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# SECOND OPINION

NUMBER 6 | MAY 2001

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*Second Opinion* is a quarterly publication of the Park Ridge Center for the Study of Health, Faith, and Ethics. The Center depends upon financial contributions to help underwrite *Second Opinion* and other publications. Supporters at the \$75 level and above will receive complimentary issues of *Second Opinion* and of the *Bulletin*, which is published six times a year.  
■ ■

Manuscript submissions are welcome; please refer to the call for papers in the back of the journal. All inquiries, including editorial correspondence, manuscripts, requests for information, and reprints and permissions should be sent to the Park Ridge Center, 211 East Ontario St., Suite 800, Chicago, IL 60611-3215, phone (312) 266-2222 or fax (312) 266-6086.  
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ISSN# 0890-1570

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## CONTRIBUTORS

**Thomas C. Berg**, M.A., J.D., is Professor of Law at Cumberland Law School, Samford University, Birmingham, Ala., and the author of *The State and Religion in a Nutshell*.

**Joseph Boyle**, Ph.D., is Professor of Philosophy at the University of Toronto, where he serves as a member of the Joint Centre for Bioethics and a Fellow of St. Michael's College.

**Tod Chambers**, Ph.D., is Assistant Professor of Medical Ethics and Humanities and of Medicine at Northwestern University Medical School, Chicago, Ill.

**Cynthia B. Cohen**, Ph.D., J.D., is Senior Research Fellow at the Kennedy Institute of Ethics at Georgetown University in Washington, D.C., and a Fellow of the Hastings Center. She has written extensively on ethical issues that arise at the beginning and end of life.

**Carl Elliott**, Ph.D., M.D., is Associate Professor and Director of Graduate Studies in the Center for Bioethics, University of Minnesota, Minn.

**Suzanne Holland**, Ph.D., is Assistant Professor of Religious and Social Ethics at University of Puget Sound in Tacoma, Wash. She coedited *The Human Embryonic Stem Cell Debate: Science, Ethics and Public Policy*.

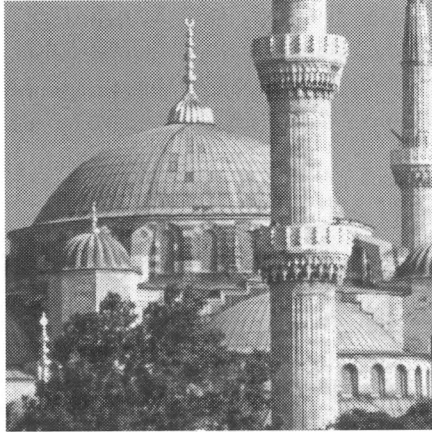
**Thomas D. Kennedy**, Ph.D., teaches bioethics and chairs the Department of Philosophy at Valparaiso University, Valparaiso, Ind. He is coeditor of *From Christ to the World: Introductory Readings in Christian Ethics*.

**Andrew Lustig**, Ph.D., is Director of the Program on Biotechnology, Religion, and Ethics, jointly sponsored by Rice University and Baylor College of Medicine, Houston, Texas.

**Martin E. Marty**, Ph.D., is a founder of the Park Ridge Center and has served its antecedent projects and the Center itself since 1980. Among his fifty books is *The One and the Many: America's Struggle for the Common Good*.

**Karma Lekshe Tsomo**, Ph.D., is Assistant Professor of Theology and Religious Studies at University of San Diego and Director of Jamyang Choling Institute of Buddhist Studies in Dharamsala.





*Six minarets tower above the central dome  
of Istanbul's Blue Mosque (1551-1558 C.E.).*

# EDITOR'S NOTE

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BY MARTIN E. MARTY

Light sleepers would do well not to read the three essays in this issue just before bedtime. They leave one, or at least they left me during the editing, wanting to take refuge from the questions they pose. Somewhere there must be a place of serenity, where thoughtful people can absent themselves and the intractable problems of the day can be reduced to the soluble. No such luck here, on first reading.

If *Second Opinion* were host to utopians, perhaps we could sleep better, or at least could lounge in easy chairs and enjoy distractions. But the writers here are anything but utopians who

offer dream-castle versions of the human future. They are not even optimists. Call them realistic hoppers, but note how realism has the upper hand.

On the contrary, were *Second Opinion* hospitable to mere and utter pessimists, serenity would return more readily than it can after a reading of these articles. Now and then I have read such pessimists—the Romanian epigrammatist E. M. Cioran comes to mind—and found it easy to dismiss them. If even the slightest crack of affirmative light comes through their essays, they reach for the shutters or the duct tape and obstruct it. If things are that

hopeless, one reasons, the ancient counsels of eating, drinking, and being merry apply. I have a cherished bottle of Chambertin, Vintage 1952, waiting to be opened on the day I succumb to such readings of history.

Suzanne Holland, Cynthia B. Cohen, and Thomas D. Kennedy will not relent, will not let readers avoid the issues they address. Admittedly, none of the issues are new: cloning, as Holland says, is on page one and in prime time outlets these days. Allowing religious belief to show up in the public sector is an everyday issue in a society that debates, with ease, the invention of faith-based ventures. And seeing the dangers that technology, for all its potential for enhancing life, can bring—that is as old as Luddism in the nineteenth century or as warnings by Jacques Ellul & co. in the twentieth.

Read and reread those three essays and look for anything that might legitimate apathy, assure serenity, or allow for ease. I didn't find it. They are realistic, cautionary, and more effective because none of the authors shriek in apocalyptic tones, though well they might. They are calls to reflection and action, two responses that would be pointless were there no hope to go with the realism. That is why we editors found them com-

prising, valid approaches that merit consideration by readers.

Suzanne Holland joins thinkers from Pope John Paul II, who spent most of his decades fighting Communism and recent ones worrying about consumerism, to critics of Capitalism on the left, who attack the market and all it stands for, from the ground up to the tall towers of international corporations. Her key word is "commodification." Inspired by novelist and philosopher Iris Murdoch, who always merits attention, she suggests some constructive ways to address the impulse to clone humans, yea the inevitability of cloning, to meet market demands.

How to control the impulse, how live in the face of the inevitable? It is hard to picture even the first stirrings of response without some resort to what she knows is unpopular, even "un-Republican," namely involving government. Well and good; many of us have little trouble with the principle of the thing. But when one comes to the subhead that offers "Incomplete Commodification for Cloning as Assisted Reproduction Technology" and pictures trying to get most legislators today to comprehend what is meant—as well as many in the public to awaken, and anybody in the special interest world to

hold back—intellectual and moral paralysis might follow. Still, Holland finds reason to urge readers on, not to despair, but to think and be active. Realistic hope? One hopes.

Cynthia B. Cohen's theme has less immediately drastic consequences if things go wrong. If things go, or stay, or become wrong, we will simply have a culture more ethically impoverished than we now do. She brings up the heavy-hitters whose names start with "R"—Rorty, Rawls, and, less well known, Robertson—respects them but takes them on. They ask whether we should, in political, medical, and ethical debates that bear on all the populace, "allow" the voices of believers to be represented, heard, and reckoned with. "Allow." Who determines such allowances? Shall there be constitutional amendments, legislation, or merely the force of the turned back and the stopped ears as "rationalists" jam religious signals? Cohen catches such thinkers, who currently prevail in public life, in contradiction, in ironic reversals of the liberal culture themes that they profess to be enhancing by their strictures.

If Holland's theme strikes terror, Cohen's inspires bemusement. Why and how did Rortyan and Rawlsian rationalism, for all its splendor and the ele-

gance of their arguments—I join those awed—come to be seen as not only being privileged in public discourse but promoted as a monopoly? How does one square that with the demonstrable fact that most people in the society do draw on their differing religious bases when they argue or converse? But for me the unsettling thought that lingered after I filed Cohen had to do with the obverse of the philosophers' question: Are American religionists ready to speak? Have they something substantive to say? Do they find ways to listen to each other, to "the other," to advance discussion and address problems? She spends no time calling for the homework and development that have to occur in religious circles if they are truly to enrich the talk in the public sphere; one could.

Thomas D. Kennedy takes us back to square one in dealing with what physicians and patients are about. While patients are not only patients (*pati* = to suffer), but full human beings, doctors, too, are not only the teachers that their etymology suggests they are to be. But patients do suffer in ignorance and, if Kennedy is right, more and more are likely to get inaccurate or inappropriate information about disease and cure from the Internet, that too-convenient

point of reference in the homes of the hundred million. They need the doctor-as-teacher.

Many doctors are equipped to be teachers, as Kennedy knows and says. But he has a valid concern: whether the kind of covenanted, circumstantial diagnosis and counsel the physician-as-teacher can offer in a world of perplexing ambiguity can make its way against what Dr. www turns up. Again, his dystopia is not by any means as threatening as is Holland's. But on a different scale and in different ways, if Kennedy is right, hard-to-envision but always strenuous efforts are needed to assure the humanistic, pedagogical side to the physician-teacher.

Along with those three calls to reflection and action, this writer under separate title allows for a bit of relaxation by discussing "spirituality" and "religion," and why they prosper. Are they refuges from the worlds the other three authors would have us face? Or do they help people find resources to reengage the liberal culture of cloning, the silencing of religious voices, or the frequent neglect of teaching roles in medicine? Let the reader decide and register welcomed responses with our senior editor ([dbm@prchfe.org](mailto:dbm@prchfe.org)). ■

# TO MARKET, TO MARKET

BY SUZANNE HOLLAND

## Cloning as an ART?

Not since the arrival of Dolly has cloning been so much on the radar screen of Americans as it has been this spring. In recent months, human cloning appeared as the cover story of at least three national magazines, including one as unlikely as *Wired*, the technology journal devoured by Internet aficionados. Major newspapers, too, dedicated untold column inches to a subject many thought had already been analyzed beyond redemption. The question arises: Are media heralding things to come or merely pounding the drums

of paranoia? It would seem to be the former over the latter if stated intentions to clone humans are taken seriously. Italian fertility expert Dr. Severino Antinori and his American partner Dr. Panayiotis Zavos, for example, say that, as a fertility treatment, they will clone a human being within the year in an unspecified Mediterranean country. A North American religious cult, the Raelians, reportedly plans to clone a human and claims to have over fifty female surrogates waiting in the wings.



Since 1997, when somatic cell nuclear transfer technology (SCNT) successfully rendered the first cloned mammal—Dolly the sheep—the experiment has been replicated a number of times. Research labs across the globe have subsequently cloned a host of other animals—mice, cows, goats, pigs, even gaurs—but, not as far as anyone knows, the human animal.<sup>1</sup> Nonetheless, some people think that human cloning is just around the corner—from the Raelians and their chief scientific advisor, Dr. Brigitte Boisselier, to the Bendheim Professor of Economics and Public Affairs at Princeton, Alan B. Krueger.

In one of his regular *New York Times* columns, “Economic Scene,” Krueger explored human cloning as a marketable enterprise. “By most accounts,” he wrote, “the remaining technical hurdles are about to be cleared to make human cloning feasible.”<sup>2</sup> If indeed only “technical hurdles” remain to keep us from our delayed twins, the issue rather quickly becomes one of whether or how such technology ought to be brought to market. It is telling to read Krueger’s recent words:

If the experience of earlier reproductive technologies like in vitro fertilization is a guide, the marketplace—

*not government regulation or prevailing ethical norms*—will determine who avails themselves of cloning services. At an estimated cost of about \$250,000 a clone, market forces loom large.<sup>3</sup> (emphasis added)

Market forces do indeed loom large and Krueger’s candid assessment provides the ideal backdrop for this article. My premise: although we cannot predict the degree of its popularity, human cloning is likely to become a reality for some people who have both the desire and the means to make use of new assisted reproduction technologies (ART). As an ethicist, I am greatly discomforted by this thought, and I wonder if the hubris of humanity is reaching heights unimagined by Reinhold Niebuhr when he warned us about the condition of human sinfulness—pride.<sup>4</sup>

Nonetheless, any amount of naysaying from moralists will not likely change the reality that some people want human cloning, are willing to pay for it, and under globalized capitalism and free trade will not be prevented from fulfilling their desires. Nor am I certain that we should legally prohibit human cloning. While most Americans express distaste when confronted with the cloning issue by pollsters<sup>5</sup>—articu-

lating what many call the “yuck factor”—simultaneously they are loathe to legislate against freedom of choice. And since the assisted reproductive services industry is all about making choices possible for people who can pay for them, one assumes that at least initially human cloning will find a home within this unregulated, \$2 billion-a-year industry.<sup>6</sup>

“Where there is a demand, there will probably be a supply. You can already see it,” Brian Alexander writes. “A cloning infrastructure is slowly emerging to satisfy a market that doesn’t quite exist yet.”<sup>7</sup> The infrastructure Alexander refers to ranges from the nonprofit, internet-based Human Cloning Foundation, at [www.humancloning.org](http://www.humancloning.org), which links people interested in human cloning projects, to for-profit ventures such as Southern Cross Genetics, Canine Cryobank, and the Alcor Life Extension Foundation. Then there are the religious and philosophically-based endeavors, such as the Raelians’ Clone-Aid Project, an effort to achieve immortality through cloning; and Summum, which charges \$65,000 and up to “mummify clients who want to preserve their cells through cloning . . . So far, 147 people have paid for the service via life insurance policies.”<sup>8</sup>

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Though Canine Cryobank’s genesis in the market was freezing heads and bodies of canines, it also claims to be “storing human cells for future cloning and has told the Human Cloning Foundation they will consider helping people who have lost ‘their human spouse, child, mother, father, etcetera.’”<sup>9</sup>

Lest the reader think these claims are specious, bear in mind that one of the world’s premier in vitro fertilization clinicians, Dr. Mark Sauer of Columbia University, tells Alexander: “I cannot go through the week without people asking me for it [human cloning] . . . They say, ‘Can’t you just do it for me? I’ll be your guinea pig. You can experiment with me.’”<sup>10</sup> This brings us back to Krueger’s claim that “the marketplace—not government regulation or ethical norms—will determine who avails themselves of cloning services.” The

implications here are that market forces are stronger than moral forces and that government generally is loath to interfere with the market. It is axiomatic in capitalism that the market exists both to create and to satisfy desire.

With all of this as a backdrop, I make a case in this article for regulation of the market for human cloning. I view government regulation as a moral imperative, and I offer Margaret Radin's theory of incomplete commodification as a way of taking up this imperative. The question of whether we should engage in human cloning or not is fast becoming a historical inquiry. It seems to me that there are circumstances under which we might consider cloning humans to be morally permissible and circumstances under which it would not be morally permissible. I briefly suggest the contours of these boundaries in this article. However, I mean chiefly to defend the thesis that ethicists urgently need to attend the question of how to regulate the market in ways that accord with a vision that goes back to Aristotle, that of human flourishing.

My argument turns on two inter-related questions, one pragmatic, one visionary. The pragmatic question: In what way, if at all, may somatic cell nuclear transfer technology be brought

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into the marketplace as assisted reproduction? This issue is best approached by beginning with the visionary question suggested by Iris Murdoch's metaphysics: Do we see rightly?<sup>11</sup> How we answer this, I submit, reveals much about the kind of society we wish to shape with our emergent genetic knowledge, in general, and with our knowledge of nuclear transfer technology for human cloning, in particular. Are we able to see clearly what kind of persons—and hence what kind of society—we wish to become? Such are the questions that ought to frame our deliberations on human cloning, especially with regard to how the technology gets commodified.

