—only ‘us.’” (286–287). A tall order but a necessary corrective for what has occurred essentially unchallenged in health care, public policy, and developing cultural values.

A criticism, however, of this valuable work originates from the introduction to the first edition, where Smith writes that he takes “no position on whether abortion should be legal or illegal” (xxiv). This seemingly undermines his later comment that “the pro-life movement must continue to prick the consciences of people about the morality of abortion and the intrinsic importance of nascent human life” (264). Much of his work is aimed at rediscovering the traditional Western moral values that cherish all human life and challenge those who support the growing utilitarian assault on it. Abortion is killing, regardless of utility or some good achieved through it. His equivocation attenuates his exhortation to influence public health policies. This reluctance to enter the fray on the legality of abortion emerges as quite inconsistent with his goals.

Sanctity of life is based on the *very useful concept* of human dignity, which gives rise to four essential truths. First, human life has innate dignity conferred not by man but by his creator. Next, human life is sacred, that is, set apart from the rest of creation, over which man exerts responsible dominion and stewardship. The final two essential truths are that all human beings must be treated equally

and never used as objects. By categorizing some human persons as having less value, objectifying some human lives, and rejecting the sacredness of and innate right to life, utilitarian and quality-of-life ethics have given rise to numerous assaults on human dignity and sanctity. Wesley Smith has done a great service, once again, by this fine summary. The elite bioethicists present a “subversive . . . theme in bioethics’ embrace of the quality-of-life [and utilitarian] ethic: Our love for each other as fellow human beings should be conditional” (281). The future rests on a restoration of *do no harm* medicine, public policy, and law. This requires a recommitment to care for the least among us, often the most vulnerable. That is unconditional and authentic love.

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1. Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (May 5, 1980), II.

2. Steve Connor, “First Human Embryos Edited in U.S.,” *MIT Technology Review*, July 26, 2017, <https://www.technologyreview.com/>.

3. Sharon Begley, “Using CRISPR, Scientists Efficiently Edit Genome of Viable Human Embryos,” *STAT*, July 26, 2017, <https://www.statnews.com/>.

4. Hank Greely (@HankGreelyLSJU), Twitter, July 26, 2017, 5:37 p.m., <https://twitter.com/HankGreelyLSJU/status/890370419651366912>, quoted in Sharon Begley, “In a First, Scientists Have Edited the DNA of Human Embryos That Could Turn into People Using CRISPR,” *Business Insider*, July 27, 2017, <https://amp-businessinsider-com.cdn.ampproject.org/>.

5. Greely, Twitter, July 26, 2017, 5:42 p.m., <https://twitter.com/HankGreelyLSJU/status/890371791947833344>.

6. See Ruth Macklin, “Dignity Is a Useless Concept,” *BMJ* 327.7429 (December 20, 2003): 1419–1420, doi: 10.1136/bmj.327.7429.1419.

7. Congregation for the Doctrine of the Faith, *Donum vitae* (February 22, 1987), I.1.