Bioethics and the church

Technology, martyrdom, and the moral significance of the ordinary

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This essay examines the question of ethics at the beginning of life by bringing together three areas of consideration not normally associated with each other. The approach I will be defending turns on an appreciation of the close connection between the three references that converge in the subtitle: technology, martyrdom, and the moral significance of the ordinary. I will draw attention to the fact that technology is central to contemporary bioethics and will suggest that we need a better appreciation of the way our many technological investments in medicine imply deeply held moral convictions that often go unrecognized. The reference to martyrdom is meant to suggest that we will make little progress in thinking about ethics at the beginning of life unless our thinking on this matter is informed by reflection on the end of life. Martyrdom is significant in this regard, as it captures a particular understanding of what it means to die well that has been central to Christian tradition. And finally, I am suggesting that in order to better appreciate how these first two themes are in fact connected, we require a greater appreciation of the moral significance of the ordinary.

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Many beginning-of-life issues—abortion, in vitro fertilization, stem cell research, to name a few—fall within the domain of the relatively new discipline of bioethics. The beginning of this discipline's life is sometimes traced to 1962, when a special committee of experts in Seattle was formed to determine which patients would be eligible to receive newly available chronic kidney dialysis treatments.[1] The problem these ethicists wrestled with was a situation in which the demand for dialysis technology exceeded the

available supply. The committee deliberated about how to allocate these limited resources to people whose lives depended on them. From its origins, then, contemporary bioethics has been concerned with technology. The discipline was invented to deal with new medical technology, which creates new therapies but simultaneously introduces a new and troubling set of problems.

Notice that this narration of the birth story of bioethics is built on certain assumptions about both ethics and technology. One of the defining characteristics of life in contemporary liberal democracies is that we have learned to associate ethics with a breakdown in the fabric of everyday life. Ethics is thus understood as taking the form of an emergency response, usually to something we attribute to the complex character of contemporary existence. Put differently, the very idea of the ethical has become "exoticized" to the extent that we assume it deals with what is out of the ordinary.

Furthermore, we assume that ethics is primarily concerned with telling us what to do in these extraordinary situations. The debate about what to do with respect to our paradigmatic moral dilemmas—abortion and stem cell research, for example—appears interminable, admitting of no clear and easy answers. Still, we tend to assume that with more impartial, rational reflection, and better, more historically informed biblical interpretation, we could identify ethical principles that would enable us to resolve these dilemmas.

The discipline of bioethics reflects these pervasive assumptions about ethics in general. We expect it to help us respond to—make decisions about—certain problems generated by medical technology. The need for bioethics grows out of the perception that a new space is opened up because technological possibilities outrun the capacity for ethical judgments. Bioethics comes to name a process whereby that space might be filled in. As Donald Kraybill has written,

> *We are caught in the lurch—in an ethical gap—as technology races far ahead of our ethical formulas of bygone years. Ironically, as the technological precision increases, the moral precision wanes. The old answers that prescribed the boundaries between right and wrong, good and evil, are suddenly blurred by the provocative questions stirred by the spiraling genetic technology. After four decades of playing theological catch-up with the nuclear age, we finally have*

> *realized that the old "just war" formula is archaic for fighting nuclear wars. Now we face a new game of ethical catch-up as we try to maintain stride with the technological leaps in genetic engineering.*[2]

Kraybill's words about genetic engineering also typify how bioethics often responds to beginning-of-life issues, when our standard ethical and theological responses do not seem to apply directly to technological innovations such as in vitro fertilization and stem cell research. Ethics is seen as a distinct realm into which we step when the rest of life somehow cracks under the pressure of certain "non-moral" facts, such as our inability to have biological children, or the realization that we are about to have a child who is not wanted. We name in vitro fertilization and abortion as ethical issues because they represent difficult decisions that must be made when the ordinary way of having children does not work.

Just as the story of the birth of bioethics makes certain assumptions about the nature of ethics, it also makes assumptions about the nature of technology. Donald Kraybill's words, quoted above, suggest that ethical questions do not apply to technology itself, but only to the new situations made possible by technological developments. When ethics is defined in terms of extraordinary problems, such as those generated by new technologies, the implication is that the technology itself remains morally neutral.