#### **THE THEORY OF MORAL VISION**

This question of an appropriate vision that precedes action is easily obscured

by market priorities and market rhetoric<sup>12</sup> concerned with making technology usable and profitable. I argue, however, that the kinds of questions raised by Murdoch are precisely the questions to which biotechnology should attend, and that it ignores these at its own peril, and ours as well. In her work, *The Sovereignty of Good*, Murdoch places before us the relevance of the inner life, of vision and attention in the task of morality. Our pursuit of the moral life entails, she suggests, a reverence for the mystery, ambiguity, and rich texture of those interior contours, which may in the long run be more important than empiricism's insistence on an ethics of action. In *Sovereignty*, Murdoch argues for an interpretation of morality in which attention is prioritized over action, thus rendering an ethic of vision. In Murdoch's view, an ethic of vision must precede an ethic of action because moral agents are more than the sum total of reason moving will to action. It is not that she eschews action, but she insists that our actions must be based upon a vision of the real that comes from the difficult and prior work of attention.

Murdoch's moral theory turns on the distinction between an ethic of action formed by the human will and an

ethic of vision formed by sight or attention. In the former model, the province of the moral is characterized by the sheer movement of the will to particular action such that moral meaning comes from the conflation of will and action, and the affective, interior life becomes subordinated to one's capacity to mobilize the will to movement. For Murdoch, however, the fundamental choice in the moral life is to see things as they really are—or not. "We can only move properly in a world that we can see," she writes, "and what must be sought for is vision."<sup>13</sup>

How are we to acquire the vision that Murdoch would have the moral agent seek? We must approach every moment with an "unselfing,"<sup>14</sup> an attending, a breaking the barrier of "methodical egoism," as she calls it, for we are after all, "distracted creatures, extended, layered, pulled apart."<sup>15</sup> In both *The Sovereignty of Good* and *Metaphysics as a Guide to Morals*, Murdoch develops Simone Weil's concept of "attention" to give content to this ethic of vision. "I have used the word 'attention,'" Murdoch writes, "to express the idea of a just and loving gaze directed upon an individual reality. I believe this to be the characteristic and proper mark of the active moral agent."<sup>16</sup> For

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Iris Murdoch, the task of the moral agent is to see—and from truthful vision right action follows.<sup>17</sup>

Right action then involves seeing—the larger picture, the ambiguous, huge, multiform, and unpredictable horizon of vision. It means focusing one's attention. If ever we have needed a reminder of the importance of focusing one's attention on the larger picture, that time is now, for the questions raised by cloning are profound ones: questions about what kind of persons we wish to become; questions about whether human cloning accords with our most deeply held notions of human personhood; questions about whether cloning as assisted reproduction promotes our sense of what constitutes human flourishing.

I do not wish to encourage the scrutiny of motives as a way of adjudi-

cating human cloning, good or bad. Nonetheless, it seems to me that people will choose to clone for two kinds of reasons, which can roughly be distinguished in the following ways. Suppose a couple sincerely desires to bear and raise a child and they feel that SCNT would be the best method for bringing that child to life—a lesbian couple, for example, who cannot have a child genetically belonging to each of them in any other way. This we might call a more or less benevolent motive. On the other hand, there will be persons who sincerely desire to have a child by cloning for reasons that may strike us as morally unsavory<sup>18</sup>—replacing a deceased loved one, wanting to see oneself or one's spouse achieve immortality, and so on. The reason we may feel the latter scenarios are unsavory, I submit, is that the underlying motives appear to be fueled by narcissism. And where children are concerned, most of us feel that a motivation rooted in concern for the other—the cloned child in question—is preferable to a motivation rooted in concern for the self. Yet, both kinds of scenarios would be possible, even likely, given the anything-goes-if-you-can-pay-for-it hallmark of the ART industry.

The point is, if one cultivates the ability to “see rightly,” as Murdoch

admonishes us, likely one will not consider using SCNT to have a child for morally unsavory, narcissistic ends, such as pure self-fulfillment, immortality, or replacing the dead. It could be argued, I suppose, that replacing the dead is altruistic and not at all self-indulgent. Murdoch would tell us, however, that to maintain such a position is to be caught in a state of illusion or fantasy, and this is precisely what she inveighs against—for no genuinely moral action could be taken when one acts from illusion. Surely, acting from a desire to recreate the dead, or from a desire never to die, is a sign that one is not seeing reality clearly and honestly. Indeed it is possible to clone a human being for reasons that come from cultivated attention, reasons that involve motives of benevolence, say, over egoism, just as it is possible to clone for self-interested reasons. In any case, to clone a human being for the wrong reasons—in Murdoch's terms, to move straight to action without cultivating that "just and loving gaze" as a prelude to right action—can only diminish human flourishing.

Thus, perhaps what is needed with this question of human cloning is exactly the kind of moral shift Murdoch makes: not an ethic that eschews action,

## Are genetic relationships becoming more prized by parents than are relationships of bonding regardless of the genotype of the child?

but one that begins by asking the prior and all-important questions of vision and attention. I suggest that these prior questions of vision and attention necessarily lead us to issues of relationship: What kinds of relationships do we value? Are genetic relationships becoming more prized by parents than are relationships of bonding regardless of the genotype of the child? What kinds of relationships do we wish science to be in service of, and not the other way around? As I have alluded, I do not wish the science of SCNT to be used in service of relationships where a cloned human is created merely as a means to some end: to secure one's own immortality, for example. While this article is only suggestive of such questions, more attention needs to be paid to the whole issue of science in the service of human relationships.



Murdoch reminds us to cultivate the affective interior life so that we might orient ourselves towards the good. Such an orientation certainly seems necessary. The intuitive cultivation of a disposition towards the good is often lacking in our technological culture. Were it not lacking, one wonders whether fertility experts would be rushing headlong into human cloning despite the enormous safety concerns raised by scientists and ethicists alike.

Yet we may ask whether cultivation of such a disposition is an adequate response for a situation, such as this cloning issue, that ultimately calls for a decision in the form of action. If fertility experts who intend to clone humans persist in doing so, as they have assured us they will, we can no longer avoid one very pragmatic consideration. What is the appropriate way to think about commodifying nuclear transplantation technology as another product in the assisted reproduction arsenal? Thus far, I have suggested that the appropriate way cannot be one that diminishes human flourishing and clouds the capacity to see. I shall now argue that two extremes of commodification—wholly regulated and wholly unregulated—both obstruct such vision, while a middle ground of “incomplete com-

modification” is more likely to accommodate our instincts towards the good.

## **HUMAN FLOURISHING AND THE “FREE” MARKET**

My premise has been that SCNT for human cloning will be used—sooner rather than later it would appear—as a form of assisted reproductive technology. All ART in the United States are presently unregulated market commodities. By this I mean that things that we tend to conceive of as belonging to us—things that we would consider integral to our sense of selfhood, such as embryos, eggs, and sperm—such “things” are now bought and sold in an unregulated marketplace of commodities. The personal property I have just identified is distinct from property not infused with the same sense of personhood. We may love our automobiles or be extremely attached to our stock portfolios, but for most of us neither a car nor a stock portfolio is intimately connected to our sense of what it means to be human. We need to regulate the market for SCNT in a way that accords with our sense of human cloning as deeply connected to our sense of personhood. Should we ignore this moral imperative, we will witness gradual erosion of values—not because of cloning

We need to regulate the market for SCNT in a way that accords with our sense of human cloning as deeply connected to our sense of personhood.

per se, but because we have allowed the market to subsume something that is not the equivalent of widgets.

In *Contested Commodities*, Stanford law professor Margaret Radin argues that once a thing becomes completely commodified in the laissez-faire market, it becomes conceptually fungible. This means that we begin to think of the widget as fully interchangeable with any other widget; in the mind and in practice, it becomes objectified, commensurable, and subject to buying and selling.<sup>19</sup> Simply, commodification may be defined as the exchange of products in the market for money. All market exchanges, according to Radin, bear the marks of four conceptual indicia of commodification, each of which is related to the other—objectification, fungibility,

commensurability, and money equivalence.<sup>20</sup> Extending Radin's analysis to our topic, the question arises whether cloning technology as an ART would be commensurable or exchangeable with other products in the marketplace. In an unregulated marketplace—Radin refers to this as a *completely* commodified market—the answer is that it would be. Understanding the nuances of commodification is important because once we move something into the market, we begin conceptually to accept its place among other market entities, making it easier to objectify and, hence, easier to buy and sell. This is not problematic with automobiles or furniture, but the question remains: What does fungible objectivity do to an entity conceptually related to personhood? The question is rhetorical at this point for the answer seems increasingly obvious.

Clearly, in a world where things are commensurable and objectifiable, it becomes easier to view such things as exchangeable, and so is much harder to resist full commodification. As an example, most of us find it wholly acceptable to purchase in vitro fertilization technology as a way of bringing about a child. This acceptance makes the commodification of SCNT for the same purpose seem quite natural. Indeed, in a world of

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complete commodification, the two are plainly commensurable and fungible.

Now one might ask, what is wrong with full commodification and why should it be resisted? As Radin argues, once technology becomes commodifiable, it is subject to free market rhetoric and to a kind of consciousness that would appear to be at odds with some important commitments to notions of personhood. A successful marketing campaign changes our behavior: we begin to behave as the market would have us behave. Again, this is not necessarily problematic with running shoes, though that, too, is an arguable point. When the market, however, makes fungible human embryos, body tissues, and other kinds of personal property intimately connected with the human being, it becomes that much easier to see human beings as fungible, too. In

this way, full commodification of such personal property risks further eroding our sense of personhood.

Fundamentally, Radin seeks to clarify that “property” does indeed connect to personhood as it connects to something vital about the self. In *Contested Commodities*, and elsewhere, she takes up the question of whether and how we ought rightly to commodify certain things—body parts, babies, sexuality—that many of us view as “market-inalienable,” that is to say, not subject to commodification. Contesting the commodification of sexuality, for example, Radin argues that certain aspects of life cannot be subject to buying and selling because to do so impoverishes our notion of human personhood and mitigates against human flourishing.<sup>21</sup>

I suggest that the full commodification of SCNT for human reproduction be contested on similar grounds. There simply are some things that we ought not “trade off against each other,”<sup>22</sup> to use Martha Nussbaum’s phrase. Since in universal commodification everything is fungible, the fullness of our notion of human flourishing is correspondingly diminished, as is our conception of the self. As Nussbaum puts it, “To treat deep parts of our identity as alienable commodities is to

do violence to the conception of the self that we actually have and to the texture of the world of human practice and interaction revealed through this conception.”<sup>23</sup> Thus, if we “cash out” the very things that are connected to our sense of self and of what it means to be human—tissues, embryos, eggs, and so on—we risk putting a price tag on the self. Such a practice becomes increasingly possible in the world of new genetic technologies and, I believe, as Murdoch, Radin, and Nussbaum hold, that this correspondingly diminishes our humanity.

Therefore, in order to honor commitments to the good and to personhood, Radin attempts to forge a middle ground between two extremes—neo-classical economic conservatism and traditional liberal theory—each of which, she argues, gives a rather thin account of our humanity, albeit from different starting places.<sup>24</sup> In reference to the free market, Radin notes that economic conservatives render justifications for universal commodification of everything in market terms, including children.<sup>25</sup> From the point of view of neo-classical economics, the only reason to keep something out of the market would be the inefficiency or failure of the market itself.

If we “cash out” the very things that are connected to our sense of self and of what it means to be human, we risk putting a price tag on the self.

Traditional liberal theory, on the other hand, intending not to embrace universal commodification characteristic of the regnant Chicago School of economic theory, tends toward compartmentalization of certain things from the market—selling babies, for example. The irony, as Radin points out, is that in doing so “liberal theory has borne within it the seeds of universal commodification,”<sup>26</sup> in that theories of conceptual compartmentalization keep us from seeing the embeddedness or contextuality of our human transactions. To use Murdoch’s language, such things keep us from “seeing rightly.” To use Radin’s language, the market society contains within it nonmarket relations and values that are overlooked by a liberal theory seeking to keep some things out of the market entirely. There simply is no such ideal world.

Our market interactions must account for a thick description of personhood, one that a theory of incomplete commodification is more likely to provide.

The point is that by compartmentalizing some things, or sequestering them from the market entirely, the market itself is effectively left alone and has unchecked power. This is what Radin means when she says that liberal theory “wrongly implies the existence of a large domain of pure free-market transactions to which special kinds of personal interactions form a special exception. It also wrongly suggests that a laissez-faire market regime is *prima facie* just.”<sup>27</sup> Thus, while neo-conservatives give us an unfettered market for all commodities, even children, and liberals give us a market that is *de facto* just so long as certain things are sequestered from it, Radin offers a more complete account of human personhood and of our transactions and inter-

actions in the world with her theory of “incomplete commodification.”

#### **INCOMPLETE COMMODIFICATION FOR CLONING AS AN ASSISTED REPRODUCTION TECHNOLOGY**

What is incomplete commodification? Radin does not specify its normative content; though it is always specific to the particular thing being regulated, it may be described as follows. Imagine a sort of metaphorical market continuum ranging from complete or universal commodification on one end—neo-conservatives—to universal noncommodification on the other—Marxists, socialists, and some liberals. In global late capitalism, most things placed on the market exist at the universally commodified end of the spectrum. Incomplete commodification, in contrast, is a way of regulating that moves things to different points along the market continuum without sequestering them entirely from market interaction. The notion of a continuum avoids the pitfalls of dichotomous, piecemeal thinking. In our non-ideal world, both things hold: complete commodification is potentially harmful because it can contribute mightily to the erosion of our concept of personhood; complete noncommodification is also potentially harmful

because it effectively cedes all power to the market.<sup>28</sup>

What we need to see, Radin argues, is that there are both market and non-market aspects to our human interactions; we need to see the pervasiveness of literal and metaphorical or rhetorical markets; finally, we need to see that our often stubborn commitments to personhood and human flourishing perhaps are not best engendered by dichotomous either/or thinking. Incomplete commodification, she argues, avoids dichotomies, while it has the advantage of emphasizing contextuality as a response to the kind of world we live in, which is a messy one. There are no ideal or abstract persons since all of us live in embedded contexts. Our market interactions must account for a thick description of personhood, one that a theory of incomplete commodification is more likely to provide.

