**ESSAY REVIEW**

*RICHARD HAIN*

# Bioethical Challenges at the end of life: an ethical guide in Catholic perspective by Ralph Weimann

New York: Angelico Press, 2022. 259pp. pb. £17.00 ISBN 978-1-62138-821-0

There is no doubt that the world needs resources that set out a Christian approach to bioethics. For much of the last two thousand years, the Christian view that all human life is precious has gone largely unchallenged. For hundreds of years, the public square and the groves of philosophical academe alike have failed to ring with any meaningful dissent from the idea that human life is sacred. No longer. In the twenty-first century we are being asked to defend that core belief in ways that Christians of previous generations could never have imagined would be necessary. Suddenly Christian ethicists are finding that if we want to claim that human life has inherent value, we are expected to 'show our working'.

Bioethics at the end of life is particularly important, because it concerns a practical situation that most people will have to face. While relatively few people make a career out of palliative care, as I have done, many will find themselves having to care for someone who is approaching death. The function of bioethics at the end of life is to help such a person to act on the basis of correct moral reasoning.

Properly understood by Christians, sanctity of life is an expression of the idea that the life of every person is equally valuable. The basis of a distinctively Christian approach to bioethics is the idea that a human is a person, and should be valued as a person, because he or she is individually created by God and is in the image of God (*imago Dei*). According to most interpretations, *imago Dei* expresses the fact that each of us exists in some relation to the Creator God, and has a vocation arising from that relation that is God-given and unique. The dependence of personhood on such creatureliness supplies answers to two questions that are fundamental to any moral theory that concerns humans. It explains that the value of a person is inherent; it does not flow from any individual abilities she might possess or lack. And it provides the basis for deciding how the moral agent should act in response to that value. On the Christian eudaimonist view, the objective of moral behaviour is to 'be' in the best way it is possible to be. It is inseparable from the nature of humans generally and individually, because the best way a person can be–the best way she can flourish–is by fulfilling her vocation. Actions that facilitate her fulfilling her vocation

(whether on her own part or on the part of others) are morally right; those that jeopardise it are morally wrong.

On that account, the moral agent must recognise that human life is not merely a matter of material existence but occurs in an almost infinitely complex spiritual, psychological and emotional context. Actions which promote flourishing in one of those domains of human existence can sometimes simultaneously jeopardise them in others. The bioethical challenge facing those caring for people at the end of life is to ensure their moral reasoning acknowledges and appropriately evaluates *all* the domains. Clinicians working in palliative care often talk about 'spiritual' or 'total pain'. What we are trying to reference is that concept of human goods that transcend the physical; the idea that there is more to living than simply not being dead.

On the face of it, Weimann seems to be defending that sort of person-centred account of the good, and the moral obligations that flow from it. Weimann believes that bioethics should always be a theological exercise. The function of bioethics, he says, is 'to offer guidelines, which should indicate the way to a life that is rooted in God and reflected in the image of man, who is created in the image and likeness of God' (36). The linch-pin of this particular bioethics book is the moral obligation of humans to preserve human life. 'This has to be the central point for all bioethical issues' says the author, 'they are related to life and somehow to eternal life' (15). The book accordingly 'puts its emphasis not on the "end" but on "life"'(235). Its subtitle ('An ethical guide in Catholic perspective') makes it clear that this is a book written for Catholics who find themselves faced with ethical quandaries on which the Catholic Church has expressed strong views. The author's own personal commitment to the Catholic Church permeates the book. The theological sources are largely Catholic and there are often references to the Apocrypha.

Weimann believes that our culture, having abandoned an approach to ethics that flows from Catholic Christianity, has come to view human death instead in utilitarian terms, as a desirable solution to some of society's problems. The idea that Weimann is seeking to defend is that, on the Christian view, life is a human good whose value does not need to be explained in terms that are any more fundamental. It is an idea often referred to as the 'doctrine of the sanctity of life'. Some philosophers use the term to imply that it is a non-rational religious belief that should be set aside by serious moral thinkers. Those who espouse consequentialist moral theories claim that a human person is not valuable in the same fact that she is human, or a person, as the doctrine of the sanctity of life insists. Instead, they argue, the personal value we should ascribe is conditional. A person is valuable *because* of something. She is valuable *because* she is constructive, or conscious, or clever, or curable. Or something else that the consequentialist evaluator considers at the time to be important.

Weimann believes that a transcendent, holistic understanding of humanity

has been lost. He blames political ideologies that value the individual primarily according to the degree to which she can serve society, and moral philosophies that value her according to her self-awareness or capacity to think, and science that denies creatureliness, and medicine that sets economic considerations over respect for life. Those ideas, Weimann suggests, flow from a meagre moral anthropology that sets aside a person's complex and multidimensional nature as a human and reduce it instead to the value of a series of instrumental abilities.