This assumption misses the sense in which technology in general and medical technology in particular presuppose a set of specific moral convictions. Technology, in other words, gives expression to a conception of the good life: the goal of technology is to master contingency. It promises the capacity to escape from luck, finitude, and vulnerability. Medicine harnesses technology to provide us with a means to exercise ever greater and more efficient control over our lives. As Gerald McKenny puts it, the technological imperative of contemporary medicine is "to eliminate suffering and to expand the realm of human choice—in short, to relieve the human condition of subjection to the whims of fortune or the bonds of natural necessity."[3]

Such a conception of medicine is grounded in assumptions about autonomy and radical individualism. Our lives are understood as possessions over which we alone are finally in control. And

technology is seen as a tool that enables us to better satisfy whatever desires we may happen to have. Among other things, these assumptions are reflected in the way we view both doctors and bioethicists as agents of technical expertise. They co-exist in a delicate balance of power designed to ensure that our ability to choose and to exercise control over our lives is never seriously compromised.

The dilemmas that preoccupy bioethics reflect a profound confusion about who we are: Is our identity shaped by the good life as defined by technology, or by the good life as defined by Christian faith?

When we see technology as a morally neutral tool that is merely at the service of individuals, we have bought the self-legitimating story that those captured by the technological imagination have learned to tell themselves. This view of technology is tied up with the creation of a particular kind of people. It produces a people who have come to understand themselves as autonomous individuals who are in need of protection against whatever they see themselves as vulnerable to. Technology is thus not simply a tool for the more efficient satisfaction of desires; it involves a specific ordering of desires. In short, technology names an account of identity that orders human desires toward the ends of mastery, possession, and control.

Technology fosters an account of identity which exists in tension with Christian identity. Understanding how that is so and why it is important is related to exploring the limitations of our society's understanding of the task of ethics in general and bioethics in particular. We misunderstand what ethics is about when we assume that it is primarily concerned with telling us what to do when we face moral dilemmas. Such an approach to ethics presupposes a faulty moral psychology that understands the self as nothing but a collection of discrete decisions. It disconnects what we do from who we are.

A more adequate moral psychology would appreciate the sense in which the self is constituted by histories, stories, and social practices. Such an understanding of selfhood presumes that the stuff of ordinary experience—what happens between, beyond, and under our dilemmas and decisions—is as important, morally speaking, as facing decisions and making difficult choices. Put simply, our decisions and choices flow from somewhere. Ethical issues and moral dilemmas,

not to mention decisions and choices, do not exist in and of themselves, but only as interpreted. And we interpret them by locating them in the context of the larger story of our lives.

It follows that ethical issues are best approached not so much as problems to be solved by the application of principles, but as exercises in self-understanding. Of course, our lives do involve decisions, many of them difficult. My claim, though, is that ethics is primarily about the formation of a character and an identity out of which our decisions flow. Our paradigmatic ethical issues are at least in part the reflection of our identities. They are at least in part the product of moral convictions we all too often fail to acknowledge about ourselves. The issues and dilemmas that preoccupy contemporary bioethics can be read as reflecting a profound confusion about who we are: Are we a people whose identity is shaped by the good life as defined by technology, or by the good life as defined by Christian faith?

Our technological world forms us, often without our awareness, as people with a certain set of desires. The church, too, is involved in the creation of a people with a particular identity, whose character is shaped by a different ordering of desires. To be a Christian is to have one's desires ordered not toward mastery and possession but toward participation in the life of Christ. Among other things, this involves a call to live "out of control." The Christian life is not a possession over which we are masters, but a gift we receive in spite of ourselves, which we are in turn invited to give back. Nor is the Christian life finally that of autonomous individualism. Christian life is shared. It is an exchange of gifts with many others, including God and friends, but also strangers and enemies.

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It is at this point that the practice of martyrdom is significant. For martyrdom is a way of dying that only makes sense in the context of a larger way of life that characterizes a people who have come to understand that their lives are not finally their own. Too often, appeals to martyrdom have functioned as yet another attempt to secure power and control. This dynamic is at work, for example, when martyrs are turned into heroes who are seen as having

effectively seized power from the hands of their enemies. But the meaning of martyrdom is misunderstood when it is read in this way. Rather, what the practice of martyrdom names is the recognition that life is not a possession to be protected at all costs.

One of the most striking features of contemporary life is that our deaths so often happen in a way that marks a stark contradiction to the way our lives have been lived.[4] By contrast, the martyr is one—though not the only one—whose death is meaningful precisely because it is consistent with the Christian life, marked as it is by the virtues of charity and humility, both of which name a stance of vulnerability to the world of the other.

