The Catholic Church in America, the Discipline of Bioethics, and the Culture of Life

Looking to the Encyclical *Evangelium Vitae* for Guidance

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Abstract

In this paper, I will first briefly discuss why the Catholic Church has always had and continues to have such a great concern for bioethics or health-care ethics, while I also highlight the biblical roots of this concern. Secondly, I will describe some of the ways in which the Catholic Church in America has exercised a positive influence in the field of bioethics, or what was in the mid-twentieth century often called medical ethics. Thirdly, I will sketch how and why the Church has to a large extent lost this influence, tracing how secularization both inside and outside the Church contributed to the destruction of the so-called “Catholic ghetto” and to the assimilation of ideas from the culture that were often alien to the Gospel and sound moral reasoning. Finally, I will offer some general reflections on how the Church can regain her influence in this area—especially with the goal in mind of building a culture of

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*life in American society—and how Catholic scholars in particular can contribute to this effort by following the lead of the late Pope John Paul II's 1995 encyclical on bioethics, *Evangelium vitae*, whose twentieth anniversary is fast approaching.*

I. The Catholic Church and Health Care: Carrying on the Healing Work of Jesus Christ

The birth and death of human beings: these are truly two of human life's most significant and remarkable events, realities that those who work in health care intimately experience every day.¹ The Catholic Church, for her part, in baptism and anointing of the sick, "sacramentalizes" these two great moments for human persons, ritually celebrating the "entry" and "exit" of human life from the world. As the Dominicans Benedict M. Ashley and Kevin D. O'Rourke observe, the Christian doctrines of the Incarnation (cf. Jn 1:14) and of the indwelling of the Holy Spirit in the believer (cf. 1 Cor 6:19) lead to "the sacramental concept of the human body, through which the basic biological functions become signs of spiritual events; birth [being] reenacted in baptism, eating and drinking in the Eucharist ... sexual union in the sacrament of matrimony,"² and illness and death, I would add, in the anointing of the sick.

And so, no matter how much modern medicine and technology may achieve mastery over birth and death, in the Christian perspective, these events will always retain a sense of sacred mystery given the body's origin and destiny in the God of Jesus Christ. As St. Paul teaches, "The body is not for immortality ... but for the Lord, and the Lord is for the body; God raised the Lord and will also raise us by his power" (1 Cor 6:13–14).

The Church has always had an intense concern for both the earthly and the transcendent aspects of the birth and death of human persons, as reflected, for example, in the establishment of hospitals in the earliest centuries of her existence. Of course, this concern of the Church for the person's bodily existence makes perfect sense. Her founder and savior, Jesus Christ, the Son of God, had declared that He came into the world that we might "have *life* and have it abundantly" (Jn 10:10). He, as the Incarnate Word (cf. Jn 1:14; Gal 4:4–5), even identified himself as "the resurrection and the *life*" (Jn 11:25; cf. Jn 14:6).³ And he worked many miracles of healing for those sick in mind and body, and he raised the dead too in order to prove this divine claim (e.g., see Lk 7:21–22). Indeed, Christ's own resurrection from the dead, St. Paul tells us, is "the first fruits" and cause of what is to come: man's own bodily resurrection (see 1 Cor 15:20–23). And so, the Church's concern for the sick and suffering, for their ailing *bodily life*, arises out of her desire to imitate Christ's own compassion and care for them as persons composed of a union of flesh and spirit, matter and form.⁴

This is why, given the preceding biblical anthropology or view of human life we have articulated and the Church's mission to uphold it, as

Pope John Paul II said in a remarkable passage in *Evangelium vitae*, “The Gospel of God’s love for man, the Gospel of the dignity of the person and the Gospel of life are *a single and indivisible Gospel*.”⁵ And this means, I would argue, the following: because of God’s *love (agape)* for each and every man and woman he has created in his image (cf. Gn 1:26–27), each and every individual is a human person with inherent *dignity*, which in turn implies that each and every person’s *life (and health)* is to be respected and revered as inviolable no matter what his or her mental or physical condition, color, creed, ethnicity, age, size, etc. In the words of the fifth commandment, “Thou shall not kill” (Ex 20:13; cf. Dt 5:17).⁶ Thus there is a unity—one we are obligated not to separate—between the twofold commandment of the love of God and the love of neighbor,⁷ that is, a unity between the Gospel understood as the “Good News” of God’s redemptive love for man and the “Gospel of life” understood as the love for every human person’s life that we, in imitation of God, are to manifest in our daily lives.

This view has practical implications for how we treat the good of human life in its various phases and conditions. Those who work in the health-care field, for example, will, on this account, refrain not only from intentional killing of their patients, but they will strive to serve their health-care needs in a spirit of love and mercy, seeing the sick and suffering as their “neighbor.” This entails seeing them not merely as diseased “parts,” but, as the Good Samaritan saw the distressed robbery and beating victim (see Lk 10:25–37), as vulnerable *persons* in need of healing. For Catholic health-care workers, the person must be at the center of all that they do on behalf of the good of health, just as Jesus made the person the focus of his saving and healing ministry. The sick are the “neighbor” that Jesus calls health-care professionals to serve by attending to their health problems.

II. Catholicism and Bioethics: The Positive Influence of the Church in America

The impetus for founding the early Christian hospitals to care for the sick, observes Catholic physician and former Chairman of the President’s Council on Bioethics Edmund Pellegrino, M.D., was “the image we have in the Gospels of Jesus as both healer and sufferer, as *Christus Medicus* and *Christus Patiens*—the wounded healer of Isaiah who himself was to know suffering as no other person could.”⁸ Pellegrino notes how the tradition of caring for the sick continues today; indeed Catholic hospitals and health-care facilities “comprise the largest single private commitment of personnel, facilities, and capital investment worldwide.” Under Catholic sponsorship in the United States, moreover, these institutions “represent the largest collection of private institutions in the world.”⁹ Although Catholic hospitals in America are clearly facing great challenges to their future—both internal and external¹⁰—they remain on the frontlines in the struggle against the “culture of death,” and, I would

argue, should be a key element in the Church's attempt at the (re)evangelization of the secular culture.¹¹

The Christian solicitude for human life, especially in its weakest and most vulnerable moments of birth, infancy, old age, illness, and death, is also concretely reflected in the Church's preoccupation with the ethics surrounding pregnancy and dying. One relatively recent example of this involvement is how over the previous centuries the Catholic Church developed an elaborate "casuistry" to deal with health-care questions that arose in health-care institutions that were usually under her sponsorship.¹² In fact, Catholic moral theologians who addressed medical ethics in the mid-twentieth century were intellectual pioneers in the (increasingly secular) discipline of what would, by 1970, be called, after the Nazi medical atrocities of World War II and the rise of modern medical technology, "bioethics."¹³

But little is it known, however, that in many ways the forerunners to these twentieth-century Catholic medical moralists and their secular counterparts, as Gonsalvo Herranz has shown, were nineteenth-century Catholic medical doctors and researchers who made important contributions to the ethics of biomedical research.¹⁴ Even long before the "Nuremburg Code" (1947), for example, one of the authors belonging to the school of the French nineteenth-century *Morale Medicale*, Dr. Georges Surbled, had articulated the moral principle that doctors are not to experiment on their patients without obtaining their "formal consent." Authors such as Surbled felt morally bound to obtain this consent because they viewed the human person as created in the image and likeness of God and thus a creature of inviolable dignity, a subject of human rights; indeed, Surbled speaks of "the rights of man," "the rights of the patient."

