

# BIOETHICS MATTERS ENJEUX BIOÉTHIQUES

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**On the Tenth Anniversary of  
the Canadian Catholic  
Bioethics Institute:**

**Reflections on Catholic  
Bioethics**

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When I began work as a clinical ethicist in 1989, the Canadian Bioethics Society was a year old, the first medical ethics course at the University of Toronto's Faculty of Medicine was in the design stage, and the Joint Centre for Bioethics at the University of Toronto was not yet in existence. I had been hired by the Sisters of St. Joseph to work in their hospitals in Toronto. Several years earlier, they had hired the first full-time hospital ethicist in Canada, George Webster. That the Sisters of St. Joseph had created this position in the first place says a great deal about their commitment to health care and to their breadth of vision in witnessing to the idea that ethics is a part of good health care. It also says a great deal about the Church's perception that moral theology has relevance in all areas of the lives of Catholics. While bioethics may have been a young discipline in 1989, the Church has been considering the moral implications of health care delivery and medical decisions for centuries.

**BIOETHICS AND MORAL THEOLOGY**

For many people, moral theology may seem to be an arbitrary series of rules set by a distant Magisterium that must be followed by Catholics. I think this is not only to

misunderstand moral theology, but to miss the gift of it. A more helpful starting point might be this: God loves us, and we who were created out of love by God have deep in our being a yearning to be with our Creator. This is expressed in our innate desire to know and do the good, with "the good" ultimately being nothing other than God who is the Highest Good. Moral theology considers how we are to shape our conduct and our lives in such a way that everyday we say yes to God—yes to God's goodness and to God's love for us and all of creation.

Of course sin comes into this—our intellects and wills are compromised because of it—but God does not abandon us. We are given help in the form of, among other things, the Magisterium (that is, the bishops—including the Pope—exercising their teaching authority in matters of faith and morals) and Church Teaching to aid us in formation of conscience and to guide us to the good. This is not an exercise of power but of service. As John Paul II wrote in *The Splendor of Truth*, "The Church puts herself always and only at the *service of conscience*, helping it to avoid being tossed to and fro by every wind of doctrine posed by human deceit ... and in helping it not to swerve from the truth about the good of man, but rather, especially in more difficult questions, to attain the truth with certainty and to abide in it."<sup>1</sup>

No area of our lives is exempt from this search for God and every moral decision we make shapes us as individuals and as a community. The early Christians were very aware of this. St. Paul was constantly exhorting members of local churches to conduct themselves in ways that were consistent with a life led after baptism: to be “imitators of God” and to “walk in love” and not engage in “fornication and all impurity or covetousness” (Eph 5:1-3); to “Do nothing from selfishness or conceit, but in humility count others better than yourselves ... [and] look not only to [your] own interests, but also to the interests of others” (Phil 2:3-4); to “Put on then, as God’s chosen ones, holy and beloved, compassion, kindness, lowliness, meekness, and patience ... And above all these put on love, which binds everything together in perfect harmony” (Col 4: 12, 14). Writers following St. Paul set out ideals of hospitality, of caring for the less fortunate, even of prohibiting infanticide and abortion as consistent with a Christian way of life.<sup>2</sup> David L. Edwards contends that the early Christians’ sense of morality “was dictated not by a ‘hatred of humanity’ as Tacitus and others alleged, but by an exalted view of the dignity of every human life.”<sup>3</sup> The culture of life that John Paul II wrote about so eloquently has very deep roots.