As a better alternative to full commodification, incomplete commodification regulates the market in order to ensure aspects of our flourishing that seem vitally important, such as contextuality, identity, and freedom. For example, Radin explains that we regulate aspects of our work lives in order to “make more possible the realization of personal ideals about work, which are

related to human flourishing; a self-conception inseparable from one’s work (contextuality), continuity of work (identity), and control over one’s own work (freedom).”<sup>29</sup>

In other words, incomplete commodification affords us a more accurate reflection of the realities of our human transactions: we value both the efficiency of the market and the fullness of our personhood. Radin uses housing regulation as an example of this point: “regulation is appropriate because, although we value the efficiency of the market, at the same time housing must be incompletely commodified in recognition of its connection with personhood . . . People engaged in market interactions often do not understand themselves as just acquiring things; they are relating to each other as well.”<sup>30</sup> Think of the ambivalence many of us appear to have about commodification of genetic technologies in general, and human cloning in particular. Perhaps the sense some of us have of cloning as morally unsavory is related to what Radin identifies as a sense that some things are not properly measured in fungibility and commensurability, the language of full commodification, for to do so erodes our stubborn commitments to human flourishing. People



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engaged in market interactions surrounding assisted reproduction are paying for technology that has a deep connection to personhood; it is for this reason that cloning as an ART ought to be incompletely commodified.<sup>31</sup> Thus, Radin's theory of incomplete commodification provides a provisional framework for answering the pragmatic question I posed at the outset of this paper: How should we bring cloning technology into the market?

I suggest that ethicists and religionists lobby Congress to regulate the market by incompletely commodifying the process of SCNT for assisted reproduction. For example, this might mean that if a couple wishes to conceive a child whom they intend to love in its developing uniqueness, and they wish to make use of any safe method of

assisted reproduction in order to bear this child—including cloning—they should not be prohibited from engaging in incomplete market transactions for this purpose. By this rationale, cloning as an ART would be analogous to, say, the regulation of the housing market on the grounds that it is, as Radin has argued, intimately connected to personhood. Similarly, I am arguing that safe nuclear transfer technology as assisted reproduction belongs in the marketplace, though incompletely. Properly viewed and regulated, ART and the process of nuclear transfer need not undermine personhood, even where cloning is concerned. If left unregulated, I predict further erosion of some of our deepest values. We could, of course, choose to criminalize the cloning of humans, but doing so will only move the enterprise elsewhere and provide no long term satisfactory solution. We could also choose to ignore what legally goes on in the unregulated free market of biotechnology and fertility. A better solution would be to do that most un-Republican of things: regulate the market; commodify SCNT, but incompletely.

Recall Radin's distinction that a literal, completely commodified market contains four elements: exchanges of

things in the world, for money, in the social context of markets, and in conjunction with four indicia of commodification: objectification, fungibility, commensurability, and money equivalence. As we know, each one of these indicia is intimately related to the others so that, for instance, if a thing is objectified it is more readily seen as exchangeable with any other thing on the market for money; hence, it takes on commensurability. I suggest we might think of these indicia of commodification as useful criteria for assessing whether and how far to commodify human cloning technology. If it were found, for example, that using SCNT for assisted reproduction means that some aspect of our personhood is undermined by one of these indicia—objectification, for example, or fungibility—then we might place this technology on the incomplete side of the continuum, and confidently regulate the market in ways that are more in accord with our commitments to human flourishing. The reader may well ask for the content of the kind of regulation I suggest. It is not my purpose to specify the content of economic regulation, nor am I equipped to do so; I only suggest that such regulation is morally imperative.

**Unregulated  
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### **CONCLUSION**

Will human cloning as a reproductive technology significantly change the texture of our world? Will it radically alter our notions of personhood? I have suggested that cloning from benevolence need not significantly change the texture of our world. But how are we to tell the difference between benevolence and self-interest? This is where Murdoch's insistence on the interior cultivation of vision is so important: we must cultivate seeing reality clearly and work to counteract states of illusion. In terms of what is before us, I believe that the unregulated commodification of SCNT for human cloning—not necessarily cloning itself—has greater potential to undermine our commitments to personhood. I have used Radin's theory of incomplete commodification as a guide for how

nuclear transfer technology as cloning gets placed on the market continuum, suggesting that incomplete commodification is more likely to help us maintain our commitments to flourishing than is complete commodification.

I have also argued that such a pragmatic consideration needs to be balanced by a prior question of vision. In fact, it is precisely because the application of Radin's theory is such a delicate and complex task—and because the market so voraciously devours all commodities—that I urge us to pause and ask ourselves the prior, but complementary, questions to which Murdoch calls us: Are we paying attention? What kind of persons do we wish to become, individually and collectively? How might human cloning as assisted reproduction promote, or hinder, our deepest notions of relationality? How might it reflect our most cherished notions of personhood? As I suggested at the outset of this paper, the question that needs to frame all our deliberations about cloning; indeed, about the uses of new genetic technologies in general is this: Are we able to see clearly the kinds of persons, and hence what kind of society, we wish to become?

As we ponder the conundrum of commodification, we might remember

the importance of cultivating an interior disposition towards the good, since, as Murdoch assures us, it is from truthful vision that right action follows. In any case, the moral life is an ambiguous one, as James Gustafson has told us, and nothing—especially not ethics—can free us from the discomforts of moral ambiguity. It can however, as I have tried to show, help guide our thinking about whether and how we want to commodify nuclear transfer technology at the human level, in ways that accord with our vision for human flourishing. ■

## NOTES

1. It should be noted that researchers in Japan claimed to have cloned an eight-stage human embryo and then destroyed it. The experiment, however, has not been published or verified.
2. Alan B. Krueger, "Economic Scene," *The New York Times*, March 1, 2001, C2. The "technical hurdles" Krueger refers to are not insubstantial for they raise significant safety concerns for cloned human fetuses, as well as for fully developed clones. SCNT is not yet perfected to the point where we can be certain that human fetuses will not have serious defects and abnormalities; nor do we know enough about the fully developed clone in terms of the aging process of the clone's replicated DNA. For a recent discussion on the

- dangers of animal cloning, see Gina Kolata, "Researchers Find Big Risk of Defect in Cloning Animals," *The New York Times*, Sunday, March 25, 2001, A1.
3. Ibid., C2.
4. See Reinhold Niebuhr, *The Nature and Destiny of Man*. Two volumes. (New York: Scribner's Sons, 1964).
5. A Time/CNN poll for the first week of February 2001 revealed that "90% of respondents thought it was a bad idea to clone human beings." Nancy Gibbs, "Baby, It's You! And You, And You . . ." *Time*, (February 19, 2001): 50.
6. "IVF is Big Business," *Pediatrics* 93 no.3 (March 1994):403.
7. Brian Alexander, "(You)<sup>2</sup>," *Wired* (February 2001): 126.
8. Ibid., 126.
9. Ibid., 126.
10. As quoted in Alexander, "(You)<sup>2</sup>," 130.
11. Iris Murdoch, *The Sovereignty of Good* (London: Routledge, 1970).
12. For a full and valuable discussion of the rhetoric of the market and its effects on human personhood, see Margaret Jane Radin, *Contested Commodities: The Trouble with Trade in Sex, Children, Body Parts, and Other Things* (Cambridge: Harvard, 1996), especially chapter 6, "Human Flourishing and Market Rhetoric."
13. Iris Murdoch, *Metaphysics as a Guide to Morals* (London: Penguin Books, 1992), 303.
14. The term is Stanley Hauerwas's in *Vision and Virtue* (Notre Dame, Ind.: Fides Publishers, 1974), 39.
15. Murdoch, *Metaphysics*, 296.
16. Murdoch, *Sovereignty*, 34.
17. Murdoch, *Metaphysics*, 295.
18. Ruth Macklin coins this term in an essay "What is Wrong With Commodification?" in Cynthia Cohen, ed., *New Ways of Making Babies: The Case of Egg Donation* (Bloomington: Indiana University Press, 1996).
19. See Radin, *Contested Commodities*, 118–120.
20. By way of definition, objectification is the distancing of a piece of property from the self so that it becomes "thingified" and easier to buy or sell. Fungibility refers to the exchangeability—a thing is conceptually exchangeable for money with any other thing. Commensurability means that something has equivalence with something else. In contrast, we like to think of each human being as incommensurable, as not being able to be traded for another human being. Money equivalence is straightforwardly to be understood as the exchange of money for a good or service.
21. See Radin, *Contested Commodities*. See also Radin, "Market-Inalienability," *Harvard Law Review* (1987): 1849–1937; abbreviated in Alpern, K.D., ed., *The Ethics of Reproductive Technology* (Oxford: 1992), 174–194.
22. Nussbaum in Radin, *Contested Commodities*, 74.
23. Nussbaum in Radin, *Contested Commodities*, 75.
24. Radin, *Contested Commodities*, especially chapters 1–3.
25. Ibid., 7. Commenting on this point, Radin cites Richard Posner's positions: "Judge Posner, for example, apparently considers a ban on selling oneself into slavery to be justified by information costs. Finding no apparent market failures that would suggest noncommodification of children, he suggests that a free market in babies would be a good idea."
26. Radin, *Contested Commodities*, 30.
27. Ibid., 30.
28. Taking things out of the market entirely merely results in a nod to the prima facie justice of the market realm.

29. Radin, *Contested Commodities*, 110.
30. *Ibid.*, 112.
31. Perhaps the entire fertility industry should be incompletely commodified, but that is a subject for another article.

# FALLOUT FROM THE KNOWLEDGE EXPLOSION

BY THOMAS D. KENNEDY

## The Physician as Teacher in the Internet Age

A recent article in *The Economist*, after bemoaning a spate of medical scandals in Britain, closed on an optimistic note: the Internet promises to change for the better the future of health care in Britain. "More information will create a demand for more choice; and effective medical treatment is more likely where doctors bother to listen to their patients, and patients know enough to ask the right questions, and demand truthful answers."<sup>1</sup> Expressions of confidence about the

powerful and positive difference the Internet will make for health care are by now commonplace. But, as Aristotle would have it, we ought to listen to the wise rather than the many. Should we be so confident about the benefits of the Internet for health care?

Insightfully, *The Economist* article turns our attention to the physician-patient relationship as the locus most impacted by the Internet. Some analysts suggest this relationship may be transformed by e-mail. Rather than spending

valuable time in oral conversation with patients, physicians will, at their convenience, consult on line with those patients who pay flat-rate fees or time-based fees per on-line consultation. These consultations are unlikely to satisfy, or long satisfy, any but the most devout techies, never mind the moral issues that surround such consultations.

More plausibly, both patients and physicians will increasingly employ the Web as a new source of medical information. Medical textbooks are expensive and not easily digested. Popularizations of medical texts have not achieved a status significantly greater than folk medicine, however well they have sold. The likelihood of our becoming a nation of medical autodidacts has never been great. But it isn't as unlikely that the next generation may be a generation of medical technodidacts. It is quite conceivable that soon, just as we rush on line to CNN.com for the latest news or to the Weatherchannel.com for an up-to-date weather report, we will rely primarily upon the Web for health-related information.

Why not relish that possibility? Why the reservations in welcoming the Internet as a valuable new means of medical information? Why not embrace the Internet as a tool to liberate us from

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our reliance on the knowledge of physicians and other healthcare workers? To answer these questions we do well to reflect upon the ideal physician-patient relationship. And since our interest is in the information available to patients, in our understanding of health and well-being, let us focus upon the role of the physician as teacher.

#### **COVENANTAL MEDICINE AND THE PHYSICIAN AS TEACHER**

William F. May's *The Physician's Covenant*, republished last year in a second edition, continues to be one of the most helpful and insightful analyses and critiques of the physician-patient relationship. May argues that the core image that should inform and guide the practice of medicine is "the healer as covenanter." In developing this image of covenanter, he contrasts a "profession-

al ethic that prizes technique as a shield against ties” with a professional ethic in which one understands oneself as part of a “bonded world.”<sup>2</sup> Understanding the practice of health care as bonded, as covenantal, means, as one interpreter has put it, that:

[The physician] knows himself to be greatly indebted to his patients and his community for the skill and art he possesses. He is not, in truth, a self-sufficient giver, and his morality cannot be one of universal categories alone. Covenants have their root in particular historical circumstances: the training of the physician in institutions supported by the community, the willingness of patients to hand themselves over even to inexperienced physicians for care, and decades of subjects who have consented to research.<sup>3</sup>

Thus, May argues, the practice of medicine occurs in a social context, a community in which health is one good, but not the only good. Physicians and other healthcare workers are educated into the medical profession as a result of the values, and to some extent through the largesse, of the communities to which they belong. The practice of

medicine is always, in part, a repayment of a debt to the community.

Health care at its best is covenantal rather than contractual, a relationship with “a gratuitous, growing edge.”<sup>4</sup> The health, the “well-working,” of the patient is the goal for both patient and physician. This good of the practice of medicine cannot fit the constraints of contract, but demands that physician and patient reach further than the contract obliges. To recognize the “donative” shadow—cast by physicians, other healthcare workers, and their patients—is to grasp the minimalist character of contractualist medicine and to begin to understand how much more is required of both physician and patient in covenantal medicine. The physician stands in covenant with patients, a relationship of mutual trust and obligations.

This understanding of medicine and its goals, of the relationship of the healthcare team to community and to patient, leads May to consider other images of the physician. For example, the image of the physician as covenanter informs and transforms the image of the physician as teacher. The good of health is not the possession of the healthcare team nor theirs alone to impart. This good is achieved only, if at all, as a result of the cooperative efforts



of both patient and an extended medical staff—a medical staff, May takes pains to point out, whose very base of expertise lies in “the communal origins of professional education and the duty to share generously what one knows.”<sup>5</sup> As the education of healthcare workers is, fundamentally, a gift of their community, so the healthcare team itself gives, offering the teaching they have received as gift to the patient.

Physicians must, then, be teachers to accomplish the telos of medicine; the role of teacher is an essential aspect of the physician’s identity. Physicians teach and learn from other physicians and teach their healthcare teams and, ultimately, their patients. This teaching, is intended always for the particular good of the patient. It is aimed sometimes at cure or restoration (traditionally represented by the Greek god Asclepius), sometimes at prevention (traditionally represented by the goddess, Hygeia), and sometimes at care. If the well-working of the patient is to be achieved, then the patient must walk hand in hand with Hygeia as well as with Asclepius, a walk that requires the guidance of a teacher.

Some may argue that this conviction that physicians are teachers whose subject matter is the art of living well

and suffering well is a view, thankfully, that we have outgrown. At last we’ve come to recognize and respect the autonomy of the patient. Patients have their own values, frequently values unknown to and not shared by their physicians. Physicians ought not to presume that they know what it might mean for a patient to live well, it could be argued. That is for the patient to determine. On the contrary, the knowledge of the physician is to be placed in the service of the values and aspirations of the patient.

There are, of course, many different types of teaching. A style of teaching appropriate in one context may not be appropriate in another.<sup>6</sup> The style of Socratic teaching is most appropriate to the physician-patient relationship. On one hand, this style depends entirely upon the recognition of the student as independent learner, yet it does not reduce the teacher or the teaching-learning process to a mere tool to be used entirely for the student’s gain. Socrates sees the teacher as midwife, one who aids in the delivery of a child that is not hers. The midwife recognizes that the goods of her practice—a healthy mother and child—are integral to the practice and are goods that exist independently of the desires of either her or her patient.

The autonomy of the patient is recognized within the context of a mutual commitment to a healthy delivery.