As Gonsalvo Herranz shows, in comparison with contemporary secular accounts of consent (which are rooted in notions of individualistic autonomy), Surbled's understanding is much better, philosophically speaking, for it is rooted in *charitable love* ("the first and last word of science," he says) and based on the

autonomy of the *Christian* subject, a man who lives in the presence of God and enjoys the help of his grace, [who] realizes lucidly that he is not the absolute master of himself, but a prudent and responsible administrator of his life and body, gifts borrowed ... that must be treated with wisdom and responsibility. Exactly the same can be said of the gifts received by, and the duties imposed on, the researcher.¹⁵

In America, Catholic priest-theologians would exercise tremendous influence not only on Catholic medical ethics but also on secular medical ethics, even though the practitioners of the latter often resented or even rejected this influence, and even though these moralists wrote during a time when Catholics found themselves largely outside the dominant and often discriminatory WASP culture. As the University of Notre

Dame historian John T. McGreevy notes in his fascinating, if flawed, book treating the often tumultuous relationship American Catholicism has had with secular notions of freedom, “On the subject of medical ethics ... Catholic analysis of just what a doctor or nurse might do, or what rights a patient possessed, was unparalleled,” as even such critics as the Protestant situation ethicist Joseph Fletcher conceded in 1954.¹⁶

Terms, concepts, and principles such as “ordinary” and “extraordinary” means, “free and informed consent,” the “principle of double-effect,” and the “principle of cooperation with evil” have become part of the common language in which we think about end-of-life care, among other bioethical issues, due in large measure to the Catholic Church’s long development and use of these concepts in her moral tradition. We can also note that in terms of *pastoral practice*, the Church has been at the forefront of efforts to develop hospice and palliative care to relieve pain and suffering here in the United States and around the globe. If we include consideration of the Church’s contribution to beginning-of-life issues, we would have to add how the Church has encouraged the development of natural means of fertility control as well as the treatment of infertility. One thinks in this regard of the work of the Pope Paul VI Institute (in Omaha, Nebraska) and its founder Dr. Thomas Hilgers, who has developed what he calls “NaPro Technology.” Of course, many other specific efforts of the Church on behalf of human life and health care could be cited.

We should note further that much of the Catholic Church’s concern for the “life issues” is reflected in her establishment of various official organized bodies and schools created to study, defend, and promote human life. For example, we can cite the following: the Pontifical Academy for Life, the Pontifical Academy of Sciences, the Pontifical Council for Pastoral Assistance to Health Care Workers, the Pontifical Council for the Family, the Pontifical John Paul II Institute for Studies on Marriage and the Family (and its many branches around the world), the already-mentioned Pope Paul VI Institute, and our own U.S. bishops’ Secretariat for Pro-Life Activities. Many more centers, professional associations, institutes, committees, and “think tanks” could be added to this list, such as the National Catholic Bioethics Center (in Philadelphia, Pennsylvania) and the Catholic Health Association of the United States (in St. Louis, Missouri)—both of which have Catholic bishops amply represented on their boards and both of which publish influential journals dealing with medical-moral issues.¹⁷

Catholic intellectuals have also been able to engage in dialogue with the secular culture and with persons of other religions because Catholics ground their medical-moral arguments in what is accessible to unaided human reason, that is, *natural law*. Although the Church’s moral teachings are ultimately rooted in a theological vision of human life and its origin and destiny, and promulgated by the Magisterium (i.e., teaching authority), they are also seen as accessible to those willing to use their

reason with an open mind to seek the truth.¹⁸ This was and is especially true of Church teachings dealing with human life and its transmission, such issues as contraception, abortion, and euthanasia. But not only these teachings are open to human reason: for example, Church teaching concerning killing in war, that is, the just war theory, has also been seen as comprehensible, if not always acceptable, to all reasonable persons regardless of their religion or lack thereof.¹⁹ “This somewhat non-sectarian approach” to moral questions, two authors affirm in the *Encyclopedia of Bioethics*, “has allowed Catholic analysis of problems to have a significant influence on the intellectual development of secular bioethics.”²⁰

From the 1940s until well into the 1960s, as historian Ian Dowbiggin has noted, “Catholic moral theologians such as John C. Ford, S.J., and Msgr. John A. Ryan tended to dominate the national debate over the rules and norms of medical ethics.”²¹ During the mid-twentieth century, in fact, the Church’s power

at the ballot box ensured that the Catholic position on sensitive social issues tended to become national and state policy. Thanks to the church’s similar influence on the nation’s popular culture, its doctrines of ethical and moral conduct reached well beyond the faithful to affect non-Catholics as well.²²

And by the early 1960s, Dowbiggin writes, the cultural and political influence of the Roman Catholic Church, which was “a formidable foe of legalized euthanasia, seemed more powerful than ever.”²³

Thus many have credibly argued that the Catholic Church was well situated to respond to the push to liberalize state abortion laws in the late 1960s and early 1970s and to help organize a “right to life” movement after *Roe v. Wade* (1973)—which would also fight the nascent “right to die” movement—precisely because of her long history of intelligent reflection on the ethics of medical practice in addition to her vast network of schools, health-care facilities, and relief agencies.²⁴ Although, admittedly, the Church has probably had more success over the last forty-five years in preventing the legalization of euthanasia and physician-assisted suicide in America than she has had in outlawing abortion,²⁵ I am sure her concrete efforts on behalf of the unborn and other vulnerable persons have been significant in various ways, for example, in helping to shape the culture in favor of human life in many different areas—such as in favorable cultural attitudes towards adoption; in negative attitudes towards partial-birth abortion²⁶ and the death penalty; in fostering the care and acceptance of AIDS patients; in supporting the pastoral care of families, the handicapped, the addicted, and the elderly; and in holding off the expansion of embryonic stem cell research, while promoting adult stem cell research.

As John T. McGreevy argues, much of this shaping of the recent culture for the better in these areas can be attributed to the singular influence of Pope John Paul II, whose papacy began in October 1978.

McGreevy's thesis is that the late pope's "passionate prolife stance did shape the American abortion debate, as did his opposition to capital punishment." "Most Americans," he continues, "still support legal abortion in some circumstances, but since the early 1990's, remarkably, support for the position that abortion should be legal in all circumstances has declined, while support for making abortion illegal in all circumstances has increased."²⁷ This is truly a stunning development, as is the significant drop in the number of abortions performed in this country.²⁸

III. The Waning of the Church's Influence: From a Church of Immigrants to a Church of Assimilation

Nonetheless, despite these hopeful turnarounds of the last thirty-plus years, no one can deny that for various reasons the Catholic Church's moral, political, and cultural influence on moral issues of all kinds in our country has, unfortunately, waned in recent years.²⁹ Surely one major contributing factor has been the desire of many intellectuals and others in the Church since the Second Vatican Council to break free from the so-called "Catholic ghetto" in order to become accepted as part of the mainstream of American life, which has included acceptance of its cultural worldview and values, the good as well as the bad. As the Knights of Columbus's Supreme Knight, Carl A. Anderson has argued, in this approach many Catholics thought they "could demonstrate that they were not inherently anti-democratic and therefore, not inherently anti-American."³⁰ The "social demonstration of this hoped for 'Americanism' involved," notes Anderson, accepting the Jesuit John Courtney Murray's argument that contraceptives should be legalized based on the principle of toleration and respect for the "religious diversity on this issue in the private lives of their fellow citizens."³¹

Anderson argues that circa 1965, five years after the election of the first Catholic as president, John F. Kennedy, and just as Vatican II was ending, many Catholics thought this strategy was an appropriate way for Catholics to

signal acceptance of diversity and respect for democratic institutions. Over time, however, many began to perceive that the "private morality" principle in regard to marriage, family and sexual morality substantially weakened the Church's ability to "testify" regarding the truths of marriage and family.