In its service to the formation of conscience and pointing the way to the good, the Church has concerned itself with the study of particular moral questions and issues. The Manuals that were developed following the Council of Trent in the sixteenth century were systematic treatments of morality meant to guide priests in the Sacrament of Penance. These exercises in casuistry—that is, exercises providing moral guidance for

concrete situations—also gave rise to reflection on moral issues raised in the practice of medicine. Archbishop Antoninus of Florence included a section on medical matters in his *Summa Theologiae Moralis* (1477). But the prototype for treatises on medical morals was *Medical Legal Questions* written in 1621 by Paulo Zacchi who was the personal physician to Pope Innocent X.<sup>4</sup> Modern treatises written before the current explosion in bioethical literature include Gerald Kelly’s *Medico-moral Problems*, Thomas J. O’Donnell’s *Medicine and Christian Morality*, and Bernard Häring’s *Medical Ethics*.<sup>5</sup> These were not simply abstract exercises in theory but were meant to have pastoral application. For women of my mother’s generation, for example, it was very important to have a Catholic obstetrician. Should they have found themselves in a position where they were incapacitated, the women trusted that the doctor would make a decision in keeping not simply with their Catholic principles but with their Catholic lives.

#### CATHOLIC BIOETHICS AND SPIRITUALITY

While working as a clinical ethicist, I met regularly with a colleague attached to another Toronto hospital. On several occasions he said how much he envied our Catholic foundations, particularly when it came to tough cases at the bedside.

It is possible that he was referring to the idea that we came to bioethics with a rigorous intellectual tradition already intact. Ethical methodology was a challenge for early bioethics: how exactly were bioethicists to *do* bioethics? Beauchamp and Childress with their four bioethical principles provided one

approach while feminists, care and virtue theorists provided others. As Catholic bioethicists, on the other hand, we were supported by centuries of moral theological work in natural law theory, casuistry, the principle of double effect, ethics animated by Christian charity (agape) and social justice, and Christ-centred virtue ethics. More to the point, we had Church Teaching found in such documents as the “Declaration on Euthanasia,” “*Donum Vitae*,” “*Evangelium Vitae*,” “*Dignitas Personae*” and so on.<sup>6</sup> I think my colleague recognized the intellectual rigour of our foundations; did he also recognize the working of the Holy Spirit?

Catholic bioethics is a spiritual exercise as well as an intellectual one because cases and issues take us to the transcendent moments of birth and death, and confront us with existential questions of meaning. How are we to understand the salvific meaning of suffering? What is the purpose of a life lived in increasing dementia or cut short in the womb? How do we see God’s presence in the corridors of long-term care facilities or a busy downtown emergency room? How do we see God’s presence? These are as much a part of Catholic bioethics as are questions of consent, confidentiality and truth-telling. But to be a Catholic bioethicist is also to be a part of a tradition of deep faith, hope and charity that is lived in this world. It is to be a part of the tradition of Catholic health care. Here I return to the Sisters of St. Joseph and the founding of St. Michael’s Hospital.<sup>7</sup>

The Sisters came to Toronto in 1851 to minister to the Irish population in Toronto. The Sisters worked among this impoverished group with great dedication. It was during an

epidemic of diphtheria and scarlet fever in 1889 that the head of public health asked the Sisters to help care for the afflicted. As Sister June Dwyer, csj, writes: “So impressed was Dr. Allan by the Sisters’ kindness and devotion to the patients that he proposed that they open a general hospital in the city.”<sup>8</sup> In 1892, St. Michael’s Hospital was opened on Bond Street. I think of it as something like the stable in Bethlehem, both humble and magnificent at the same time – humble insofar as the hospital had twenty-six beds “and assets totalling \$1,054.55, most of which had come from begging.”<sup>9</sup> But its mandate was magnificent: no one who crossed its threshold would be denied care. Here, operative in this world, were unconditional love and compassion lived out in faith and hope.

As such, St. Michael’s Hospital became a light to the world. People were changed by the hospital: the nurses and physicians who trained there and the patients and families who passed through its doors. Doctors I’ve spoken to many years after their residencies there still talk about the Sisters—about their kindness, their dedication, their presence. As a Catholic bioethicist, I was formed by this tradition and, twenty-two years later, I carry it still.