It is ironic, therefore, that on reading this book I felt the very same sense of abstraction from humanity that its author is seeking to challenge. The ethical ideas he sets out seem curiously detached and unemotional; they do not seem to apply to real people. While there is no doubting Weimann's passionate commitment to the value of life as an *idea*, there is little sense that he understands or shares the experience of the actual people who are doing the living. Weimann spells out the origin of a number of important terms, but as far as I could determine the word 'compassion'–from the Latin *com-* (with) and *pati* (to suffer)–is not one of them. As a result, although I agree fervently with most of the conclusions Weimann reaches, I found his moral reasoning unconvincing. It seemed to me to be directed towards something abstract–the idea of life–where it should be directed towards something human–the flourishing of an actual individual person.

Similarly, Weimann's engagement with science and medicine did not always 'ring true' to me as a practising clinician. His writing betrays a lack of familiarity with the ways in which doctors and nurses actually make moral decisions about the patients they are caring for who are approaching death. When Weimann refers to 'painkillers that cause unconsciousness' (113), for example, I found myself wondering which painkillers he means. It can happen, of course, but it is exceptionally rare for properly prescribed painkillers of any kind to cause significant sedation, let alone unconsciouness. Unless there is some other explanation, loss of consciousness usually indicates that the dose of painkiller is too high relative to the intensity of a patient's pain. And unless they are intending euthanasia, doctors and nurses regard disturbed or impaired consciousness in the same way as Weimann does, as adverse effects of medication that should be avoided if at all possible.

The lack of familiarity with the practice of medical care at the end of life presents a significant challenge to a key philosophical argument Weimann is wanting to make, because it leaves him without a clear understanding of what clinicians mean when they refer to a patient's 'quality of life'. Weimann denounces the concept altogether, considering it to be at odds with the idea that life is sacred. It is, in his view, ineluctably reductionist: 'Sanctity is related to the roots, which nourish the culture. Quality of life is nothing else [sic] than *one* flower petal' (24). In the idea of quality of life, Weimann sees an attempt by humans to set their own normative standards of what constitutes a life well-lived:

'… man himself wants to be the archetype' (28). One danger, he suggests, is that normative standards are shaped by ideologies or by utilitarian considerations such as economy or convenience (28).

When doctors and nurses talk about 'quality of life', however, they are referring to something much more along the lines of Aristotle's *eudaimonia*, Cicero's *summum bonum*, and Seneca's *'bene vivere'* (66). It is the idea that there is a 'best' that any individual's life can be, and that the purpose of medicine is to facilitate an individual in achieving that. In theological terms, the concept of quality of life represents the idea that medicine should help individuals to flourish, and not merely to live. It is, of course, a numinous concept and doctors do not attempt to define precisely what it is, any more than Aristotle himself did. But most of those doctors and nurses caring for patients at the end of life would recognise that care for another person means being concerned for their spirit, their psyche and their relationships as well as their body. In clinical practice, the concept Weimann denounces represents the very idea of holism he has set out to defend.

Another of Weimann's targets is science. He brackets science with Marxism as the antithesis of faith (22) and, while he begins to make a good point when he invokes the German term *Wissenschaftsgläubigkeit* to express the 'limitless faith' that people often put in science (23), as though faith in science were a reasonable alternative to faith in a Creator God, he almost immediately places the blame in the wrong place. He may be right that science has become for many people a ' … new type of 'faith', no longer based on divine revelation but instead on the results or hypotheses presented by science'. But the faith that people put in science is not the fault of science or (on the whole) of scientists. Where people treat science as an alternative to faith, it is because, like Weimann, they have overlooked a big and important difference between *results* and *hypotheses*. Scientific hypotheses are ultimately no more than narratives designed by humans to account for what they see. It is certainly true that, humans being what we are, we are often convinced by narratives that seem to make sense, whether or not they are actually true (though there is no reason to think scientists are motivated by anything other than a search for truth, or to imagine that a hypothesis is *not* truth just because it is reached by human ratiocination rather than by divine revelation). But scientific results are not narratives or exercises in meaning-making. Surely observations cannot reasonably be described as the foundation of a false faith? It would be closer to the mark to call them matters of revelation, albeit not of revelation that is divine. Acknowledging that scientific observation reveals truth–providing such observation is well done–is not a matter of faith that contradicts Christian understanding, but rather of reason that complements it.

Weimann's illustrates an uneven understanding of science when he suggests that there is no evidence to support the theory of evolution (71). It seems likely from the context that what he really means is that evolution must remain a

theory, rather than a matter of established fact, at least until we invent time travel. His rejection of evolution is important, because he wishes to suggest that our society's willingness to extinguish vulnerable patients rather than to care for them results from social Darwinism (72). Darwin's observation was that, in practice, the likelihood that a gene will be passed from generation to generation is related to the extent to which it increases the chances of its owner surviving to an age where he or she can reproduce. Weimann believes that modern culture has started with observations of what *does* happen in *biological* matters, and from them extrapolated ideas of what *ought* to happen in *moral* matters. In other words, he maintains that, because in practice the weakest often *do* not survive, society has come to believe they *ought* not to do so and that there is even a moral obligation on society to ensure that they do not. Weimann is right that such moral reasoning is wrong-headed and dangerous, but of course the error is not in our culture's belief in Darwin's theory of evolution, but in a move from 'is' to 'ought' that logic does not adequately explain.