"After forty years," says Anderson, "it may have *fatally* weakened the ability of the Church in the United States to effectively testify to these matters."³² When combined with a number of rulings of the U.S. Supreme Court (e.g., on the First Amendment) and other legal decisions by federal and state courts, the result of this view was the "naked public square,"³³ or better, the "secular public square," that is, the separation of religiously-based morality from public policy so that abortion, physician-assisted suicide, same-sex "marriage," pornography, and other violations

of traditional morality are permitted and often times rigorously promoted and accepted—even by many, if not a majority of, Catholics (especially among the cultural elite) now free from the protective subculture of the authoritative “immigrant Church.”³⁴

Faithful Catholics would soon learn, however, that *the right to “privacy” was usually never private*, as I often note, since what was to be kept in brown paper bags or behind closed doors eventually became very *public*, part of the “mainstream” culture in very open ways. For example, pornography and other perversions were displayed or promoted in stores, the media, movies, magazines, television, and on radio, contributing to what author and syndicated columnist R. Emmett Tyrrell, Jr. calls the “Kultursmog.”

In detailing the many ways in which, during the 1960s, Catholic moralists themselves in particular came to reject and attack the Church’s constant and firm teaching of specific moral absolutes, which included many norms in bioethics (e.g., the intrinsic evil of the intentional killing of the innocent in abortion and euthanasia), Catholic moral philosopher John Finnis has observed that yes, “Secularism has indeed affected the thought and practice of many Christians,” and not only on moral issues but on dogmatic ones as well.³⁵ But, he adds, to say that dissent in moral theology is “simply a surrender to secularism remains too simple” an explanation.³⁶ And I would agree; for sometimes this secularization process has been initiated from *within* the Church by her own members, as we have noted.³⁷

Moreover, as Finnis argues, the bad moral theology of recent times helped prepare the way for the acceptance of contraception. This was the traditional moral theology that Vatican Council II had called on theologians to renew, not by denying its specific teachings, but by grounding it more firmly in Sacred Scripture and centering it more closely on the person of Christ. Predating the proportionalism that was to arise immediately after the council and which was to do such immense damage as one particular “revisionist” response to the council’s call for renewal, this moral theology was legalistic in character and offered the so-called “perverted faculty” argument against contraception rather than identifying the human good—human life-in-its-transmission—violated by the choice to contracept.³⁸ It was also a moral theology that, unlike St. Thomas Aquinas’s approach, was focused on obligation rather than happiness.³⁹

Be that as it may, Finnis notes one fascinating fact that I want to note, which, as he says, seems “clear and basic. The formal attack on the moral absolutes emerges, among Catholics, in response to the problem of contraception.” No other moral issue but contraception, argues Finnis, precipitates the formal rejection of moral absolutes. Only the “desire to practice or to approve contraception did.”⁴⁰ This was especially true in the case of proportionalist moral theologians immediately before and after *Humanae vitae*.

Moreover, in accounting for the Church's loss of influence, we must also point out that recent bioethical thinking in the secular culture itself, as much of its thinking in general, has rejected a public role for religion,⁴¹ especially the Judeo-Christian variety, and adopted a "quality of life" ethic along with a "utilitarian" or "proportionalistic" ethical methodology.⁴² This too has contributed to the idea that certain attacks against innocent human life, such as abortion, are morally legitimate—indeed regarded as fundamental constitutional "rights." In this light, the remark in a 1989 interview by the late Catholic Southern novelist/physician Walker Percy rings true: "The whole notion of [euthanasia and abortion] is very reasonable without the Christian Ethic."⁴³ Or at least we can say that it is reasonable to the proponents of the "culture of death." As Pope John Paul II observed in *Evangelium vitae*, it is this culture which has a perverse understanding of freedom as license and of the human person as an isolated and autonomous individual alienated in dualistic fashion from his or her body. This understanding blocks many people from seeing the truth and beauty of Church teachings on the incomparable dignity of human life from "the womb to the tomb."⁴⁴

IV. How to Regain the Church's Lost Influence and Build a Culture of Life: Following the Teaching of *Evangelium Vitae*

To turn things around for the better, so that the Catholic Church in America can once again influence the culture as "the salt of the earth," as "the light of the world" (see Mt 5:13, 14), and contribute to the reform and renewal of bioethics, we must first "get our own house in order."⁴⁵ Catholics must therefore wholeheartedly (re)commit themselves to live out their faith in the context of their personal vocations, and to do so under the guidance of the Magisterium. In order to do this, however, there must be in place the social and cultural conditions that make choosing it possible, that is, a viable option. We as the "body of Christ" must realize that rather than welcome the destruction of the Catholic ghetto as a requirement of Vatican II's allegedly "progressive" spirit, what Catholic sociologist Joseph A. Varacalli calls Catholicism's pre-Vatican II "plausibility structure ... could have and should have been updated in light of a *literal* understanding" of the council.⁴⁶ Thus, he argues, "a correct understanding of Vatican II requires a cohesive and distinctive Catholic plausibility structure in order to fulfill the Catholic task of 'Christianizing the temporal sphere' in America and elsewhere."⁴⁷ Unfortunately, observes Varacalli, because of secularizing trends outside the Church and the institutionalization of internal dissent within Catholic institutions, this Catholic plausibility structure has been severely weakened, leading to a lessening of the faith on the part of many Catholics in America.⁴⁸

Following the Protestant sociologist Peter Berger's understanding of plausibility structure, Varacalli notes that "any belief system requires a social-structural base" (i.e., a plausibility structure), "consisting of a

set of mutually reinforcing social institutions that reaffirm, through constant social interaction and exposure, its 'realness' to the individual."⁴⁹ He argues that the evidence is overwhelming that "an internally cohesive and consistent Catholic plausibility structure is necessary for the evangelization and maintenance of an authentic Catholic presence in a United States that has consistently lacked a common Catholic culture."⁵⁰

This plausibility structure "consists of various Catholic social institutions serving as agents of Catholic socialization" whose task is not merely to protect the Catholic culture from harmful influences in the larger culture, but to "create a mechanism of mediation whereby Catholics can selectively appropriate elements of the broader culture which are viewed as positive while simultaneously critiquing the larger civilization and, eventually, shaping it from the logic of its own heritage."⁵¹ These institutions range from Catholic schools at all levels to Catholic hospitals. We can call these institutions the "Catholic infrastructure"—as necessary as concrete roads and bridges are to a city's material infrastructure.

To put all of this talk of "plausibility structures" another way, that is, in theological terms, without our own radical *conversion* in Christ and the deliberate institutionalization or embodiment of the practices that support and sustain this conversion and our unique Catholic identity, there will be no "Catholic moment" in health-care ethics or in other areas of the culture. My argument, then, is that without a Catholic plausibility structure, it will not be good enough or it will not even be possible to move, as we must, from personal belief to social/political action on behalf of human life. But these efforts of ours must go hand-in-hand with the critique of the culture of death's dualistic anthropology and its utilitarian/proportionalistic moral methodology.⁵² And this leads to my next point.