As midwife, the teacher recognizes that which is to be taught and learned belongs to the student in a way that it does not belong to the teacher. Thus, Israel Scheffler writes:

To teach, in the standard sense, is at some points at least to subject oneself to the understanding and independent judgment of the pupil, to his demand for reasons, to his sense of what constitutes an adequate explanation. To teach someone that such and such is the case is not merely to try to get him to believe it: deception for example, is not a method or mode of teaching . . . To teach is thus, in the standard use of the term, to acknowledge the 'reason' of the pupil, i.e., his demand for and judgment of reasons, even though such demands are not universally appropriate at every phase of the teaching interval.<sup>7</sup>

Thus, to teach Socratically the physician must teach humbly, in recognition that she may not know what suffering means for this patient. To suffer well is inextricably linked to how the patient sees the world and her place in it.

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As midwife, the teacher's relationship to a student is ordered by a practice and the goods of that practice. The point of teaching is the acquisition of knowledge and the development of wisdom, a goal to which both teacher and student must be committed. The student in this relationship cannot declare "I don't want knowledge; I want a silver Porsche," for to make this declaration is to dissolve the relationship of teacher and student by failing to recognize the practice in which the two are engaged. Analogously, the physician as teacher places her skills, her expertise, her knowledge, not in the service of any goods the patient may desire, but only those goods of the practice of medicine. She teaches Socratically when she assists the patient in the development of

an understanding that will enable the patient to live well and suffer well.

At their best, then, healthcare teams and their patients work together toward the same goal, that of the “well-working” of the patient. This work requires an awareness of, and attention to, patients not only when they are ill, but prior to the onset of illness as well. In health care properly conceived and practiced, healthcare workers equip and enable patients to attend and observe, to anticipate, to record and respond to their physical well-being, and to articulate their observations and worries to those who cooperate with them in pursuit of their well-working. This training of patients does not come easily in a world in which patients may not seem as perceptive or as single-minded as their physicians might like. If the goal of health care requires good teaching, then good teaching requires not only dedicated students, but teachers with the time, energy, insight, experience, and patience to communicate with and to motivate their patient/students.

Throughout the history of medicine there have been challenges to this understanding of patients and physicians cooperatively pursuing patient well-being and to the image of the physician as teacher. Teaching is a

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demanding task, requiring intelligence, skill, and virtue in student and teacher alike if understanding is to be achieved. But those who suffer may be more interested in the relief of their suffering than in understanding. Those who are not suffering may feel no compulsion to understand that which does not plague them. And so it has long been. As Pedro Lain Entralgo has observed, in classical Greece the “rough empirics” practiced the equivalent of a “veterinary practice upon humans.” Their patients, they argued, were interested in healing and health, not understanding, and so they made no attempt to teach their patients.<sup>8</sup>

More recently, the challenge has been that patients and their healthcare team cannot genuinely cooperate, for cooperation requires an approximate equality of status of the contributing parties, an equality that cannot be achieved in health care. The patient

waits ever needy, while the healthcare team has the knowledge, skill, and experience to care for patients who cannot care for themselves. The gap initially created by the disparity between that which the physician understands and that of which the patient is but vaguely aware is assumed to have widened with the modernization of medicine post-Enlightenment. The technological developments and the explosion of medical knowledge in the last century were believed to have increased irreducibly the distance between physicians and patients, permanently establishing the partnership of two unequals. Thus, to quote William F. May:

Modern technicians have argued a fortiori that the knowledge base of medicine has grown so complicated as to make the effort to teach patients today even more futile than in ancient Greece. Physicians do not share a common scientific understanding with even their most educated patients. The knowledge explosion has produced in our time a fallout of ignorance. And because knowledge confers power, the ignorant, to the extent of their ignorance, become powerless. For better or for worse, patients can only submit themselves

to the superior knowledge, authority, good intentions, and technical ingenuity of the doctor.<sup>9</sup>

### **THE PHYSICIAN AS TEACHER IN THE AGE OF E-HEALTH**

Things have changed radically in the twenty years since May first wrote these words, and even the technicians, of whom May is critical, are considerably less sanguine about their corner on medical information. Today there are more than twenty thousand web sites devoted to health care<sup>10</sup> and some predict that number will grow at a rate of about 10 percent each month for some time. A recent Pew study indicates that fifty-two million Americans, or 55 percent of those with internet access, have gone on line in pursuit of health or medical information.<sup>11</sup> Of these, over 90 percent said the information they found on line was useful, and thus indicated an intention to return to the Web for medical information. In short, the age of e-health has arrived.

It is not surprising, then, that many, like the author writing in *The Economist*, view this new burst of access to healthcare information as salutary for the physician-patient relationship, assuming that the ease with which patients can now access information

will level the playing field between physician and patient. Thus, Wanda J. Jones writes, "The Internet . . . blows wide open the medical guild system's historic hegemony on medical knowledge."<sup>12</sup> Futurist John Naisbitt writes:

It is going to turn things upside down if the patient knows as much as the physician. And the patient *can* know as much as the physician on very specific issues . . . The great cry has always been that it is the physicians who are in charge. But possessing appropriate information will make the patients that much more powerful. The weight will shift to patients in terms of who is in charge.<sup>13</sup>

Already circulating are quips suggestive of the changes and problems that result from this new access to online information. There is, for example, the patient who is diagnosed by his physician as being "Internet positive"—he finds the information he needs exactly when he needs it rather than making an appointment to have an unnecessary conversation with a somewhat less than informed physician. And many are the concerns that have already been raised about e-health. Chief among these are concerns about the accuracy of the infor-

mation patients are accessing on line. For example, researchers in Camden, N.J., recently reported an evaluation of web sites providing information about breast implants. Three major search engines turned up forty-one web sites focusing on breast augmentation. Having examined the sites for detail, for accuracy of information, for fairness in exploring alternative techniques, for honesty in presenting bad results as well as good results, the researchers could recommend only 15 percent of the sites to patients—and none of these could be recommended enthusiastically and without qualification; another 28 percent were considered neutral; and they would recommend against consulting the remaining 57 percent.<sup>14</sup> A 1999 University of Michigan survey of 400 different health web sites found that at least half of the sites had not been scientifically reviewed and that at least 6 percent of the web sites surveyed provided incorrect information.<sup>15</sup> The Pew study goes on to suggest that confidence in the credibility of web information increases as age and formal education decrease.

The information discovered on line may be not only incomplete or inaccurate, but also dangerously misleading, encouraging confidence in a diagnosis that is little better than guesswork.

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Joseph DeLuca and Rebecca Enmark mention a web site that offers patients an on-line questionnaire that may diagnose at least thirty-seven mental disorders, including major depressive disorder, bulimia nervosa, schizophrenia, and borderline personality disorder.<sup>16</sup> Imagine the unwary web surfer who relies on such a diagnosis and begins her own regime of treatment in response!

Likewise, gullible web surfers may easily be lured into purchasing sham medical products distributed on line. A web distributor of a faulty home HIV test kit was prosecuted last October for misleading more than 600 purchasers into thinking that the Food and Drug Administration had approved his product. Quack doctors and sham medical products are, of course, nothing new, and the medical profession, precisely because it understood itself as a profession, was not at a loss to regulate and

control dangerous and ineffective medical care and products. But that was before the age of e-health.

These examples suggest that a patient may jeopardize his well-working not only by his ignorance of or his failure to act upon what he ought to know about his physical flourishing, but also by his mistaken beliefs about his health and the actions he takes based on these mistaken beliefs derived from apparently authoritative internet sources. Physicians and healthcare teams increasingly may find themselves correcting misinformation gleaned from on-line sources and mistreatment that has resulted from inexpensive and faulty, yet apparently approved and safe, medical products. In short, in the age of e-health, physicians may need to teach subversively: less a matter of trying to teach a patient what she may not know and more a matter of convincing her that she is less knowledgeable than she may believe.

The readiness of patients to seek information on line, despite some warranted anxiety over the accuracy of that information, is a fact of health care in the age of the Internet. Some patients are confident that they can get better and faster information from the Web than from a medical clinic. Indeed, frus-



tration with the quality and speed of information conveyed by a healthcare team appears to be the primary motivator in the quest for on-line information. Ironically, it is thus the failure of healthcare teams to effectively teach that is largely responsible for the evolution of a new and different task of teaching patients, a Socratic task of drawing out from patients what they believe they have learned from their web sources, followed by a critical examination of these claims to knowledge.

Unfortunately, as in the past too few physicians have found the demands of the delivery of modern health care hospitable to teaching, so it appears that too few physicians are currently in a position even to begin to develop a Socratic style. Physicians already exhausted by their heavy workloads have neither the time nor the technology to improve responsiveness to the informational needs of Internet-savvy patients. Flower and Guillaume refer to a recent American Medical Association study indicating that of the 600,000 doctors in the United States at least half of these are in one- or two-physician practices. "The majority has one stand-alone computer, just for billing, and it's not on the Internet."<sup>17</sup> The children of physicians may be far more prepared to

**What we can expect is an increasingly adversarial relationship between physician and patient, an abandonment of Hygeia and Asclepius.**

engage electronically-savvy patients than their parent-physician.

We should avoid simplicity about the psychology of belief, but, generally in a print culture, we more easily believe and rely upon what appears in print. Even the anxious, suspicious "health seeker," to use the Pew Study's term for those who seek health information on the Web, is disposed to believe information discovered on line. As a consequence, web-savvy patients will typically enter a conversation with the healthcare team with a firm confidence of belief. If patients believe they have knowledge that their physicians lack, or if patients believe they have knowledge that suggests that the physician is "holding back" information or treatment, the results are, in fact, often salutary for the patient. He or she may have the resources and the wherewithal to gain a

second opinion, or to select a superior treatment unknown or unavailable in the area, or to educate the physician about what treatments are being tried elsewhere.

What is salutary on some occasions is not, however, salutary in all, and may in fact be erosive of highly valued practices. Patients whose confidence that their medical knowledge is growing as, correspondingly, their suspicion of their physicians is deepening, may be conferring with frazzled physicians increasingly skeptical of the presumed knowledge of their patients. The result may be two parties, neither of whom is able to hear and trust the other. Or, harried physicians with too little time to teach may dismissively refer web-ready patients to the Internet rather than undertake the more time-consuming task of teaching the patient themselves. In short, there is good reason to worry about the effects of the Internet upon physician-patient relationships, good reason to think that, whatever the benefits of the Web, they may not include supporting and encouraging covenantal relationships between physicians and patients, nor even tolerable contractual relationships.

Whether or not the Web genuinely levels the playing field of physicians

and patients, it is conducive to the development of a confidence in patients and a dismissiveness in physicians that sets the stage for physician-patient confrontations. Unfortunately, we are ill-equipped to avoid such confrontations. In the absence of the conditions necessary for an informed and critical evaluation of information gained from web sites, in the failure of Socratic teaching about one's health, the already tenuous bond between patients and healthcare teams is likely to break. The hymns of information patients hear from Internet sirens are but noise to physicians rushing from patient to patient. "Tone-deaf physicians will not hear the music that sings my health," thinks the patient. And so the insufficiently skeptical patient may turn away from her physician in search of another who seems to hear what she hears, or she turns hopelessly from the practice of medicine altogether. What we can expect, in any case, is an increasingly adversarial relationship between physician and patient, an abandonment of Hygeia and Asclepius.

Our dilemma is this: our failure to protect the institutions that make possible the practice of a bonded, covenantal medicine has made it nearly impossible for physicians and other healthcare workers to fulfill their roles



We can rethink what it might mean today for physicians to be teachers and what the practice of covenantal medicine requires of us.

as teachers at the very moment the great knowledge explosion most demands. Although we have trained physicians to be teachers, we have tolerated a system of healthcare delivery and payment in which physicians cannot afford to teach. The fallout has been patient ignorance. Lacking understanding, patients have had little choice but to entrust themselves to physicians who have all but abandoned their duties as teachers, who have failed to provide the information that might have made patient trust something other than blind faith. In an era in which autonomy is viewed as the greatest of goods, the patient's reliance upon the superior knowledge of the physician cannot but be unsettling and unhealthy to patients. The Internet, which at first appearance promised to transform the relationship of physician and patients to

a partnership of equals, has in fact fanned the flames of adversarialism. Either we resign ourselves to one more depressing characteristic of post-modernity—the perception that every relationship between individuals is, finally, a struggle for power—and learn to treat our bodies the way we treat our cars, shopping around for a mechanic who seems to have some sense of how I want to drive and care for my car, and who will do the work I want when I want it for a price I can afford, or . . .

Or what? With generosity and imagination we can try to discover resources within our current medical practice and the institutions that sustain that practice which will enable us to reclaim the teaching role of healthcare teams and respond to the new setting created by the Internet. We can, perhaps, imagine increasing stratification and specialization in the work of those who care for our health and allocate teaching responsibilities in light of this specialization. We can invent new areas of medical expertise, and equip individuals whose training prepares them to act as intermediaries between the technically knowledgeable and dexterous medical specialists and patients who have neither the leisure nor medical background for understanding the com-

plexities of modern medicine. We can, in short, try to rethink what it might mean today for physicians to be teachers and covenantal healers and what the practice of covenantal medicine requires of us. Recovering medicine as a practice at this time and in this place will not be easy, but the alternative to this recovery, the alternative to a reaffirmation of the covenantal relationship of physician and patient and all that relationship entails, is a gradual yet increasing alienation from our bodies, an alienation already present in our inclination to seek knowledge and insight from things rather than persons. If I am more ready to encounter the world, more eager to gain knowledge, by some means that trims and pares those parts of my experience outside of my control, ready ever and always to shape my immediate world by the click of a mouse, I have begun to lose touch with what it means to inhabit the world as an embodied creature.

The Internet can be a marvelous tool in our recovery of attentiveness to the goods of health care. The speed and ease of access to information it makes available can be placed in worthy service. But mindfulness about its value as tool, and only as tool, is called for, lest we lose our bodies and, as a result, lose our very souls.<sup>18</sup> ■

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# RELIGIOUS BELIEF, POLITICS, AND PUBLIC BIOETHICS

BY CYNTHIA B. COHEN

## A Challenge to Political Liberalism

Is there a role for the expression of religious views in public policy debates in a liberal democracy? Or do religion and politics make too dangerous a mixture? When difficult issues related to bioethics arise, such as whether to limit uses of the new reproductive technologies or whether to outlaw the genetic enhancement of children, can religious voices appropriately help lawmakers develop relevant policy?

Liberal thought has tended to maintain that religion is too divisive to

provide a constructive voice in public policy debates within democratic pluralistic societies. Because the beliefs of various religious traditions are intimately bound up with views of human good not shared by others and not supported by publicly accessible reasons, they are likely to conflict with one another and with secular thought, the liberal argument goes. Religious belief therefore is said seriously to threaten social stability. Those who adopt political liberalism<sup>1</sup> generally assign liberty

priority over social welfare. Accordingly, any improvements in social welfare cannot be brought about by sacrificing individual freedom. Political values integral to publicly accepted belief—such as individual freedom, equality, and toleration—are best supported, according to political liberalism, when religious beliefs are barred from public policy debates within democratic societies.

This view of the role—or lack of a role—for religious belief in the development of public policy in pluralistic democracies is grounded in several leaps of faith. Among them is that public policy can be based on publicly shared premises and publicly accessible reasons without resorting to comprehensive views of human good. Another is that allowing religious beliefs into discussions about public policy is tantamount to requiring that public policy be justified on the basis of those beliefs. These assumptions are wrong, I will argue. I will maintain that to eliminate comprehensive religious views of human good from the creation of public policy is not only to misunderstand the degree to which religious belief permeates secular thought, but also unfairly and unwisely to exclude religious views from public discussion in pluralistic democratic societies. I will illustrate

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these claims by referring to a specific question of public policy that falls within the province of bioethics: the proper limits of the uses of the new reproductive technologies.