There were many points in the book at which I found myself unconvinced by Weimann's moral reasoning. His style is often oratorical, relying on claims carelessly made and left undefended while the author moves on as though they were established. The idea that 'a capacity for abstraction presupposes a spiritual faculty' (51), for example, may or not be correct, but surely it is not self-evident. And it is a big claim; given that in Chapter 2 the author wishes to build an entire theological anthropology on that one idea, it needs some explanation. Similarly, he states (132) that elderly patients who are dying in hospital increasingly feel anonymous and fearful and are denied the opportunity to die peacefully. It is a biting indictment of the humanity of doctors and nurses who care for dying patients, for which Weimann does not provide any evidence, or even personal experience.

Some of those undefended claims are more substantial. The main target of Weimann's book is a putative 'Culture of Death' (Chapter 3). The term expresses his concern that society increasingly embraces death as a desirable solution to practical problems. That seems true on the face of it. Over the last ten or twenty years we have certainly seen a willingness to extinguish humans beings spread with frightening rapidity across the globe. Weimann must be right that we live in an age where human life is no longer in any sense sacred; where its value is no longer seen to be inherent, but to depend on something that is thought to be more fundamental.

What is less convincing is Weismann's claim as to what that more fundamental value might be, and what is therefore to blame for the culture of death. Weimann asserts confidently that the main culprit is concern for cost: '… the process of death is more and more rationalized and submitted to the criteria [sic] of economic sufficiency'. He hints darkly that it is the influence of Marxist atheism (22) and draws parallels with Stalin's gulags and German concentration camps (22).

It may well be that there are individual patients who feel pressure to choose euthanasia in order to conserve their own financial resources, or those of their family, especially in legislatures that do not yet have a socialised healthcare system. And it may be that economic considerations will become a significant motivator in the future. Those are plausible concerns and we should be alarmed by them, but it is unlikely that cost has been the main contributor to the 'culture of death' that Weimann observes today. Weimann seems reluctant to abandon that position, even though he offers abundant evidence that the true villain here is society's almost farcical commitment to autonomy (74-76). Not to autonomy in its original sense, as the freedom to act rationally in way that works best for oneself and everyone else, but in its modern, deformed sense of being able to have or to do whatever we want. In the name of freedom, at least in the West, we have developed a culture in which the value of a life is essentially expressed by its owner's eagerness to retain it. In legislatures where abortion, suicide and euthanasia have been decriminalised, it is almost always because the State feels it should not restrict those freedoms, not because it wants to save money. Weimann has let the medical ethical principle of respect for autonomy off the hook much too easily here. The main motivator of a 'death culture' is not cost to the State; it is the idea that an action is morally right in the same fact that it is freely chosen.

In its closing paragraph, Weimann suggests that in his book he has chosen an approach to ethics that is 'based on faith and reason' (235). The book's basis on faith is beyond doubt; specifically, the Catholic faith. This is a deeply Catholic resource which does what it says on the tin. It sets out the Catholic Church's perspective.

Its basis in reason, however, is less clear. The author offers no new theological or philosophical insights. There is little dialogue with alternative perspectives on bioethics nor any attempt to hold the Catholic position to critical account. That does not seem to have been his aim; the purpose of this book was not to consider how that position might cohere or conflict with moral theology or philosophy more generally, but to equip apologists with the ammunition they need to defend the Catholic Church's traditional position.

Does it achieve that? Well, yes and no. It certainly sets out for readers what the Catholic Church teaches on all the major bioethical questions they are likely to face at the end of life, and it does so in terms that are unequivocal. The moral conclusions he presents are largely uncontentious among Christian ethicists, and Weimann also correctly identifies the need for twenty-first century Christians to be prepared to defend the idea underlying them that human life is inherently valuable. But I was not persuaded by the defence that Weimann himself makes in this book. Science is not what Weimann thinks it is; it is an uncoverer of truths, not a destroyer of faith. Nor is he right to think that medicine is in the hands of coldly cost-conscious clinicians who invoke spurious measurement tools to justify hastening death. Any clinician who has experienced

the anguish and frustration of failing to help a patient's suffering at the end of life, or felt the fury of a patient demanding drugs in the name of their 'right to die', would laugh hollowly at the idea that the main reason clinicians give in to societal pressure to practise euthanasia is in order to save healthcare costs.

But, for me, what made the book ultimately unconvincing was that the author's moral reasoning seemed to me to be at odds with what he suggests bioethics should be about. He calls for an approach to ethics that recognises and values humanity in all its extant complexity. But, for me, what emerges from the arguments he presents in 'Bioethical Challenges' is not compassion for people who are living, but only a passion for preserving life.

**Professor Richard Hain is a practising consultant in paediatric palliative medicine in Wales, UK, who holds doctoral degrees in medicine, pharmacology and moral theology.**