As we look outside the Church to the world, we must have what Catholic historian Glenn W. Olsen describes as an "evangelical openness to culture aimed at culture's conversion, which is to preserve and develop what is already good while purifying what is evil."⁵³ Rejecting the approach that either would condemn the culture as hopelessly lost or would capitulate to its secular values, Pope John Paul II, and now Pope Benedict XVI, calls on Catholics to engage the culture with specifically Christian values in order to transform it. Encyclicals such as John Paul II's *Evangelium vitae* and *Veritatis splendor* provide a sound plan for how to accomplish this transformation and build a "culture of life and love."⁵⁴

Now, the heart of this message of cultural conversion involves, says John Paul II in *Evangelium vitae*, bringing the Gospel of life "to the heart of every man and woman and to make it penetrate every part of society."⁵⁵ To do this we have to proclaim "the core of this Gospel." We must speak boldly therefore, declares the pope, of "a living God who is close to us, who calls us to profound communion with himself and

awakens in us the certain hope of eternal life.“ This Gospel includes, according to John Paul, the

affirmation of the inseparable connection between the person, his life and his bodiliness ... the presentation of human life as a life of relationship, a gift of God, the fruit and sign of his love ... the proclamation that Jesus has a unique relationship with every person, which enables us to see in every human face the face of Christ ... [and] the call for a ‘sincere gift of self’ as the fullest way to realize our personal freedom.⁵⁶

In addition to proclaiming the Gospel, we must also make clear all the “consequences” of this Gospel. Because “human life, as a gift of God, is sacred and inviolable,” says John Paul II, “procured abortion and euthanasia are absolutely unacceptable.”⁵⁷ But the pope does not rest content with saying that we must refrain from taking human life; he also affirms that it needs to “be protected with loving concern.” According to John Paul, the true “meaning of life is found in giving and receiving love, and in this light human sexuality and procreation reach their true and full significance.” This love also “gives meaning to suffering and death; despite the mystery which surrounds them, they can become saving events.” Finally, respect for life—surely another consequence of the Gospel vision—“requires that science and technology should always be at the service of man and his integral development.”⁵⁸ Indeed, exhorts the pontiff, all of society “must respect, defend and promote the dignity of every human person, at every moment and in every condition of that person’s life.”⁵⁹

But the pope reminds us that it is not enough to know the truth, we also need to be wise and virtuous both in word and in action in our proclamation of the truth. “To be truly a people at the service of life,” says John Paul II, “we must propose these truths constantly and courageously from the very first proclamation of the Gospel, and thereafter in catechesis, in the various forms of preaching, in personal dialogue and in all educational activity.” Moreover, he states, educators, including theologians, have the task of emphasizing

the anthropological reasons upon which respect for every human life is based. In this way, by making the newness of the Gospel of life shine forth, we can also help everyone discover in the light of reason and of personal experience how the Christian message fully reveals what man is and the meaning of his being and existence.

“We shall find,” the pontiff adds, “important points of contact and dialogue also with non-believers, in our common commitment to the establishment of a new culture of life.”⁶⁰

We Catholics—especially those involved in the health-care profession—might even be called to witness to our faith by actively resisting various social evils by means of conscientious objection. With specific reference to abortion and euthanasia, John Paul II speaks of “crimes which no human law can claim to legitimize.” In fact, he teaches, there

is “no obligation in conscience to obey such laws; instead there is a grave and clear obligation to oppose them by conscientious objection.”⁶¹ More and more today, Catholics and the institutions under their care are facing various threats against them in order to force them to do actions that violate their consciences, for example, to legally require Catholic social service agencies to allow homosexual couples to adopt children.⁶²

“The first and fundamental step,” writes the pope, towards a “cultural transformation” in favor of life, “consists in forming consciences with regard to the incomparable and inviolable worth of every human life.” “It is of the greatest importance,” he comments, “to re-establish the essential connection between life and freedom.” These are inseparable and interdependent goods, according to the Holy Father: “Where one is violated, the other also ends up being violated. There is no true freedom where life is not welcomed and loved; and there is no fullness of life except in freedom. Both realities have something inherent and specific which links them inextricably: the vocation to love.”⁶³

In sum, John Paul II’s call for cultural change demands from everyone, as he puts it, “the courage to adopt a new life-style, consisting in making practical choices—at the personal, family, social and international level—on the basis of a correct scale of values: the primacy of being over having, of the person over things,”⁶⁴ and, I would add, following the pope, of ethics over technology.⁶⁵ “This renewed life-style,” John Paul II continues, “involves a passing from indifference to concern for others, from rejection to acceptance of them. Other people are not rivals from whom we must defend ourselves, but brothers and sisters to be supported. They are to be loved for their own sakes, and they enrich us by their very presence.”⁶⁶

Pope John Paul II tells us that we as Christian scholars can also do much to build a new culture of human life in which every person is wanted and welcomed. In this regard he addresses us directly:

A special task falls to Catholic intellectuals, who are called to be present and active in the leading centers where culture is formed, in schools and universities, in places of scientific and technological research, of artistic creativity and of the study of man. Allowing their talents and activity to be nourished by the living force of the Gospel, they ought to place themselves at the service of a new culture of life by offering serious and well documented contributions, capable of commanding general respect and interest by reason of their merit.... A specific contribution will also have to come from Universities, particularly from Catholic universities, and from centers, institutes and committees of bioethics.⁶⁷

Of course, there is so much more in *Evangelium vitae*’s final chapter on how to build the culture of life: the need for the service of charity; the important role that the family, the media, and women play; the role of education; the importance of the sacraments; and the need to link truth with freedom in forming a culture of life, among many other things.

It is true, however, as John Paul II admits, that “service of the Gospel of life is ... an immense and complex task.”⁶⁸ But true also is his claim that “only the concerted efforts of all those who believe in the value of life can prevent a setback of unforeseeable consequences for civilization.”⁶⁹ So let us remember: “In this great endeavor to create a new culture of life we are inspired and sustained by the confidence that comes from knowing that the Gospel of life, like the kingdom of God itself, is growing and producing abundant fruit (cf. Mk 4:26–29).”⁷⁰ While the promoters of the “culture of death” seem to be so much more powerful and richer than the “the people of life,” Pope John Paul II exhorts us to take heart because “we know that we can rely on the help of God, for whom nothing is impossible (cf. Mt 19:26).”⁷¹

Notes

¹ Cf. Pope John Paul II, *Evangelium vitae* (1995), n. 22, http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html.

² Benedict M. Ashley, O.P., and Kevin D. O'Rourke, O.P., *Ethics of Health Care: An Introductory Textbook*, 3rd ed. (Washington, D.C.: Georgetown University Press, 2002), 48.

³ See also, among other passages in the New Testament, 1 Jn 1:1, where Jesus is described as “the word of life” and 1 Jn 1:2, where he is described as “the eternal life which was with the Father and made manifest to us.” To be sure, although St. John is speaking of *eternal* life in these passages here and in the text above, John L. McKenzie, S.J., points out that his “conception [of it] should not be taken as implying that there is no present transformation of the Christian through faith and sacramental participation in the life of Jesus [as we find in the Pauline writings]; but he emphasizes more than Paul the difference between the inchoate life in the believing Christian and the fullness of eschatological realization.” See the entry “Life,” in John L. McKenzie, S.J., *Dictionary of the Bible* (New York: Macmillan Publishing Company, 1965), 510. Moreover, as Pope John Paul II notes in *Evangelium vitae*, “By the gift of the Spirit, [eternal life] has been bestowed on us.” And “in being destined” to it, “every person’s earthly life acquires its full meaning” (n. 80).

⁴ See the United States Conference of Catholic Bishops’ general introduction to their *Ethical and Religious Directives for Catholic Health Care Services*, 4th ed. (Washington, D.C.: USCCB, 2001). See also Pope John Paul II’s 1985 *motu proprio Dolentium hominum*, establishing the Pontifical Commission [now Council] for the Apostolate of Health Care Workers, n. 1, http://www.vatican.va/holy_father/john_paul_ii/motu_proprio/documents/hf_jp-ii_motu-proprio_11021985_dolentium-hominum_en.html.