#### **LIBERALISM AND THE ROLE OF RELIGIOUS VOICES IN DEVELOPING PUBLIC POLICY**

Richard Rorty has advocated privatizing religion, “making it seem bad taste to bring religion into discussions of public policy.”<sup>2</sup> Citizens should provide secular reasons for advocating public policies, Robert Audi declares, because “conflicting secular ideas, even when firmly held, can often be blended and harmonized in the crucible of free discussion: but a clash of gods is like a meeting of an irresistible force with an immovable object.”<sup>3</sup> John Rawls has taken a similar position,<sup>4</sup> stating

that “religious, philosophical, and moral convictions . . . are part of what we call ‘nonpublic identity,’ matters that citizens may deal with in their ‘personal affairs.’”<sup>5</sup> In recent writings, however, he appears to move toward greater accommodation with religious views and allows some to enter public debate under certain conditions.<sup>6</sup> This modification of a long-held position by a leading advocate of political liberalism is significant and worth further attention.

Rawls observes in the first edition of *Political Liberalism* that many religious and philosophical views held by citizens in liberal democracies include reasonable, comprehensive doctrines about the good life. These views conflict with one another in irreconcilable ways, however, and so there cannot be general agreement on a single one among all citizens. Consequently, to avoid disruption of the democratic political order, it is often necessary for citizens to put aside their religious views when engaging in debate about important public policy issues. Citizens have a basic “duty of civility” to explain to each other how the principles and policies they advocate can be supported by the values of public reason.<sup>7</sup> Religious views are not a part of public reason.

By public reason Rawls means the body of generally accepted common sense beliefs and ways of reasoning, as well as uncontroversial scientific conclusions.<sup>8</sup> It is “the reason of the public.”<sup>9</sup> Public reason specifies certain basic rights, liberties, and opportunities, assigns them priority, and affirms measures assuring citizens the means to make effective use of them.<sup>10</sup> “There are many liberalisms,” Rawls states, “. . . and therefore many forms of public reason . . . Of these justice as fairness [Rawls’s theory of justice], whatever its merits, is but one.”<sup>11</sup> A liberal conception of justice will provide substantive principles of justice, as well as principles of reasoning and rules of evidence in light of which citizens using public reason can decide whether the principles of justice apply to a question; if they do, lawmakers can then develop policies that satisfy them.<sup>12</sup>

Rawls points out that public reason rests on an ideal conception of citizenship in a constitutional democracy.<sup>13</sup> It is not an ideal for the whole of citizens’ lives, but for their participation in development of public policy and law. Moreover, within the political sphere, “the limits imposed by public reason do not apply to all political questions but only to those involving what we may call

‘constitutional essentials’ and questions of basic justice.”<sup>14</sup>

In debating issues of public policy, citizens are to employ reasons that are accessible to all reasonable fellow citizens and that do not rely on any particular world view, whether religious or secular. Considerations about which there is reasonable disagreement in a democratic pluralistic society, such as those presented in comprehensive religious and secular doctrines, are not part of public reason. Therefore, they must be barred from public debate.<sup>15</sup>

#### **DIFFICULTIES WITH RAWLS’S VIEW OF PUBLIC REASON**

Rawls’s notion of public reason and its exclusion of religious views has been criticized on several counts. It is important to point out two major difficulties here. The first is that if public reason in the past had provided grounds for public policy decisions in a liberal society, and if religious beliefs had been excluded from public reason, slavery would never have been abolished, suffrage would not have been expanded to women, and the civil rights movement would not have been validated. All of these changes took place when the prevailing public reason was challenged

by religious voices seeking justice and was overthrown.

To meet this criticism, Rawls has more recently introduced the view that reasonable comprehensive doctrines may be introduced in public political discussions provided that, “in due course, proper political reasons—and not reasons given solely by comprehensive doctrines—are presented” to support them.<sup>16</sup> He states that the idea of public reason “neither criticizes nor attacks any comprehensive doctrine, religious or nonreligious, except insofar as that doctrine is incompatible with the essentials of public reason and a democratic polity.”<sup>17</sup> This revision, however, does not resolve the difficulty that it was designed to address. That is because Rawls would require citizens with comprehensive religious views to engage in self-fulfilling prophecies about whether their views will be adopted as a part of public reason “in due course.” Thus, their “duty of civility” to speak up or to be silent depends on their powers of prediction. If the civil rights movement had collapsed “in due course,” rather than prevailed, on this view, its policies would not have entered into public reason and its leaders would earlier have unknowingly violated their “civic duty”



by speaking out against prevalent public reason.

This points to a second difficulty with Rawls's view that is especially relevant to this discussion. When religious believers are denied the right to speak out in public policy debates because their views conflict with those that are commonly accepted as part of public reason, their freedom and equality are violated. Rawls responds that it is sometimes right to deny citizens' religious liberty, but when we do this we must give them reasons they can not only understand, "as Servetus could understand why Calvin wanted to burn him at the stake," but also might reasonably be expected to accept.<sup>18</sup> This, however, does not justify the denial of religious liberty that Rawls requires, for the public reason surrounding Calvin did include reasons for burning Servetus that most others at that time (although not Servetus!) could reasonably have been expected to accept. Moreover, while those who are not religious may find religious justifications for a policy unconvincing, it is not clear why hearing those justifications voiced in public policy discussions violates their freedom and equality. Indeed, not hearing them would seem to violate their freedom and equality in that it would deny

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them the opportunity, as equals, to learn of views that might offer them new insights and approaches. By excluding comprehensive religious and other views from political debate, public reason can be used to weaken fundamental liberal political values that are so important to Rawls's basic theory of justice. Thus, not only the freedom and equality of religious believers and others who hold comprehensive views of human good are put at risk by his position on the admissibility of religious views in public policy debates, but political liberalism itself.

#### **TESTING RAWLS'S THEORY USING ROBERTSON ON REPRODUCTION**

Let us consider what we would lose were we, following Rawls, to omit comprehensive views that putatively do not express public reason from public poli-



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cy debates by looking at the question whether the uses of the new reproductive technologies should be limited as a matter of public policy. This is an appropriate subject of inquiry, according to Rawls's theory, for it involves a fundamental question related to the rights and liberties of citizenship and the political value of "the ordered reproduction of political society over time, including the family in some form."<sup>19</sup>

The liberal tradition to which Rawls adheres would leave the individual presumptively free to make whatever choices about the use of the new reproductive technologies he or she prefers. John Robertson is a leading advocate of this view. Although Robertson has not declared himself a Rawlsian, and Rawls has not addressed whether he is a Robertsonian, they take similar

basic liberal paths, albeit with important differences. Therefore, it will be useful to examine briefly the thought of Robertson with an eye to analyzing the import of Rawls's concept of "public reason" for the expression of comprehensive doctrines in the course of public policy debate.

Robertson maintains that individuals have a right to choose various forms of assisted reproduction and methods of "quality control" over gametes, embryos, and fetuses because doing so offers them a way to obtain the children they want.<sup>20</sup> Since reproduction is closely tied to the private conception that would-be parents have of what constitutes a meaningful life,<sup>21</sup> it is not children in general that they seek but children with characteristics that will fulfill their progenitors' desires and give meaning to their life projects. Therefore, he claims they have not just a right to engage in reproductive activities, but also a right to "acquire that sort of child that would make one willing to bring a child into the world in the first place."<sup>22</sup>

Robertson circumscribes individual choices of methods of reproduction by the need to avoid substantial harm to assignable individuals. In the absence of harm to others, he maintains, public

policy that interferes with the right to reproduce noncoitally is indefensible. He adds that should the resulting children be injured by use of the new reproductive technologies, they would have no grounds for complaint, for “if the child has no way to be born or raised free of that harm, a person is not injuring the child by enabling her to be born in the circumstances of concern.”<sup>23</sup> Thus, harm to children born of the new reproductive technologies does not ultimately serve as a deterrent to fulfillment of parental desires in Robertson’s view, despite his position that harm to others provides legitimate grounds for restricting individual choices.<sup>24</sup>

Nor do social concerns that attend the use of assisted reproduction—such as those about the radical redesign of the family, the commodification of reproduction, or the renewal of eugenics—justify limiting the choices of would-be parents. Such concerns, according to Robertson, are “symbolic” ones that focus on “the constitutive meaning of actions regarding prenatal life, family, maternal gestation, and respect for persons over which people in a secular, pluralistic society often differ.”<sup>25</sup> These are either “too speculative or too moralistic” to justify governmental interference with what are private choices.<sup>26</sup>

## Harm to children born of the new reproductive technologies does not ultimately serve as a deterrent to fulfillment of parental desires in Robertson’s view.

Robertson’s theory, despite its disclaimers to the contrary, presumes a comprehensive doctrine of the human good. Its focus is on the rights and interests of adults who want to have children; these rights and interests are intimately associated with their good. That good is best achieved by fulfilling their significant desires and private life plans. Indeed, the desires of these adults drive the use of reproductive technologies to a point where they take precedence over the good of the resulting children, the family, and society. Would-be parents are viewed as isolated individuals whose connections to others are solely those of their own choice. The needs of the children who result from the new reproductive technologies do not figure prominently in this view. This becomes clear from the claim that would-be par-

ents should not draw back from using the new reproductive technologies even if so doing might harm the resulting children. Nor are the needs of the community taken into account in Robertson's approach. Scant attention is given to the amelioration of the negative impact on the family or society that the new reproductive technologies might produce. Instead, considerations of familial and social good are dismissed as symbolic concerns that need not be addressed in a secular, pluralistic society.

Reproduction, in this view, is reduced to the acquisition of reproductive materials by individuals and their subsequent use. This approach presupposes an atomistic view of the self that fails to recognize, as Rawls does, that individual lives are embedded in social relations and shared projects. Thus, there is little attention to procreation as relationally grounded in the intimate association between persons who are distinct and yet, at least ideally, intertwined in mutual love and affection. Instead, what it is to have children and to be a parent is governed by contract theory; producing a child is an endeavor to be negotiated between individuals at arms' length. Thus, reproduction is abstracted from its relational context

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and social dimensions and made a way of doing whatever is necessary to obtain a desired product—in this case, a living human being.

Does this view fall within the scope of Rawls's public reason? Does Robertson's comprehensive doctrine express the reasoning of free and equal citizens regarding values that are "proper political values," according to Rawls, such as the state's interest in the family and human life and the orderly reproduction of society over time?<sup>27</sup> If not, will it do so "in due course"?

At first glance, it would seem that Robertson's view does not capture the predominant public reason and—since Rawls's approach, as noted above, forces one to predict—does not appear likely to do so "in due course." This is because Robertson's vision of the good seems at

great variance with the generally accepted view of what it means to have children and to seek their good, a view that seems to have great and lasting force in our society. Robertson's view, consequently, would not appear to qualify for admission into debate about public policy directed toward reproduction, according to Rawls's theory. To explain more fully why this is the case, we must first turn to the reasoning of citizens who are directly or indirectly indebted to western religious traditions concerning the meaning of reproduction and the good of children and then compare their thinking with Robertson's line of thought about these issues.

### **CONTRASTING WESTERN RELIGIOUS VIEWS ABOUT PROCREATION**

Several western religious traditions value individual dignity and choice, as does Robertson, but see these within a broader familial and social context. Not only the good of the individual, but that of the family and of the community, are of great significance to them. These traditions, confined here to Judaism and Christianity, address the state's interest in the family and human life and the orderly reproduction of society over time, values important to Rawls's view of

public reason. Furthermore, they attend to the social nature of individuals, whose importance Rawls recognizes in such statements as that "it is a feature of human sociability that we are by ourselves but parts of what we might be."<sup>28</sup>

According to these religious traditions, having children is not purely a private matter but is a shared endeavor that involves responsibilities to the children who are born, to the family, and to the community. Procreation is a relational process, in that it involves establishing an intimate association between parents and between parents and children, and also a social one, for it introduces new members into society whose potential needs and capacities have significant social implications. Moreover, the focus in these religious traditions is on the needs of the children themselves. This can be seen more fully by briefly considering the approaches of Judaism and Christianity in particular to having children.

Procreation, in Judaism, is inseparable from social goods and relations. Having children, forming a family, and, more broadly, a people who as heirs will prosper is essential to Jewish thought.<sup>29</sup> Procreation is the primary purpose of marriage in the Hebraic tradition.<sup>30</sup> This is reflected in the fact that the com-

mand to procreate, which is found early in Genesis in the Priestly account of creation, is the first of the biblical commands. Companionship is also important in marriage, as the Jahwist account of creation in which Eve is created as company for Adam reveals, but not as significant as procreation. Having children is the way to social identity and to the survival of Israel as a people. This is why, when a man and woman are married in Judaism, they sign a contract in which they agree to perform their respective parts so that children will be born and, in turn, bear the identity of the parents and the people of whom they are a part into the future.<sup>31</sup> Having children, cherishing them, and nurturing them to become members of the community and carry on its traditions is of signal importance in Judaism.

Within the early Christian tradition, marriage is more closely tied to companionship than to having children or the formation of a people.<sup>32</sup> At several points in the Gospels, Jesus indicates that companionship takes precedence over procreation in marriage.<sup>33</sup> This leads Pagels to observe that:

By subordinating the obligation to procreate, rejecting divorce, and implicitly sanctioning monogamous

relationships, Jesus reverses traditional priorities declaring, in effect, that other obligations, including marital ones, are now more important than procreation.<sup>34</sup>

It has been argued that, to the contrary, the Christian tradition teaches that the sanctification of sexuality requires that marriage should be open to procreation.<sup>35</sup> This position derives from Augustine's view of sexual desire, which he claims emerges only after the Fall as God's crowning punishment for Adam and Eve's disobedience.<sup>36</sup> This remnant of his earlier Manichaeism leads Augustine to reject sexual union as an end in itself and to view all sex as illicit unless excused by the intent to procreate. Bringing children into the world and caring for them can abrogate the evil of sexual desire, according to Augustine. Although Augustine's influence on the Christian tradition is incalculable, his analysis of sexuality is not consistent with scripture or with other strands of the Christian tradition, which frame sex within a generous love of neighbor.<sup>37</sup>

Moreover, Christian teachings distinguish between contract and covenant, making the latter the foundation of marriage. That is, marriage is not

grounded in an agreement in which something is done in order to realize something else, but is a matter of mutual commitment between those involved regardless of the consequences.<sup>38</sup> Accordingly, a man and woman take each other in marriage “for better for worse, for richer for poorer, in sickness and in health, to love and to cherish, until we are parted by death.”<sup>39</sup> Couples share in fulfillment now in their love for one another, rather than by gaining identity in the future through their children. Should they be blessed with children as a result of their mutual commitment, they are to acknowledge and care for them on behalf of God, moving into a future marked by mutual love between parents and children.