#### THE CANADIAN CATHOLIC BIOETHICS INSTITUTE

Just over ten years ago, Cardinal Ambrozic decided that a specifically Catholic voice was needed in bioethics. It was his view that the discipline was becoming increasingly secular and influential in that respect. In 2001, the Canadian Catholic Bioethics Institute was launched. In its ten years of existence, the CCBI has sponsored symposia, produced

position papers, books and articles, organized conferences, held lectures and seminars, taken bioethics to priests, parishes and even the airwaves as it has witnessed to a view of health care and health care ethics that insists on treating all human persons at all stages of life with love, dignity and respect. I think of a recent lecture given by Dr. Bill Sullivan in which he described a program being undertaken to bring music, colour and beauty to patients suffering from dementia. I think of another CCBI speaker, Cathy Crowe, whose life dedicated to bringing health care to the homeless in Toronto serves as an inspiration to all who know her. I think of Prof. Barry Brown addressing the needs of persons who do not have the capacity to care for themselves. By bringing forward the needs and challenges of those living on the margins of society, the Canadian Catholic Bioethics Institute carries on the mission of Catholic health care. \*

For me, this is perhaps the most inspiring aspect of being involved in Catholic health care and Catholic bioethics: that, like the early Christians, we have both the obligation and the freedom to witness to a different bottom line, one animated by compassion and love no matter what may be going on in the world around us. This informed the lives of the women religious who established Catholic health care in Canada; it is evident in the mandate of the Canadian Catholic Bioethics Institute.

Here is to another ten years of CCBI! ■

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\* For a more complete overview of the work of the Canadian Catholic Bioethics Institute, please visit the CCBI website: [www.ccbi-utoronto.ca](http://www.ccbi-utoronto.ca).

To hear CCBI's *Conversations in Catholic Bioethics*, broadcast on Radio Teopoli, go to: <http://teopoli.com/radio-teopoli-am530-archives/>.

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<sup>1</sup> John Paul II, *The Splendor of Truth. Encyclical of His Holiness John Paul II Regarding Certain Fundamental Questions of the Church's Moral Teaching*, Vatican translation (Sherbrooke QC: Editions Paulines, 1993), section 64, p. 98. Italics in original.

<sup>2</sup> See, among others: "Letter of Barnabas 18-19", p. 47; Ignatius of Antioch, "Letter to Polycarp 1-5", p. 71; "Didache 5-6", p. 38; St. Justin Martyr, "First Apology 61-67", p. 97 in Francis X. Murphy, *Moral Teaching of the Primitive Church* (Glen Rock, NJ: Paulist Press, 1968). See also: Wayne A. Meeks, *The Origins of Christian Morality: The First Two Centuries* (New Haven: Yale University Press, 1993), pp. 104-6.

<sup>3</sup> David L. Edwards, *Christianity: The First Two Thousand Years* (Maryknoll NY: Orbis Books, 1997), p. 56.

<sup>4</sup> Benedict M. Ashley, Jean deBlois and Kevin D. O'Rourke, *Health Care Ethics: a Catholic Theological Analysis*, fifth edition (Washington: Georgetown University Press, 2006), p. 9. See also: David Bohr, *Catholic Moral Tradition*, revised (Huntington, Ind.: Our Sunday Visitor Publishing Division, 1999), pp. 70-71.

<sup>5</sup> Gerald Kelly, *Medico-moral Problems* (St. Louis, Missouri: Catholic Hospital Association, 1958); Thomas J. O'Donnell, *Medicine and Christian Morality* (Boston: St. Paul Press, 1957); Bernard Häring, *Medical Ethics* (Notre Dame, Ind.: Fides Publishing Inc., 1973).

<sup>6</sup> These documents and others can be found on the Vatican website: [www.vatican.va](http://www.vatican.va).

<sup>7</sup> I tell the story of the Sisters of St. Joseph of Toronto because it is the group of women religious with which I am most familiar. However, I am sure that women religious involved in health care across Canada have similar stories of courage and commitment.

<sup>8</sup> Sr. June Dwyer, "Sisters of St. Joseph Health Care Ministry in Toronto, 1851-1991," in *Spiritual Roots: Historical Essays on the Roman Catholic Archdiocese of Toronto at 150 Years of Age*, edited by John Duggan and Terry Fay (Toronto: Griffin House, 1991), p. 75.

<sup>9</sup> Ibid.