⁵ John Paul II, *Evangelium vitae*, n. 2, my emphasis. Later in the encyclical, John Paul II states that the Gospel of life is “something concrete and personal, for it consists in the proclamation of the very person of Jesus” (n. 29), and that “an integral part of [the Gospel of life] ... is Jesus Christ himself” (n. 78). “To proclaim Jesus” says the Holy Father, “is to proclaim life” (n. 80).

⁶ See *ibid*, nn. 40–41, on the fifth commandment that human persons are not to intentionally take innocent human life. See also, on the fifth commandment, Augustine Regan, C.S.S.R., *Thou Shall Not Kill* (New York: Doubleday, 1977). See esp. ch. 1 on the law and the precept not to kill.

⁷ Of course, Jesus himself explicitly affirmed this unity in Matthew 22:36–40 and parallels. See also Pope John Paul II, *Veritatis splendor* (1993), nn. 12–15. This encyclical is available, http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_06081993_veritatis-splendor_en.html.

⁸ Edmund D. Pellegrino, M.D., “The Present and Future Importance of Catholic Health Care in the United States,” in *Moral Issues in Catholic Health Care*, ed. Kevin T. McMahon (Wynnewood, PA: Saint Charles Borromeo Seminary, 2004), 4. See also Edmund Pellegrino, “Christ, Physician and Patient: The Model for Christian Healing,” *Linacre Quarterly* 66.3 (August 1999): 70–78. It is “the example of Christ Himself,” writes Pellegrino, “that inspired the establishment of those early hospitals in the fourth century, and sustained them and the hospices and hospitals of the Middle Ages to the present. It was the image of Jesus’ life that inspired so many religious orders, especially of women, to found hospitals throughout the United States in the nineteenth and twentieth centuries whether or not the people they served were Catholic. Many of these hospitals are the mainstay of health care in America’s cities and rural communities” (Pellegrino, “The Present and Future Importance of Catholic Health Care in the United States,” 4–5). For this history, Pellegrino relies generally on Timothy S. Miller, *The Birth of the Hospital in the Byzantine Empire* (Baltimore, MD: Johns Hopkins University Press, 1985). One can also profit from the brief account in Peter Lynch, *The Church’s Story: A History of Pastoral Care and Vision* (Boston: Pauline Books & Media, 2005), 134–137.

⁹ Pellegrino, “The Present and Future Importance of Catholic Health Care in the United States,” 1.

¹⁰ Some of these challenges facing Catholic hospitals are of course the financial pressures relating to our country’s health-care system (Medicaid and Medicare); others are questions about how to maintain their Catholic identity; and some are moral and legal controversies surrounding such issues as conscience-clause protections, the proper treatment of rape victims, the performance of tubal ligations, and the withdrawal of assisted nutrition and hydration from vulnerable patients. Many of these issues involve the principle of cooperation with evil, e.g., in dealing with hospital mergers between Catholic and secular institutions.

¹¹ See Anthony Fisher, O.P., “Is There a Distinctive Role for the Catholic Hospital in a Pluralist Society?” in *Issues for a Catholic Bioethic*, ed. Luke Gormally (Oxford, England: The Linacre Centre, 1999), 200–229. Fisher, an Australian who is now a bishop, identifies the challenges Catholic hospitals face and shows how they should be different than their secular counterparts. He speaks of three “sacramental” aspects of health care: *diakonia*, *martyria*, and *leitourgia*. “Insofar as health-care ministry is an expression of [the] broadly sacramental character of the Church,” Fisher writes, “Catholic hospitals should be signs and instruments of union with God effected by service of the sick, witness to Gospel truth, and worship offered in prayer and pastoral care” (211). See also Romanus Cessario, O.P., “Catholic Hospitals in the New Evangelization,” *National Catholic Bioethics Quarterly* 5 (2005): 675–686.

¹² Of course, these theologians were also applying the teaching of the Church as found especially in papal writings. For example, Pope Pius XII (1939–1958) gave many “addresses” that responded to developments in medical science and technology. He spoke on the morality of artificial reproduction, respirators, the contraceptive pill, human experimentation, and organ transplants, to name but a few issues presenting fresh challenges for the Church at that time. See Pope Pius XII, *The Human Body: Papal Teachings* (Boston: St. Paul Editions, 1979).

¹³ Some of the early moral theologians and philosophers who were involved in bioethics, although not as prevalent in the beginning as Catholics (e.g., Richard McCormick, S.J., Germain Grisez, John Connery, S.J., Daniel Callahan, Charles Curran, Benedict Ashley, O.P., Kevin O’Rourke, O.P., Bernard Häring, C.Ss.R., and William E. May), included Protestants (e.g., Joseph Fletcher, Paul Ramsey, James Gustafson, and Stanley Hauerwas) and Jews (e.g., Immanuel Jakobovits, Leon Kass, and David Novak). See *Theological Voices in Medical Ethics*, eds. Allen Verhey and Stephen E. Lammers (Grand Rapids, MI: Eerdmans, 1993), esp. the editors’ introduction, 1–6. See also footnote 21 below for additional Catholics.

Surprisingly, as far as I am aware, there are only half dozen or so book-length treatments that detail the history of bioethics as a discipline. See, for example, M.L. Tina Stevens, *Bioethics in America: Origins and Cultural Politics* (Baltimore, MD: The Johns Hopkins University Press, 2000). For briefer overviews, see Benedict M. Ashley, O.P., Jean deBlois, C.S.J., Kevin D. O’Rourke, O.P., *Health Care Ethics: A Catholic Theological Analysis*, 5th ed. (Washington, DC: Georgetown University Press, 2006), 3–5. See also the entry by Albert R. Jonsen and Andrew Jameton, “Medical Ethics, History of the Americas” (The United States in the Twenty-First Century), in *Encyclopedia of Bioethics*, ed. Stephen G. Post, 3rd ed., vol. 3 (New York: Macmillan Reference USA & Thomson/Gale, 2004), 1523–1540.

¹⁴ See Gonsalvo Herranz, “Some Christian Contributions to the Ethics of Biomedical Research: A Historical Perspective,” in *Ethics of Biomedical Research in a Christian Vision*, eds. Juan de Dios Vial Correa and Elio Sgreccia (Libreria Editrice Vaticana, 2004), 126–145, http://www.academiavita.org/index.php?option=com_content&view=article&id=229%3Ag-herranz-alcuni-contributi-alletica-della-ricerca-biomedica&catid=54%3Aatti-della-ix-assemblea-della-pav-2003&Itemid=66&lang=en. Herranz notes that the main reason for the failure to take into account these Christian contributions is the secularist pre-suppositions more or less assumed by historians of the subject. Herranz’s fine study provides a much-needed corrective to this conventional view.