In both Judaism and Christianity, couples are gifted with children, rather than entitled to them. Children are cherished not only as symbols of the growth of a nation or of the mutual commitment of couples to one another, but also as beings with their own integrity and uniqueness. Parents are not creators but procreators, meaning that children are not their possessions, products, or projects, but their trusts. Thus, these traditions would reject the right enunciated by Robertson to

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acquire a child specifically tailored to one's own choices. Instead, children are beings with a fundamental human dignity who are not to be acquired or especially designed according to parental desires.

The way in which children are brought into the world, for these traditions, is a matter of social, as well as individual concern. For them, limitations on reproductive interventions should be set not just on the basis of avoiding harm to others, but also on grounds of a shared sense of what humankind requires in procreation and the family. The potential of the new reproductive technologies radically to reconceive the family argues against treating their use solely as a private matter for these religious traditions. From their perspective, if we are to develop fundamentally new under-



standings of the family, we should do so reflectively as a community, rather than by chance as isolated individuals. Even so, the Jewish and Christian traditions would agree with the view of political liberalism that there are good reasons to preserve a sphere of procreative liberty and to grant parents wide discretion in determining how to secure their children's well-being. Thus, these western religious traditions, despite their differences, agree on certain ways of thinking about the meaning of procreation, what we owe to our children, the value of the family, and our responsibilities as members of society.

#### **IMPORT OF THESE VIEWS FOR RAWLS'S THEORY OF PUBLIC REASON**

If we consider the ways in which citizens discuss the values surrounding uses of the new reproductive technologies in public policy debates, Robertsonian concepts do not predominate. Having a child is not viewed as the acquisition of a made-to-order product designed according to parents' desires and tastes. Ordinary citizens do not dismiss possible poor outcomes that might occur for children resulting from the new reproductive technologies as an acceptable price of being born. The public and

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policymakers are increasingly concerned about the needs of such children, as indicated by recent congressional preparations to ban cloning in order to avoid damaging the resulting children.<sup>40</sup> Moreover, there is strong concern about the renewal of eugenics, potentially emerging from the unlimited use of new reproductive technologies such as preimplantation genetic diagnosis to avoid having impaired or unwanted children and of germline interventions to enhance children in future generations. Public reason rejects the view that parents should be allowed to "acquire" children by special order, out of fear that this would reinforce discriminatory stereotypes and privilege the well-to-do. All of these factors combine to suggest that Robertson's view does not appear to meet the requirement of Rawls's modified view

that public reason should express the current or future reasoning of free and equal citizens regarding “proper political values.” Robertson’s view, consequently, seems at great variance with those that are a part of public reason.

The reasoning expressed by those voices that are predominant in public debates about the “orderly reproduction of society over time” presumes many values that are directly or indirectly indebted to western religious traditions. We hear that to have children is to receive a gift or a blessing, not to acquire a product. Ordinary citizens and public policymakers maintain that would-be parents have significant responsibilities to future children, the family, and society itself. Children have equal dignity and worth, they declare, and are not to be subjected to harm should the means used to bring them into the world threaten this. These values, which are “compatible with the essentials of public reason and a democratic polity,” and therefore meet Rawls’s requirement for admission into public debate, are directly and indirectly indebted to Western religious traditions for their origins. Equality, for instance, is moored in the Western religious notion of the equality of kings and servants before God. The dignity of

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human beings is rooted in their creation in the “image of God.” Western religious traditions, therefore, appear to express the reasoning of free and equal citizens regarding proper political values and thereby to conform to Rawls’s requirements for eligibility for incorporation in public reason.

This leads to the peculiar conclusion that, according to Rawls, Robertson’s view of the limits of the uses of the new reproductive technologies, the leading liberal view, should be barred from public policy discussions because it is not a part of public reason. Rawls’s view also implies that religious views should be among those heard in such discussions because they are a part of public reason. Yet it seems wrong to exclude Robertson’s view from the pub-



lic policy arena on grounds that it does not represent prevailing public reason. His thought provides an important approach to questions about whether limits should be placed on uses of the new reproductive technologies, an approach that reasonably informs public debate and should be heard. When predominant opinion is allowed to determine which values will undergird public policy, the views of those who are not among prevailing voices, such as Robertson, will be placed in jeopardy before they have even had a chance to be heard.

More broadly, if public reason alone is to give “a reasonable public answer to all, or to nearly all, questions involving the constitutional essentials and basic questions of justice,”<sup>41</sup> it must be sufficiently thick and rich to do so. However, since public reason, according to Rawls, does not include any comprehensive doctrines, it is unclear how it can have content enough to provide reasonable public answers.<sup>42</sup> Moreover, if Rawls’s later refinement of political liberalism is to guarantee social stability, the goal that led him to exclude religious voices from public space earlier, it must now include religious voices of diverse sorts—even those that do not appear consonant with “our most

firmly held convictions.”<sup>43</sup> Those who are muzzled from speaking in public debates about values, religious or secular, that do not currently appear to draw on our shared fund of publicly accepted convictions, will present a threat to the very social stability that Rawls hopes to preserve.

In his concern to protect individual freedom from the collective will by excluding religious views that are not clearly embraced by public reason, Rawls is in danger of discarding that very freedom. Aristotle maintained that the very existence of the polis depends on the human power of speech, the ability of individuals to set forth their understandings of “the just and the unjust.”<sup>44</sup> Rather than adopt Rawls’s “method of avoidance,” in which nobody speaks in public debates about the implications of their overarching visions without first attempting to ascertain whether these are currently part of public reason or will be in the future, we must include a wide variety of such voices in policy discussions. Only in this way can we carry on mutually significant debates about how the world we share should be shaped and structured. Allowing religious beliefs to be included among voices heard in a democratic pluralistic republic will increase our

understanding of diverse approaches to pressing questions and heighten our sensitivity to the range of reasons and beliefs on which people within that polity rely. If we are to sustain the democratic practices and respect for individual freedom that are at the foundation of our public life, we should not exclude ideas and values grounded in comprehensive views, whether those of the majority or the minority, of religious or secular voices, from public discussions. ■

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# WHY THE TALK OF SPIRITUALITY TODAY?

BY MARTIN E. MARTY

## Some Partial Answers

*Questions: Why is so much of our culture so much friendlier today to spirituality, faith, and religion than it was not long ago? When the Park Ridge Center was being dreamed up and then invented twenty years ago, it was hard to get a hearing for anything that was not marked "secular." What happened to challenge the secular model? Do these cultural changes come in waves or cycles or as fads?*

*This preliminary sketch of an answer comes from in-house historian Martin E. Marty, editor of Second Opinion.*

Let someone ask the "why" and "why now" questions about the religious and spiritual stirrings in our culture and then answer them honestly. The first response has to be: we don't know. That U.S. culture is, or that U.S. cultures are, abuzz with attention to spirituality is evident. It is easy to back up this generalization empirically.

A third of a century ago even theologians assessed the culture as being secular and likely to remain so. Harvey Cox's best-selling *The Secular City* and

Paul van Buren's *The Secular Meaning of the Gospel* were typical list-leaders, as religious thinkers pondered who "secular man"—yes, man, at that time—was and how to relate to this new being in a new culture. Top theologian Paul Tillich in 1963, devoted as he was at book length to "life in the spirit," wrote that there was no point in trying to resuscitate the adjective "spiritual." It was "lost beyond hope."

Twenty years ago, however, religion emerged as a vivid political force under Presidents Jimmy Carter and Ronald Reagan. True, there had been what sociologists spoke of as "a revival of religion" in the post-war, especially the years of the Dwight Eisenhower presidency and under his encouragement. It took the form of church building, increasing attendance in church and synagogue, in Sunday and Sabbath school. But almost no one talked about spirituality, and religious ethics was not a prime subject.

Even in those Carter and Reagan years, however, the talk did not match the current debates concerning the way government ties itself to religious organizations through faith-based ventures. Politics, we learned then and keep learning, represents the controversial zone in which religious themes are most

Medical ethics shifted quickly from pioneers in the seminaries and found religion-less abode in universities, clinics, and centers that did not welcome approaches other than secular.

visible, but it is not always the most revealing one. Maybe the bookstores and best-seller lists are more indicative of trends. But there are fields to attend to if one wishes to learn where significant leaders and elements of the population are going with their hearts, minds, curiosities, passions, and dollars.

As decisive as any of these fields is the healthcare front, where shortly after mid-century the secular motif was becoming pervasive. Much of modern medical ethics, it is true, may have been born at mid-century among theologians like Joseph Fletcher, Paul Ramsey, and Richard McCormick. But the discipline shifted quickly from those pioneers in the seminaries and found religion-less abode in universities, clinics, and cen-

ters that did not welcome approaches other than secular to care, cure, or reflection on the good. I overstate the case a bit here, but only a bit.

Today, however, alternative medicine, holistic care, and medical ethics are grounded in some cases in religious sources and in others in rootages that show more hospitality to the spiritual and faith-based approaches than anyone would have dreamed they might only decades ago.

By now the worlds of media, entertainment, opinion polls, pop culture, and common discourse, in an America that in many dimensions has to be described still as fundamentally secular, are filled with talk about spirituality, faith, and religion. Only those religionists who would make great leaps forward in cultural lag have reason to whine about the absence of religious concerns on the public stage.

True, now as then, many undergirding elements of the culture remain reflexively secular, not open to transcendent reference. But it is now more obvious than it was a couple of decades ago, when ethicist William F. May said it, that the culture “reeks of religion.”

Before attempting to say why this is going on, we do well to consider empirical warrants for this spiritual stirring.

The social scientific assessments do not turn up data consistent with each other and not all of them support conventional ways of determining the role and power of religion in a society. Measures of church and synagogue membership, attendance at worship, the clergy supply, or financial support would not by themselves give encouragement to those who speak of spiritual resurgences. Indeed, some of the spiritual impulses of our day may have arisen because of decline in some of the institutional forms of religion or may even have helped lead to such decline.

Countering such ambiguous data are records of ever-increasing spiritual book sales, the multiplying advertisements of retreats designed for “soul care,” the continually increasing rosters of celebrity gurus, and the higher volume of chatter among radio and television talking heads who deal with faith-based issues and programs.

The most difficult dimension of this has to do with cultural attitudes, shifts in public priorities, changes in *mentalités*, in what used to be called “the climate of opinion.” Spanish philosopher José Ortega y Gasset once aptly proposed that much of history is made less by cataclysm, war, and famine, than when the sensitive crown of the

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human heart tilts, as from optimism to pessimism or from despair to hope. The notion of a sort of collective, culture-wide “crown of the human heart,” may seem elusive and sound risky. Yet on both common sense levels of perception and among professional culture-watchers it is difficult to avoid such a concept. Its effects seem so obvious. To continue with Ortega’s picture: this crown of the heart has been tilting and tipping to give more room to spirituality, faith, and religion than it has for some time.

Why? We cannot keep on postponing responses to the question. Why and why now? Distilled from the kinds of answers cultural observers of many sorts come up with, I propose these among others:

### **1. RELIGIOUS CONTINUITY**

Concern for matters transcendent is so much a part of the human record, and so much passion has been characteris-

tically devoted to these matters, that it is the times—even a couple of centuries long—marked “secular” that may be the aberrations and artificialities. Scholars like Huston Smith have long been arguing, as he does in his new book *Religion Matters*, that the hungers of the heart and the religious means of addressing them are empirical data to which science must pay attention. The edging out of spiritual concerns in many sectors of Western cultures may have been atypical, forced, temporary adjustments and not permanent readings of the heart, a set of misreadings and misapplications by elites. Such matters, long obscured or suppressed, find their way back from the margins of culture. They have done so in North America recently.

### **2. GLOBAL RELIGIOUS UPSURGE**

The United States is influenced by and finds itself interdependent with global religious trends. Take religious accounting by itself: in the period of most rapid technological and economic development, times when the material order should dominate, there has been a concurrent surge of religious growth in numbers and intensities elsewhere. At mid century last, every seventh human was Muslim; today, every fifth one is.



Christianity grows exponentially in the poor world; every twenty-four hours Christian populations—thanks to conversion efforts and population growth itself—increase by an estimated 16,000 in sub-Saharan Africa alone. Eastern religions prosper on the rim and in the subcontinent of Asia. The end of the Iron Curtain and the implosion of Soviet ideology and artifacts revealed religious survivals among millions and a landscape ready for new growth. Americans connected with those global spheres and poised to reclaim old religious ties or to claim the development of new spiritualities cannot be unaffected by all this.

### 3. RECEDING IDEOLOGIES

Mention of the implosion of the ideological alternatives—the ideologies marked by words ending in “-ism” (Fascism, Communism, Nazism, Maoism)—leads to a third generalization: that spiritual affects prosper when there is a vacuum, when old rivals weaken, when the old beliefs no longer satisfy, if they survive at all. Not all these barren places or soulscapes that are marked by uncertainties and that issue in expressions of spiritual thirst are remote. Thus, in heartlands of “Euro-American” cultures where “postmodern” elites question “the

Enlightenment Project” there is often now less confidence expressed in science as such. Philosophers of science do not so consistently express faith in reason without also determining its social and personal contexts. The post-Enlightenment investments in “progress” as all but inevitable in the future, have turned bearish. Some visionaries—their enemies would call them nuts—think that science, reason, and all forms of progress will disappear from the screen when “spirituality” takes over. No, these are not likely to disappear from liberal republics, but they are not—to use a word applied to so many threatened domains—as hegemonous as they once were. They certainly do not hold unchallenged cultural monopolies. They both complement and are challenged by the spiritual forces and expressions.

### 4. MIGRATING FAITHS, DIVERSE EXPRESSIONS

Pluralism, diversity, migration, and identity-politics—still feared or despised by many who connect the idea of religious prosperity with that of cultural unity—have paradoxically worked instead to enrich the forces of faith and the winds of the spirit. Each group coming on the scene or finding a voice speaks up for itself and tells its story.



Such stories—related as most are to racial, ethnic, gendered, class, esthetic, and, yes, faith-based rootage and preference—all but inevitably bring religious stories to the fore. Accents in song and story and preaching, sounds that were once believed to have been confined to southern and midwestern Bible belts, now are national. It is not out of place to speak of the “country and westernization” of American religion. Take music alone: gospel, soul, and spiritual music erupts in the public parks and amphitheaters where standard-brand religious voices had long been muffled, unwelcome, or even excluded. Now, the public sphere is amazingly graced with religious sounds.

## **5. RELIGION GONE PUBLIC**

Religion, often invisible and unheard because it was, in folk language, “a private affair” has gone public. While the concept of “public religion” dates back to Benjamin Franklin’s coinage and call for its inclusion in 1749, it is back now, ripe for development, and is keeping company with “public theology,” “the public church,” and more. Religion gone public includes positive and negative dimensions for both the spiritual forces and the citizenry at large, especially in the body politic. Yet the fact that

it has changed the climate is beyond question.

## **6. FAITH ON THE MARKET**

Why and why now? “The market,” answer many social scientists. That is, in a culture where everything is for sale and publics are seen as consumers, religious artifacts are commodities. Supply-side forces are at work in a time when affluence makes attractive a plethora of books, CDs, techniques, movements, retreats, therapies, and objects connected with spiritual matters. If on one day someone discerns a niche yet unfilled in the marketplace of faiths, count on entrepreneurs and inventors to produce something to fill it. They abound.