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Martyrdom as an intelligible Christian practice is thus correlative to the Christian confession that life is a gift received and given. To say that life is gift is to say that it is not ours to control. But this conviction places the Christian life in direct conflict with the conception of the good life assumed by the technologically-driven medical establishment. Martyrdom is thus significant in that it names a counter-practice to medicine and other practices informed by the technological imperative. It is not accidental, I think, that as the church becomes more and more familiar with technology, it has largely lost the ability to think intelligibly about martyrdom.

Martyrdom is, of course, a way of dying. As such, it may seem irrelevant to a discussion of the beginning of life. But part of the problem underlying our difficulty concerning ethics at the beginning of life is that it has been divorced from an understanding of the end of life. What martyrdom names about the end of life is especially relevant for how it might help us think about ethics at the beginning of life.

We want biological children rather than adopted ones because we feel that they are somehow more significantly ours. We thus invest in in vitro fertilization and other reproductive technologies in order to facilitate the desire to have children of our own. We want prenatal diagnostic testing to ensure that the children we have will not suffer. We support stem cell research because it promises to give us better control in managing other illnesses. I highlight the significance of

martyrdom in an attempt to help us recognize that each of these desires is but the manifestation of an underlying desire to master and control the lives we have been given.

I do not mean to trivialize the profound struggles and painful emotions many of us have surrounding these matters. Rather, I am attempting to recognize that those feelings are to an extent the product of the way our lives exist in the midst of deep tensions concerning rival visions of the good life. In many ways, the confusions we experience can be read as evidence of the church's failure to be the church. In particular, they are the result of a failure of the church to understand that it names a specific way of life, and thus that it is engaged in creating a particular people.

At the same time, the church has failed to be the church to the extent that it relegates these concerns to the private realm, leaving individuals or couples to negotiate these difficult matters on their own. So long as the church sees itself as dedicated to the work of the soul to the neglect of the body, we will make no meaningful progress on thinking ethically about the beginning of life.

Technology uses us as much as we use it. It uses us precisely to the extent that it gets us to see ourselves in particular ways. This shaping of identity happens especially with respect to the kinds of questions that preoccupy contemporary bioethics.

I do not propose that we should do away with technology. Nor am I calling for a church-wide boycott of doctors and other medical professionals. Rather, I am suggesting that we need to be more aware of the fact that medicine and technology are not neutral things that people may use to satisfy whatever desires we happen to have. Technology uses us as much as we use it. It uses us precisely to the extent that it gets us to see ourselves in particular ways. This shaping of identity happens especially with respect to the kinds of questions that preoccupy contemporary bioethics, such as those related to the beginning of life.

Much of our ethical inquiry into the beginning of life misleads us because it fails to understand that the problems with which it deals are the products of cultures and identities. To approach these matters in yet another ethics-as-emergency-measure way is to miss the point. Difficult as these problems may be, their difficulty does not arise from the fact that the rest of life has broken down. Rather they are

questions of everyday life, of identities and cultures we already live in the midst of. And they are difficult because they represent versions of everyday life that we live even as we fail to recognize the extent to which we do so.

The primary task for the church with respect to the beginning of life is not to develop new ethical principles that might enable ethics to keep pace with new technological innovations and the procedures they enable. Rather, the task facing the church is to understand why we ever assumed that technology might save us in the first place.

Notes

[1] For a helpful account and interpretation of this story of the birth of bioethics, see Joel James Shuman, *The Body of Compassion: Ethics, Medicine, and the Church* (Boulder: Westview Pr., 1999), 52–6. See also Carl Elliott, *A Philosophical Disease: Bioethics, Culture and Identity* (New York: Routledge, 1999), 6–7.

[2] Donald B. Kraybill, "Communal Responsibilities," in *Bioethics and the Beginning of Life*, ed. Roman J. Miller and Beryl H. Brubaker (Scottdale: Herald Pr., 1990), 194; quoted in Keith Graber Miller, "Bringing infertility out of the shadows," in this issue, pages 20–21.

[3] Gerald P. McKenny, *To Relieve the Human Condition: Bioethics, Technology, and the Body* (Albany: State Univ. of New York Pr., 1997), 2.

[4] This is the central claim of Joel Shuman's remarkable book, *The Body of Compassion*.

About the author

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