¹⁵ *Ibid.*, 136–137. Herranz also notes another key Christian contribution to biomedical research ethics. Years before Surbled wrote, Dr. Max Simon in 1845 expressed vigorously the superiority of the human person to science and indeed to civil society. Simon wrote: “Neither the concern of science, nor the decision to solve an important theoretical problem or the craving for adding a new agent to the medical armamentarium, can lead experimenters to lose the touch with the immediate interest of the individual who is the subject of their studies.... [I]t is not possible to overemphasize this principle: the most indigent and worthless patient, the more useless to society, cannot be subjected to risky or dangerous experiments. Perish science rather than this principle!” (136). This important

principle was incorporated, among other places, in the World Medical Association's Helsinki Report, not in its original wording of 1962, but in later versions from 1975 on. See *ibid.*

¹⁶ John T. McGreevy, *Catholicism and American Freedom: A History* (Notre Dame, IN: University of Notre Dame Press, 2003), 219–220. McGreevy's history is generally comprehensive, fair, and balanced. However, as one whose sympathies are clearly with liberal American Catholicism, McGreevy often slights the conservative Catholic position on various issues. Also, more liberal Catholic scholars such as jurist John T. Noonan are given a large role and are portrayed favorably in the two chapters (eight and nine) devoted to life issues, while others such as the conservative Catholic moral philosopher and theologian Germain Grisez merit a brief two pages in the text. (For instance, the liberal Catholic Daniel Callahan's 1970 book *Abortion* is mentioned as "the single most important study of abortion published before *Roe v. Wade*" [266], but Grisez's massive and much better tome on the same subject, *Abortion: The Myths, the Realities, and the Arguments*, and published in the same year, is totally ignored.)

¹⁷ These are, respectively, *The National Catholic Bioethics Quarterly* and *Health Progress*. *The Linacre Quarterly* is probably the flagship journal in America devoted to the analysis of health-care problems in the light of Catholic faith. Founded in 1932, it is published by the Catholic Medical Association (formerly the National Federation of Catholic Physicians' Guilds).

¹⁸ Cf. Ashley, et al., *Health Care Ethics*, 5th ed., 21–22. In the Catholic perspective, faith and reason are fully compatible; they go hand-in-hand like love and marriage.

¹⁹ The Lutheran theologian Jean Bethke Elshtain observes: "By the beginning of the twenty-first century, the just war tradition had become part of the way in which much of the world spoke of war and peace questions, especially such matters as noncombatant immunity, proportionality, and the treatment of prisoners." See Bethke Elshtain, *Just War Against Terror: The Burden of American Power in a Violent World* (New York: Basic Books, 2003), 53. Although she was not speaking directly of the just war theory in the Catholic tradition, but in Christianity in general, in many ways a good case could be made for saying that the Catholic Church has been the "custodian" of just war thinking and teaching. See Thomas E. Woods, *How the Catholic Church Built Western Civilization* (Washington, D.C.: Regnery Publishing, Inc., 2005), 207–211.

²⁰ Jonsen and Jameton, "Medical Ethics, History of the Americas," 1527.

²¹ Ian Dowbiggin, *A Concise History of Euthanasia: Life, Death, God, and Medicine* (Lanham, MD: Roman & Littlefield, 2005), 104. The names of Gerald Kelly, S.J., Charles J. McFadden, O.S.A., Thomas J. O'Donnell, S.J., and Edwin F. Healy, S.J., should also be mentioned in this regard. Many other influential Catholic moralists could be cited. Fr. Kelly was the primary author of the first Ethical and Religious Directives promulgated by the U.S. bishops for Catholic hospitals in the 1950s and 1960s. These directives are now in their fifth edition (see also footnote 4 above). Since they first appeared in 1949, this formal Catholic code of medical ethics, which all physicians and health-care workers in Catholic institutions are to abide by, has also, notes Robert Veatch, "affect[ed]

non-Catholics who are associated with Catholic health facilities and others who find their reasoning persuasive.” See the entry by Veatch, “Medical Codes and Oaths,” (I. History), in Post, *Encyclopedia of Bioethics*, 1495.

²² Dowbiggin, *A Concise History of Euthanasia*, 103. One area where the Church’s influence over the culture was felt was in support of standards of decency for motion pictures, with the Hays Code’s (1930–1967) production guidelines having a considerable impact. The code was further strengthened by the creation of the Catholic Legion for Decency which designated “indecent” films that Catholics should boycott. See http://en.wikipedia.org/wiki/Hays_Code.

²³ Dowbiggin, *A Concise History of Euthanasia*, 111. See also Ian Dowbiggin, *A Merciful End: The Euthanasia Movement in Modern America* (New York: Oxford University Press, 2003), esp. chs. 3 and 4 on the influence of the Catholic Church in America on the issue of euthanasia.

²⁴ Cf. Michael W. Cuneo, “Life Battles: The Rise of Catholic Militancy within the American Pro-Life Movement,” in *Being Right: Conservative Catholics in America*, eds. Mary Jo Weaver and R. Scott Appleby (Bloomington: Indiana University Press, 1995), 270–299.

²⁵ See Richard S. Myers, “Physician-Assisted Suicide: A Current Legal Perspective,” *National Catholic Bioethics Quarterly* 1 (2001): 345–361. Due largely to the efforts of the Catholic Church in my state of Michigan, along with Right to Life of Michigan, a 1998 ballot proposal (Proposal B) to legalize physician-assisted suicide was soundly defeated by a three-to-one margin. Michigan had been on the frontlines of this battle in the 1990s due largely to the numerous assisted suicides (estimated at 130) carried out by the late Jack Kevorkian. The outcome in Oregon in the 1990s, unfortunately, was not so favorable despite the opposition of the Catholic Church and other groups. On the matter of embryonic stem cell research in my state of Michigan, Proposition 2, which loosened restrictions on such research, passed in November 2008, despite, once again, the opposition of the Catholic Church in Michigan and other pro-life citizens.

²⁶ As Terry Eastland noted in an article on the Supreme Court’s five-to-four decision in *Gonzales v. Carhart* (2007) to sustain the Partial-Birth Abortion Ban Act passed by Congress in 2003, “In the 1990’s, more than 30 states ... enacted bans on partial-birth abortion.” Eastland, “Partial Victory: The Supreme Court Defers to Congress,” *Weekly Standard*, April 30, 2007, 12. It should be noted that all five justices constituting the majority in *Gonzales* are Catholic.

²⁷ John T. McGreevy, “Shifting Allegiances: Catholics, Democrats & the GOP,” *Commonweal* (September 22, 2006): 17. For recent confirmation of this pro-life shift, showing an even greater move to the pro-life position, see the April 15–17, 2007, Zogby Poll (among a number of recent polls), <http://www.nrlc.org/Polling/zogbyapril2004.pdf>: 56 percent of Americans in this poll were either absolutely pro-life or moderately pro-life; 18 percent said abortion should never be legal, 16 percent said it should be legal only in cases of a threat to the mother’s life, and 23 percent said it should be legal only in cases where the mother’s life is in danger or in cases of rape or incest. Significantly, 49 percent described themselves as pro-life and 45 percent described themselves as pro-choice on the issue of abortion. However, see also the Le Moyne College/Zogby

poll of *Catholic* voters taken in October 2008 suggesting “abortion not the only issue,” <http://www.lemoyne.edu/CENTERSOFEXCELLENCE/CATHOLICTRENDS/LATESTPOLL/tabid/548/Default.aspx>.

²⁸ “According to AGI [Alan Guttmacher Institute], there were 1,312,990 abortions performed in the U.S. in 2000. This is about 47,000 fewer than it recorded in its last survey in 1996 and nearly 300,000 fewer than the 1990 AGI estimate of just over 1.6 million abortions.” See Randall K. O’Bannon, “Abortion Totals, Rates, Ratios Drop to Lowest Levels in Decades,” <http://www.nrlc.org/news/2003/NRLo2/randy.html>. See also the article and the accompanying charts with Alan Guttmacher Institute and Centers for Disease Control abortion statistics up to 2004, with estimates up to 2006, available at <http://www.nrlc.org/abortion/facts/abortionstats.html>. In July 2008, the Alan Guttmacher Institute noted: “In 2005, 1.21 million abortions were performed [in the U.S.], down from 1.31 million in 2000,” http://www.guttmacher.org/pubs/fb_induced_abortion.html.