## **7. SEEKERS ATTRACT ATTENTION**

There is much talk about spirituality and faith today because there are apparent innovations, novelties that challenge often-dismissed traditional products and forces. Church and synagogue attendance has benefited only selectively from the surge and, indeed, has sometimes suffered by comparison with innovations and in competition with newly marketed items and movements. Investors would not be advised, for now at least, to buy seminary stock. The

The therapy-of-the-season draws reporters and cameras out of proportion to the notice given the year-in and year-out forms of spiritual care.

communal and congregational expressions of faith, which exact commitments of adherents, are at least temporarily at a disadvantage. The highly individualistic endeavors by seekers and searchers on pilgrimages and journeys have means of attracting many immediately. All that can change as time passes, since the currently favored isolated and eclectic kinds of spiritual questing demonstrate limits that become obvious to many. Some of these many then seek or return to communities of faith, or they evolve into new ones. And while the traditional communities may attract and put to work the vast majority of spiritual energies, these inherited forms are less noticed by and less attractive to a “what’s new”-obsessed media. They are less likely to serve as magnets for attention by curious publics than are those once considered marginal. Mormons,

Muslims, and Moonies attract more scholarly and media attention than do Methodists. Buddhists are big in Hollywood where Baptists are not. The therapy-of-the-season draws reporters and cameras out of proportion to the notice given the year-in and year-out forms of spiritual care.

## 8. FAITH WORKS

“Faith works” is another way of accounting for the interest. That is, in the eyes and experience of millions of citizens, spiritual commitment meets pragmatic tests and satisfies in a time when not everything else does. Anti-religious people or those suspicious of faith-claims, of course, can with good reason say that the pious rig the rules of the game so that they cannot lose. For instance, believers pray for good health and then commend God for granting it when it is sustained or returns. Then many of those who experience ill health fault other than divine sources for misfortune, and take counsel to pray for the return of physical well being. The afflicted take a turn for the worse and truly suffer. So they commit themselves in earnest prayers for relief or seek divine company in the midst of suffering. Suffering continues, and they may be at the point of death, but under

divine care or in spiritual contexts they do not experience abandonment. So, snort their critics, with such rules of the game no believer could lose. Using “bad faith,” they think they have won. Their faith focus, believers urge, all along had been appropriate and effective. Of course, such an approach as that is timeless, discernible from as far back as there are human records. But in a time when governmental agencies, technological devices, and scientific discovery manifestly do not deliver as they had long promised they would, many lose patience with them and turn to the spiritual. Let their critics call them superstitious, devotees of magic, and foolish hopers. The adherents can turn around and certify that their investment in the spirit pays off—and they will thereupon write best-sellers to convince others to adopt their techniques.

### **9. SPEAKING UP ABOUT FAITH**

Elites in American life include people who are more ready than they were in the immediate past to make their religious commitments and discernments public. Those observers of culture who in a spirit of nostalgia or with a loss of perspective see the present conditions as representing a fall from how things were in the good old days did not live

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back then or they have not explored how things were. The American academy, the university world, was more indifferent to and antagonistic toward most forms of religious expression in, for example, the 1930s than it is in the new century. It took special kinds of courage to speak up for old faiths or new spiritualities on the campuses of such times. Today there may still be what Dr. David Larson calls “The Anti-Tenure Factor” in many faculties if candidates for academic advancement are too explicit about their faith ventures or theological interests. There may be? There is. But just as often, where the language of faith is appropriate and relevant, it is heard. There has been a rebirth of public philosophy that integrates theological concern. Religious caucuses are at home in many academic societies. Where any of the above occurs or is apparent,

more people than before with spiritual interests are emboldened to speak up, to include concerns of faith in their researches, and to be up front about religion in the dynamics of national life.

#### **10. RELIGIOUS DIMENSIONS TO POLICY**

Many subjects of national debate in politics, the arts, entertainment, the media, and the like, are formally and openly grounded in religious concerns. It is impossible to address them effectively without reckoning with these concerns and the dimensions that back them. Name the controverted subjects that draw most heat—try abortion, homosexuality, faith-based initiatives, vouchers, euthanasia, the death penalty, sex education, school prayer, stem-cell research—and you have only touched a few of the neural points. As these get drawn into the legislative and judicial spheres, it is impossible to speak meaningfully or to produce action or counteraction unless one is schooled in the religious claims and arguments. Not to be thus schooled and not to be adept at using what one has learned in categories marked religious or faith-based leaves one at a disadvantage.

#### **11. PROXIMITY TO RESURGENT FAITHS**

Select areas of growth and of institutional prosperity have been so widely noted that those who experience religious life in contexts of indifference or decline have had to reappraise their understandings of cultural dynamics. Thus, mass attendance has declined in Catholicism; synagogue participation has not included great numbers of Jews; mainstream Protestantism has languished relatively. Many of those who were at least nominally connected with such or who were physically in their neighborhoods thought religion was declining almost everywhere. But the prosperity of Southern Baptists, Pentecostals, Evangelicals, and Latter-day Saints now also outside their Bible Belt or Mormon Kingdom milieus, or Muslims, has forced those long distant from surging forces to reckon with the newly-near and to reconsider their out-of-hand dismissal of these faiths.

#### **12. FAITH OVER FLAG**

Nationalisms often appeared to be the “real” religions in the West, through depressions, world wars, and especially the Cold War. Changes in global economics have more recently provided checks on or challenges to nationalism.

Some leaders in societies that tended to revere and absolutize the nation at mid-century and after, now see reasons to abandon such endeavors. Chauvinists, imperialists, and uncritical civil religionists may still promote exclusivistic patriotism. One thinks of the nervous nationalists who would force a recitation of the Pledge of Allegiance in schools or pass an amendment to the Constitution that would prohibit burning of the national flag. They prosper—but they also breed reaction. Weaken the nation-state, offer more centers of loyalty as both domestic and international markets do, and you will have found another reason why some put spirituality in the place of nationalism.

### **13. FAITH TAKES ON BIG CAUSES**

Many religionists make the case effectively, judging by the size and preoccupations of their audiences, that they are particularly responsive to concerns that demand ever greater attention. These include care of the environment; concern for what is at the heart of efforts to enhance human dignity, and any number of ethical causes. As they involve their contemporaries in these endeavors, more find that the symbol systems associated with the spiritual, the faith-based, and the religious hold more promise

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than the generation before them  
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### **14. RELIGIOUS VOICES IN PUBLIC DEBATE**

Religious voices are finding both frontal and subtler ways to address cultural discontents than they had explored or exploited in the recent past. In the frontal case, what has come to be called the religious right represents a quickening among believers whose immediate ancestors had been typed as politically passive. Observers dismissed them as people who did their spiritual acting and transacting, as it were, in private. As for subtlety: whether in matters of health, ethics, politics, environmental concerns, or understandings of human relations, sophisticated proponents of spiritual concerns have pointed out that secular rationality does not

deserve to be the only voice to be heard. They would supplement or complement such rationality with impulses that often get tied to spiritual forces and energies. These impulses or resources might include intuition, memory, community, tradition, hope, and affection. One hears testimony based in each of them in ethics consultations, partisan political plotting, movements to protect the environment, and community life.

### **15. REVITALIZING CULTURE**

Cultures seem to need revitalization movements and moments if they are to remain or become newly dynamic. Anthony F. C. Wallace, a cultural anthropologist, has had influence on some—I am thinking of historian William G. McLoughlin, for instance—who would account for awakenings and revivals or for the spirit and the spiritual. In Wallace's and McLoughlin's proposal and observation, many individuals in society at a certain stage experience stress and cultural distortion. In the American case, the tendency by many to reduce human enterprises and explanations to something that seemed to be merely or purely secular could well have been a contributor to this sense of impoverishment and deprivation during the previous cultural unfolding. People

in reaction and on other grounds tend at such times to appeal to suprahuman or supernatural forces, often to God. Cultural leaders then may themselves attempt to boost their energy with charges of "the old-time religion." They make room for and test tried-and-true forms that had looked inert. And their citizen followers will at that stage welcome their prophetic voices, finding in them exemplars who can help others find "mazeways" of thought and behavior. Finally, enough of them do locate such mazeways and, thus, convince themselves and observers that cultural revitalization is occurring. Chroniclers of the recent cultural trends may not use exactly the terms Wallace used, but they point to many indicators that match what he led readers to expect.

### **16. NEW MEDIUM FOR THE MESSAGE**

New instruments develop to promote spiritual stirrings, which in turn lead to their further development. In the current phase of the electronic revolution, radio, television, and the Internet serve as instruments to rapidly communicate what is going on beyond the immediate neighborhood and horizon. They can help suggest what is "the thing to do" and can, thus, contribute to the



faddish and the fashionable, in this case also insofar as they relate to religious and spiritual phenomena.

#### **17. FANTASY . . .**

The anti-religious secularist, employing the hermeneutics of suspicion, would say that all the fuss about spirituality, faith, and religion occurs because people are gullible fantasists who lack the courage or ability to depend upon their reason and inner potential, so they rely on God and gods and soul. Such secularists are reductionists, who insist that religion is “nothing but ... [this or that]” as proposed by Sigmund Freud, Karl Marx, or analysts of brain functions.

#### **18. . . . DIVINE ACTIVITY . . .**

And the pious might reduce all the answers that suggest why these stirrings are present to the theme: it is all a sign of divine activity. If the secularists blame non-God, these would credit God, and not look for further explanations.

#### **19. . . . OR REASON TO PAY ATTENTION**

And the anti-reductionists today would disassociate themselves from both of these, calling on the Spirit or the spiritual to buy them time and space to help

them discern further why cultural climates like the present one emerge, and what these changes tell about human nature, culture, and society. They would say, as I stated at the outset: you ask why all this is going on, and we answer, “We don’t know. But we will stay attentive to the signals on the horizon and the testimony of hearts and lives.”

#### **CONCLUSION**

It would be folly to project too many of these partial explanations into the future. Just as the current climate came, it could go. But for now the changes have quickened both those oriented to faith and those critical of it to pay attention as never before. Whoever wishes to produce effects, to innovate, to criticize, for example in matters that concern the Park Ridge Center, matters of health, faith, and ethics, ignores them at their peril. Even if, when asked why all this is occurring, they have to remain modest and say, at least in many respects, “we don’t know.” ■



## BOOKS IN BRIEF

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### Proceed with Caution: Religion in Politics

*God's Name in Vain: The Wrongs and Rights of Religion in Politics.*

Stephen L. Carter.

New York: Basic Books, 2000. 288 pp.  
\$26 (Hardcover).

With *God's Name In Vain*, Yale law professor Stephen Carter revisits the relationship of religion and public life, the topic of his 1993 best-seller *The Culture of Disbelief*. That earlier book argued that “American law, politics, and culture trivialize religious devotion” and that religion should have a larger and more serious role in civic

matters. *Culture* benefited not only from a rave review by President Bill Clinton, but also from the freshness of seeing public religion defended vigorously by a political liberal rather than the stereotypical conservative. (Carter, a moderate liberal, was a former law clerk to Justice Thurgood Marshall.) *Culture* coincided with, and gave impetus to, the Democrats’ rediscovery of public religious language, characterized by Clinton’s speeches in black churches and Al Gore’s theologically-informed book on the environment.

A lot has happened in the intervening eight years—including, on the civic morality front, the impeachment of

Clinton over the Lewinsky scandal and his very public confession of sin before a group of ministers at the National Prayer Breakfast. Some observers of the latter smelled a rat: Clinton, they said, was manipulating religious emotions to avoid political consequences while making an “incomplete repentance.”

Carter’s new book delves into these two worries about how religion might be trivialized in public life, first by excluding it from political debate and action, and second by manipulating it to serve partisan goals. He presents two related theses: first, “that there is nothing wrong, and much right, with the robust participation of the nation’s many religious voices in debates over matters of public moment,” but second, that religions “will almost always lose their best, most spiritual selves when they choose to be involved in the partisan, electoral side of American politics.”

On the first thesis—that it is perfectly legitimate for religious views to seek to affect politics—Carter’s arguments are not new, but they are clear and, to this reviewer at least, unanswerable. He quickly dismisses as “clunkers” the familiar arguments that religion should stay out of politics; religious views are no more undemocratic, irrational, or dangerous as a class than are

secular political views. In worthwhile chapters about the nineteenth-century abolitionists, the early twentieth-century social gospellers, and the 1960s civil rights marchers, he shows that Christian fervor has fueled important movements for social justice—while each time the opponents, from slaveholders to robber barons to segregationists, raised the bugaboo of the “separation of church and state.”

Carter’s second thesis—that religions tend to lose their integrity and distinctiveness if they become too enmeshed in electoral politics and specific policies—is also well argued and no doubt often true. Carter tells of the encounter at the 1964 Democratic convention between Fannie Lou Hamer, leader of the Mississippi Freedom Democratic Party, and Hubert Humphrey, dispatched by Lyndon Johnson to try to convince the MFDP not to derail the convention by challenging the all-white Mississippi delegation. “Humphrey, believing that he was undertaking a political negotiation, asked Fannie Lou Hamer what she wanted. Mrs. Hamer, a devout evangelical Christian, responded: ‘The beginning of a New Kingdom right here on earth’”—and refused to back down. Carter compares this uncompromising

stand with the approach of many black clergy activists today, who seem bound merely to the fortunes of the Democratic Party, as when Jesse Jackson suddenly switched from being “passionately pro-life” to pro-choice on abortion. Does anyone doubt that Jackson, who quickly announced his opposition to President Bush’s recent plan for aiding religious social services, would have warmly endorsed the plan had it come from a President Gore?

The “integrity” thesis does raise some questions. Although there are many theological reasons for religions to maintain a “prophetic” distance from the details of politics, there are also theological reasons to get into the details, and Carter gives them short shrift. Reinhold Niebuhr, for example, constantly warned Christians against identifying partial solutions with the kingdom of God; yet he also interpreted in *The Nature and Destiny of Man*, the Christian doctrine of “justification by grace not works,” as applied to politics, to mean that “we cannot purge ourselves of the sin and guilt in which we are involved by the moral ambiguities of politics without also disavowing responsibility for the creative possibilities of justice.” Thus Carter seems a bit unfair when he suggests that the reason the

Christian Coalition toned down its Biblical language in its 1995 *Contract with the American Family* is that the group “tired of being accused of costing the Republican Party votes.” Some political compromises may reflect not expediency or power-lust, but a responsible move for a “proximate” solution in an imperfect world.

The muted voice in electoral politics might reflect not only responsibility, but also humility. The tone of the *Contract* may show that the Christian Coalition has learned from other citizens, that in dialogue and argument with other worldviews it has found elements in them worthy of respect and even adoption. Learning from others is often good for both a religion and a democracy. Carter implicitly discounts this, arguing that religions that become involved in electoral politics tend to lose humility rather than gain it: “The prophet, facing a resisting world, must struggle with uncertainty and rejection . . . The one who wields the sword, however, struggles less, for he possesses the authority to force others to yield to his vision.”