²⁹ See, e.g., David Carlin, *The Decline and Fall of the Catholic Church* (Manchester, NH: Sophia Institute Press, 2003). See also Robert P. George with William L. Saunders, “Bioethics and Public Policy: Catholic Participation in the American Debate,” in Gormally, *Issues for a Catholic Bioethic*, 274–299. The recent sex abuse scandals in the Church—both the actions themselves and the way they were often mishandled by the bishops—have of course contributed to the Church’s loss of moral authority in many people’s minds. Going back even further, many scholars point to Pope Paul VI’s 1968 encyclical *Humanae vitae*, which condemned contraception as immoral, as the flashpoint for theological dissent, the laity’s rejection of Magisterial authority, and the Church’s so-called loss of “credibility” on moral issues in general, especially those concerning sex. On this matter, see Leslie Woodcock Tentler, *Catholics and Contraception: An American History* (Ithaca, NY: Cornell University Press, 2004), epilogue, 264–279. Tentler’s history has a pronounced liberal bias. But see also Donald T. Critchlow, *Intended Consequences: Birth Control, Abortion, and the Federal Government in Modern America* (New York: Oxford University Press, 2001); Michael Warner, *Changing Witness: Catholic Bishops and Public Policy, 1917–1994* (Grand Rapids, MI: Eerdmans and Ethics and Public Policy Center, 1995); and George Marlin, *The American Catholic Voter: Two Hundred Years of Political Impact* (South Bend, IN: St. Augustine’s Press, 2004).

³⁰ Carl A. Anderson, “The Church’s Testimony on the Family for Society’s Common Good,” *Anthropos* 22 (2006): 66. “In an important sense,” Mary Ann Glendon writes, “all of the most decisive controversies of the post-conciliar years were about how far [American] Catholics could go in adapting to the prevailing [secular] culture while remaining Catholic.” Glendon, “The Hour of the Laity,” in idem, *Traditions in Turmoil* (Naples, FL: Sapientia Press, 2006), 424–425.

³¹ Anderson, “The Church’s Testimony on the Family for Society’s Common Good,” 67.

³² Ibid. Anderson cites the example of Boston Cardinal Richard Cushing’s adoption of Murray’s position in 1965, agreeing not to oppose the legalization of contraceptives in Massachusetts, the last state in the country with a total ban. The state ended the ban in 1966. Seth Meehan lays out well the history of this in his

article "From Patriotism to Pluralism: How Catholics Initiated the Repeal of Birth Control Restrictions in Massachusetts," *Catholic Historical Review* 96 (2010): 470–498. For a briefer version, see Seth Meehan, "Legal Aid," *Boston College Magazine*, http://bcm.bc.edu/issues/spring_2011/features/legal-aid.html. See also Leslie Woodcock Tentler, *Catholics and Contraception*, ch. 4, esp. 162–172.

³³ See Richard John Neuhaus, *The Naked Public Square: Religion and Democracy in America*, 2nd ed. (Grand Rapids, MI: Eerdmans, 1986). The ideology of secular humanism (e.g., as articulated in 1933 and 1973 in "The Humanist Manifesto"), the late Fr. Neuhaus has argued, "was powerfully reinforced by a series of Supreme Court decisions on church-state questions, beginning in the late 1940's, that repudiated the idea of Christian America and declared the state to be neutral toward or, in the view of some, hostile to the religio-cultural identity of the American people." Richard John Neuhaus, "Contract and Covenant: In Search of American Identity," *National Review* (April 30, 2007): 41. The American people remain, however, almost alone among developed countries, a deeply religious people, even if the cultural elites are very secularized. The phrase sociologist Peter Berger uses is that we are a country of Indians ruled by Swedes! See *Unsecular America*, ed. Richard John Neuhaus (Grand Rapids, MI: Eerdmans, 1986).

³⁴ See, for example, the survey data (esp. tables 1–4) on Catholic attitudes towards legal abortion, birth control, masturbation, premarital sex, homosexuality, in vitro fertilization, and other behaviors both before Vatican II (1963) and after it (1974, 2000) that sociologist Fr. Andrew Greeley cites in his book *The Catholic Revolution: New Wine, Old Wineskins, and the Second Vatican Council* (Berkeley, CA: University of California Press, 2005), ch. 3, 34–40. Catholic attitudes underwent a seismic shift to a more permissive attitude regarding these practices. These attitudes on the part of Catholics contributed to what Joseph A. Varacalli calls "secularization from within." See Varacalli, *Bright Promise, Failed Community: Catholics and the American Public Order* (Lanham, MD: Lexington Books, 2000), ch. 9, 65–76. See also Kenneth C. Jones, *Index of Leading Catholic Indicators: The Church since Vatican II* (Oriens Publishing Co., 2003).

³⁵ John Finnis, *Moral Absolutes: Tradition, Revision, and Truth* (Washington, D.C.: The Catholic University of America Press, 1991), 84.

³⁶ *Ibid.*, 85.

³⁷ In his essay, "The Impact of the Catholic Church on American Culture," in *Evangelizing America*, ed. Thomas P. Rausch, S.J. (Mahwah, NJ: Paulist Press, 2004), 11–27, the late Avery Cardinal Dulles, S.J., writes: Catholics "lost confidence in their own religious and cultural heritage and sought to become more typically American in their attitudes. Many Catholics diluted their faith or became schizophrenic—Catholic by religion and secular by culture. A chasm began to open up between the faith and culture of American Catholics" (19).

³⁸ Finnis, *Moral Absolutes*, 87. Not all pre-Vatican II moral theology was legalistic. Nor was the "perverted faculty" argument the only one relied on by supporters of Church teaching during this period. For example, in *Love and Responsibility* (1960; San Francisco: Ignatius Press, 1993), Karol Wojtyła (the

future Pope John Paul II) argued against contraception eight years before *Humane vitae* was promulgated on the grounds that it is a violation of the “personalistic norm” (234–235). In the post-Vatican II era there have been many other sound arguments developed against contraception in addition to the Grisez-Finnis one which emphasizes the “contra-life” nature of contraception. John Paul II developed one such argument in *Familiaris consortio* (1981), n. 32, http://www.vatican.va/holy_father/john_paul_ii/apost_exhortations/documents/hf_jp-ii_exh_19811122_familiaris-consortio_en.html, showing how contraception can be seen as a sort of “lie” that violates the “language” of total “self-giving.” It is, he says, “a falsification of the inner truth of conjugal love” (n. 32).

³⁹ Servais Pinckaers, O.P., has shown this in his book, *The Sources of Christian Morality* (Washington, D.C.: The Catholic University of America Press, 1995); see e.g., 160.

⁴⁰ Finnis, *Moral Absolutes*, 85. See also, for example, Ralph McInerny, *What Went Wrong with Vatican II? The Catholic Crisis Explained* (Manchester, NH: Sophia Institute Press, 1998); and James Hitchcock, *Catholicism Confronts Modernity: Confrontation or Capitulation?* (New York: Seabury Press, 1979).

⁴¹ On this problem, I refer to Msgr. Livio Melina, “Bioethics and Religion: Preliminary Epistemological Questions,” unpublished manuscript of the first of six lectures given at the Pontifical John Paul II Institute for Studies on Marriage and the Family in 1998 in Washington, D.C., under the title of “Bioethics in the Light of the Gospel of Life.”

⁴² One thinks of the many influential writings of the Princeton University utilitarian philosopher Peter Singer. For a splendid overview and critique of utilitarian/quality-of-life bioethics, see Wesley J. Smith, *Culture of Death: The Assault on Medical Ethics in America* (New York: Encounter Books, 2001). See also Smith’s *Consumer’s Guide to a Brave New World* (New York: Encounter Books, 2004).

⁴³ Walker Percy, cited in Marion Montgomery, “Walker Percy and the Christian Scandal,” *First Things* (April 1993), http://www.firstthings.com/article.php3?id_article=5112.

⁴⁴ See ch. 1 of *Evangelium vitae*, esp. nn. 19–24, where the pope details the many causes and consequences of the “culture of death.” Underlying this culture (and much dissent in moral theology) is a dualistic anthropology, which separates the person from his or her body, which the person uses as an instrument to achieve various purposes (cf. *Evangelium vitae*, n. 19). In this view, not all human bodily life is personal life. See also John M. Haas, “*Evangelium Vitae* and the Struggle for a Culture of Life,” in *Live the Truth: The Moral Legacy of John Paul II in Catholic Health Care*, ed. Edward J. Furton (Philadelphia: The National Catholic Bioethics Center, 2006), 29–45; Donald DeMarco and Benjamin Wiker, *Architects of the Culture of Death* (San Francisco: Ignatius Press, 2004); Robert F. Gotcher, “*Gaudium et Spes* as a Blueprint for the Culture of Life,” in *Life and Learning*, vol. 10 (2000), 141–170, <http://www.uffl.org/vol10/gotcher10.pdf>.

⁴⁵ A noted Protestant bioethicist observes: “The tendency of [both] Protestant and Catholic participants has been to aggregate themselves to the secular

bioethics mainstream, as they have played their own ironic part in the marginalization of the dominant tradition of western medical ethics (their own). Harder to explain is their failure to develop in parallel serious centers of intellectual gravity for their distinctive bioethics agendas, especially in the United States. This is more surprising in the case of the Roman Catholic church, possessed as it is of research universities and an extensive system of hospitals that have generally maintained stronger connections with their Catholic roots than their Protestant equivalents." See the entry by Nigel M. De S. Cameron, "Christianity, Bioethics in," in Post, *Encyclopedia of Bioethics*, 403.

⁴⁶ Varacalli, *Bright Promise, Failed Community*, 57–58. See also, for the full discussion, ch. 7, 51–59.

⁴⁷ Ibid., 58. Glenn W. Olsen speaks in this regard of how the pre-Vatican II Church culture provided "a comprehensive form of existence." See Olsen, *Beginning at Jerusalem: Five Reflections on the History of the Church* (San Francisco: Ignatius Press, 2004), 161.

⁴⁸ See Joseph A. Varacalli, "Plausibility Structure," in *Catholic Social Thought, Social Science, and Social Policy: An Encyclopedia*, vol. 2, eds. M. Coulter et al. (Lanham, MD: Scarecrow Press, 2007), 821.

⁴⁹ Ibid., 820.

⁵⁰ Ibid., 821.

⁵¹ Ibid.

⁵² The work of bioethicist Leon Kass can be of immense value in providing this critique of anthropological dualism, i.e., the view that separates "personal" life from "biological" life. See Leon R. Kass, M.D., "Thinking About the Body," in *Toward a More Natural Science: Biology and Human Affairs* (New York: The Free Press, 1985), 276–298; Leon R. Kass, M.D., *Life, Liberty and the Defense of Dignity: The Challenge for Bioethics* (New York: Encounter Books, 2002), esp. the essay "Organs for Sale? Propriety, Property and the Price of Progress," 177–198. Many other scholars have offered cogent philosophical arguments against both dualism and proportionalism, e.g., such Catholics as Germain Grisez, Patrick Lee, Robert P. George, and William E. May.

⁵³ Olsen, *Beginning at Jerusalem*, 153. Here Olsen is describing Pope John Paul II's strategy for responding to modernism/post-modernism. The other two strategies proposed by some for how the Church should relate to the modern world are sectarianism and accommodationism (on the part of the Church to the world). See also Avery Dulles, S.J., "Catholicism and American Culture: The Uneasy Dialogue," in idem, *Church and Society: The Laurence J. McGinley Lectures, 1988–2007* (Bronx, NY: Fordham University Press, 2008), 27–42.

⁵⁴ See esp. John Paul II, *Evangelium vitae*, ch. 4, "You Did It to Me: For a New Culture of Human Life," nn. 78–101. We should also add Pope Benedict XVI's 2005 encyclical, *Deus caritas est*, among his many other writings, http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est_en.html.

⁵⁵ John Paul II, *Evangelium vitae*, n. 80.

⁵⁶ Ibid., n. 81. John Paul II's "theology of the body" must also be spoken of as crucial to the proclamation of the "Gospel of life." See Pope John Paul II, *Male*

and *Female He Created Them: A Theology of the Body*, trans. Michael Waldstein (Boston: Pauline Books & Media, 2006).

⁵⁷ John Paul II, *Evangelium vitae*, n. 81. For the Holy Father's treatment of abortion and euthanasia, see esp. ch. 3 of the encyclical.

⁵⁸ John Paul II, *Evangelium vitae*, n. 81. Cf. Congregation for the Doctrine of the Faith, Donum vitae "Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation: Replies to Certain Questions of the Day" (1987), http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19870222_respect-for-human-life_en.html. See esp. the introduction. See also the CDF's "update" of this document, "Instruction *Dignitas personae* on Certain Bioethical Questions" (2008), http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20081208_dignitas-personae_en.html; and my commentary, "The Dignity of the Person: An Overview and Commentary on *Dignitas Personae*," *National Catholic Bioethics Quarterly* 10 (2010): 283–305.

⁵⁹ John Paul II, *Evangelium vitae*, n. 81.

⁶⁰ *Ibid.*, n. 82.

⁶¹ *Ibid.*, n. 73. Later, in contrasting material cooperation with formal cooperation, the pope teaches: "Christians, like all people of good will, are called upon under grave obligation of conscience not to cooperate formally in practices which, even if permitted by civil legislation, are contrary to God's law. Indeed, from the moral standpoint, it is never licit to cooperate formally in evil" (n. 74). This is why it is of vital importance that laws be passed which protect the rights of Catholic health-care workers not to perform abortions, dispense "morning after pills," participate in assisted suicides, and carry out other immoral practices which violate their consciences.

⁶² When faced with this situation in early 2006, Catholic Charities in Boston pulled out of adoption services rather than comply with a Massachusetts law requiring adoption agencies not to discriminate against homosexual couples. Under the recently passed "Obamacare" health-care bill, these threats promise only to get worse.

⁶³ John Paul II, *Evangelium vitae*, n. 96. Cf. John Paul II, *Veritatis splendor*, n. 84.

⁶⁴ John Paul II, *Evangelium vitae*, n. 98. Note, too, the pope's words in n. 83 about the need to develop a "contemplative outlook," i.e., an outlook that, among other things, sees life's "deeper meaning" and finds meaning when confronted with the sick, the suffering, the outcast, or the dying.

⁶⁵ Cf. Pope John Paul II, *Redemptor hominis* (1979), n. 16, http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_04031979_redemptor-hominis_en.html.

⁶⁶ John Paul II, *Evangelium vitae*, n. 98.

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*, n. 91.

⁶⁹ *Ibid.*

⁷⁰ *Ibid.*, n. 100.

⁷¹ *Ibid.*