Again, though, the story has another side. On the very next page, Carter discusses the fundamentalist Bob Jones University, whose “racist and virulently

anti-Catholic ideology” stumbled into the national spotlight during the 2000 presidential campaign. Given that quote, Carter presumably does not think that Bob Jones’s ideology reflects much humility: yet the ideology was almost certainly tied to the school’s posture of “separation from the world,” while in 2000 the school began to open up on race relations precisely because it had to engage with the world. If Bob Jones has lost some integrity, it may have gained some humility. Carter is surely right, though, that such “engagement” generally should not be forced by law.

But if Carter’s judgments sometimes need to be qualified, they generally are very sensible. The book occasionally hits a sour note factually; for example, I doubt his claim that the main reason southern Protestants attacked John Kennedy’s religion in 1960 was for fear of “the Catholic Church’s forceful opposition to racial segregation.” But on the whole, Carter confronts his difficult subject—if religion may and should interact with politics, how can it best do so?—with his typical thoughtfulness, liveliness, and honesty.

—Thomas C. Berg

■ ■

## Orthodox Christianity and Libertarian Cosmopolitanism?

*The Foundations of Christian Bioethics.*  
H. Tristram Engelhardt, Jr.  
Lisse, The Netherlands: Swets and  
Zeitlinger Publishers, 2000. 438 pp.  
\$39.95 (Hardcover).

Tristram Engelhardt is the author of *The Foundations of Bioethics*, the editor of *The Journal of Medicine and Philosophy*, and the founder and chief editor of *Christian Bioethics: Non-Ecumenical Studies in Medical Morality*. He is a major figure in bioethics and a preeminent figure both academically and organizationally in religious, and particularly in Christian, bioethics. In this book Engelhardt articulates and defends his vision of Christian bioethics—the bioethics that emerges from the practice and the teaching of Orthodox Christianity.

Engelhardt’s defense of Orthodox bioethics is undertaken on a very large canvas: the development of postmodern skepticism about the ability of reason to settle moral questions and disagreements. This crisis of morality began with the development of the abstract, rationalistic morality of the enlighten-

ment from the scholasticism of Western Christianity. The universalist, rational aspirations of the western church came into crisis with the Reformation. Enlightenment thinkers, especially Kant, sought to preserve the universal and rational basis of morality but cut loose from religious conviction and even theistic belief. This development has come to maturity in the contemporary recognition that there is no canonical ranking of values that compels the assent of the moral strangers who must cooperate and agree in modern institutions; modern secular reason and the discursive reason of the scholastics fail to settle moral disagreements. What is true at this foundational level of the development of moral theory is also verified by the inability of bioethics to settle hard questions or to overcome serious disagreements.

This dialectic, detailed here as elsewhere in Engelhardt's work with dazzling detail and erudition, is the foundation for Engelhardt's well known version of contractarian ethics: in the absence of rational standards to settle moral disagreements, only an ethics of freely given permissions is possible among moral strangers and justified to govern their transactions. As Engelhardt emphasizes, this ethics is minimalist. It

lacks content, and it cannot pretend to rank values. It does not trace the contours of a morally good life, only the shape of authoritative agreements for the transactions among those who disagree about the good life. But it does limit what people can do to one another, and so justifies elements of patient autonomy in health care, including allowing social space for consensual activities that Engelhardt and many others believe immoral.

The ethic that emerges from this set of agreements and permissions can be called libertarian cosmopolitanism; it is distinct from liberal cosmopolitanism, which does rank values, in particular, valuing autonomy above all other values, for example, in the works of John Stuart Mill and John Rawls. The theories and bioethical applications inspired by these philosophers do not command the rational assent of others, and are further examples of the failures of modern secular reason to provide rational moral guidance in biomedical contexts as elsewhere.

Engelhardt's alternative to western and secular efforts to understand and live a good life is an ethics that is neither universalist nor rationalist. It is the ethics of Orthodox Christianity: this ethics is rooted in the life of a particu-

lar community. Its normative source is the experience of God in the liturgy and in the miraculous dimension of life that is never far from the awareness of those who self-consciously live within the communion of saints. Engelhardt calls this awareness of God “noetic knowledge” to contrast it with the discursive reason so banefully cherished in Western Christianity. This knowledge achieves transcendence; discursive reason cannot. This limitation of discursive reason explains why the bioethics of the western churches is indistinguishable from secular moralizing about bioethics and has nothing distinctive to offer.

Among the things Orthodox Christianity brings to morality is a conception of what morality is and does in human life: it is primarily directed not to virtue but to holiness, and the moral task is the spiritual, therapeutic one of overcoming passions or anything else that stands in the way of fully living the life of a Christian in unity with God and the saints.

After spending four chapters and roughly half the book on these very general and metaethical matters, Engelhardt details the normative content of bioethics as seen from the Orthodox perspective he has defended and elaborated. What follows in the next three

chapters is, in comparison to the grand argumentation of the first half of the book, pedestrian and tame, but is likely to be of rather greater interest to religious bioethicists.

One reason for this interest is that Engelhardt’s presentation shows how similar in content Orthodox morality is to that of the western church. Indeed, the similarities are so striking that Engelhardt engages in much intricate explanation of how this body of moral teaching really is different from that of the Roman Catholic Church. But the contours are plainly those of Catholic moral teaching, until fairly recently the common moral outlook of all western and maybe eastern Christians. Some readers may be surprised at the ringing affirmations and powerful defense of what are now considered conservative positions on abortion, suicide, sexual morality, and so on.

Of course, the expected debates about the absoluteness of some specific norms—usually affirmed by Roman Catholic authorities—show up in Engelhardt’s presentation. He deals with some of these in a fresh and interesting way, for example, those concerning lying and sex ethics. Engelhardt’s distinctive take on these matters arises from his reflection on the Orthodox conception of



morality's therapeutic function and from his citation of authorities of the eastern churches and the development of their reasoning. Nevertheless, for all its interest, I find Engelhardt's performance as a Christian casuist—especially on matters of truth-telling and deception—less than compelling, since neither his authorities and their reasoning nor his invocation of morality's therapeutic purpose plainly override the reasons supporting the norms in question, even in the hardest cases. But then perhaps Engelhardt has no interest in persuading western Christians like me.

A second reason for the interest to religious bioethicists of Engelhardt's presentation of Orthodox morality is the rationale he articulates for various bioethical norms from within the Orthodox tradition. His presentation reveals that the eastern churches have articulated moral considerations that are sometimes overlooked or downplayed in western Christian treatments, even though the accounts are compatible. For example, his discussions of sexual morality and reproduction and especially of suffering illuminate these issues in ways all Christians will find helpful.

I am not qualified to assess the accuracy of Engelhardt's presentation as an account of Orthodox ethics. On

the terms presented in this work, however, it is certainly credible and worthy of attention. Let me end by entering several reservations: Engelhardt embraces the Church's characterization of abortion as murder (and of suicide as self-murder). Yet his libertarian cosmopolitanism does not allow the legal proscription of abortion and other homicidal actions, as the traditional characterizations certainly imply or strongly suggest. Where in Orthodox theory or practice is this limitation of Christian morality by the requirements of a contractarian political philosophy justified? Surely, the libertarianism is subordinate to the Christianity here, and Christian morality seems not to contain libertarian constraints.

Finally, I have a question about the audience and communicative intent of this book. Engelhardt dubs himself a sectarian, claims that a morality to live by is the way of life of a very particular community, denies the value of discursive reason as he engages in it, and heaps abuse on western Christian thought and practice. Yet this work does not appear directed at Orthodox Christians alone. Engelhardt "knows" that his perspective on bioethics and Christianity is true, but he writes, "it is hoped that even those who do not share the



author's conviction, even atheists, will garner a fresh appreciation of contemporary bioethical controversies, when regarded from a perspective a millennium distant from Western Christian thought." But why should Orthodox Christianity care about giving atheists and others outside the Church a fresh appreciation of bioethics? I think the answer is that Christianity, East or West, is not as sectarian as Engelhardt's theory requires, but evangelical in ways Engelhardt cannot avoid in his work as a bioethicist, whether in this book or elsewhere. The evangelical practice of Christians points to a practical reason that reaches beyond particular communities, not simply to provide warrant for agreements worthy of moral strangers who share human dignity but also to invite those strangers into fellowship—the intelligibly, and so universally, good fellowship of the communion of the saints.

—Joseph Boyle

■ ■

## Bioethics within Pluralism: How Deep the Differences?

*Moral Acquaintances: Methodology in Bioethics.*

Kevin Wm. Wildes.

Notre Dame, Ind.: University of Notre Dame Press, 2000. 214 pp.

\$20 (Paperback).

In this book, Kevin Wildes engages topics of fundamental importance to bioethics in its self-conscious reflections on its status as a discipline. The book is structured in two parts. Part One provides a useful critical summary of major methods in recent bioethics. Part Two sets out Wildes's constructive effort to develop the notion of "moral acquaintances" as the substantive grounding of consensual judgments in procedural ethics. Wildes's critical reading of other approaches is generally fair-minded and perspicuous, while his defense of moral acquaintanceship as preferable to the methods he criticizes fails to be fully persuasive. Let me speak in turn to the critical and constructive aspects of his project.

Part One provides a helpful overview of representative major foundational and nonfoundational methods in recent bioethics, including utilitari-

anism, Alan Donagan's deontological account, revised natural law approaches, contractarianism, virtue theory, principlism, and secular casuistry. According to Wildes, echoing themes developed by H. Tristram Engelhardt, two issues plague all foundational accounts when they are deployed for the resolution of moral controversies in the context of secular pluralism. First, because "there is no view from nowhere . . . each foundational theory must make some assumptions about the structure (form) of moral reasoning" and provide "some order to the different possible elements in moral choice and justification." Second, each foundational account "requires some set of moral values, and some ranking of values" in order to resolve moral disputes. Yet unless such values (and/or their ranking) are shared, "neither the structure of the theory nor the solutions it develops will provide rationally convincing resolutions of moral controversies" for those who do not share a particular view. In a similar vein, Wildes critiques Beauchamp and Childress's nonfoundational principlism for its reliance upon a putative "common morality" from which mid-level principles can be derived, as well as for the uncertain status of the principles themselves, which Wildes finds "so gen-

eral in meaning that specification [in particular cases] is bound to produce conflict." Likewise, Wildes criticizes the secular casuistry developed by Jonsen and Toulmin. According to Wildes, there is no common moral framework to "identify which cases are candidates for moral controversy"; furthermore, "without shared moral values, sensibilities, or intuitions, we will not be able to resolve moral controversies or develop principles and rules from such cases."

In Part Two, Wildes develops his notion of moral acquaintances as an intermediate class between Engelhardt's categories of moral friends and moral strangers. Wildes concludes that Engelhardt's account fails to acknowledge the need for even a procedural bioethics to "be justified on common moral assumptions (e.g., the dignity of persons, the importance of freedom, or the value of peace in a peaceable society)." In turn, procedural bioethics "provides a basis for bioethics to explore common morality in a secular society" because procedures, as moral practices, "embody certain moral commitments."

Wildes prefers the language of moral acquaintances to that of common morality, the latter a prominent feature of principlism. In Wildes's judgment, the language of common morality

promises more than it can deliver, since “day-to-day moral controversies ... indicate that [such] a morality is less and less common.” Moreover, “an appeal to common morality seems to put us in the category of moral friends [while] moral acquaintanceship keeps us a bit more distant and tentative.” Nonetheless, Wildes’s own approach is subject to criticisms similar to those he raises against other nonfoundational methods. The same pluralism of moral content and understandings of moral reason that he invokes against alternative approaches seems equally evident in the procedural ethics he champions. For example, various theorists, despite their apparently shared substantive commitment to the dignity of persons, develop quite different understandings of informed consent requirements. And given Wildes’s own emphasis on pluralism, it is important to note that procedural solutions will themselves exhibit diversity. Sooner or later, when procedures diverge, the underlying principles and values that shape them will necessarily re-emerge in critical and justificatory roles in order to make sense of such differences. Thus, while Wildes is to be commended for his insistence that procedural ethics is “thicker” than many of its proponents and critics suggest,

when conflicts between procedures arise, his own method will not avoid the pitfalls that he finds in more robust accounts.

—Andrew Lustig

■ ■

## Illness as Transformation

*Hidden Spring: A Buddhist Woman Confronts Cancer.*

Sandy Boucher.

Boston: Wisdom Publications, 2000.

209 pp. \$16.95 (Paperback).

Buddhism is famously concerned with death and dying. The sight of a human corpse was a pivotal moment in the life of young prince Siddhartha, impelling him on the path to enlightenment. After his awakening, the Buddha made contemplation on death and impermanence a cornerstone of his path to the cessation of suffering. Still today, many centuries after the Buddha's own death, skeletons and illustrations of the wheel of life and death greet visitors at monasteries from Thailand to Tibet. Penetrating the meaning of life and death remains central to Buddhist cultures. As death comes out of the closet in Western cultures, more people are coming forward with memoirs of their own life-threatening illnesses and near-death experiences. *Hidden Spring* is a landmark in bringing Buddhist perspectives to the universal experiences of illness and of death, life's inescapable conclusion.

The book chronicles Sandy Boucher's cancer diagnosis and the cat-

apulting personal consequences. Brutally honest, the author juxtaposes Buddhist ideals and her own instinctive human responses, minutely dissecting her frailties, fears, and feelings of failure, as well as her conscientious attempts to transform her responses on the basis of her Buddhist training.

*Hidden Spring* is textured with several intertwined themes. One is the pain, fear, and uncertainties of living with a devastating illness. Another is the fragility of the human body. A related theme is the emotional and sensory vulnerability of the seriously ill and the challenges illness brings to human relationships. Connecting these themes, Boucher recounts her continual struggle to connect Buddhist ideals and human frailties, to make meaning of her suffering. She continually raises the bar for herself, lapsing repeatedly into despair and eventually coming to terms with her limitations and disappointments.

The book's strength is the variety of practices it offers to confront, mitigate, or transform the sufferings that attend physical decay. Descriptions of medical procedures and practices provide a stark reality check, not for the faint-hearted reader. Side by side with these medical accounts, descriptions of Buddhist perspectives and practices pro-

vide a valuable resource for the ill, aging, and dying, as well as caregivers of all categories. Meditations on breathing, loving-kindness, and transforming negativity are presented as means of coping with colonoscopies, catheter insertions, and the tedium of getting a spoon to one's mouth. All these techniques aim at living authentically in the moment and being "fully present to one's own experience," especially when facing the terror of pain, death, and nonbeing.

One conclusion is inescapable. All human beings deserve decent facilities and compassionate care in times of debility and medical emergency. If Boucher had contrived a political platform urging universal health care, she could not have done a better job. At the very time that human beings are most psychologically and mentally vulnerable, the poorest are subjected to the glaring inhumanities of the American public health system. It is doubtful that anyone could read this book without wishing for adequate medical coverage for all.

As Boucher practices relaxing gently into the moment, rather than avoiding, distorting, or manipulating it, her attention wanders from a pervasive blur to sharp focus and then back. Relentless attempts at achieving "unfabricated"

states of awareness alternate with utter despair—an emotional roller coaster of her own creation. Gradually she moves beyond her own suffering by recalling the sufferings of all who live: victims of Auschwitz, ward mates and fellow patients in public medical facilities, and unknown strangers. Empathy leads to insight: "The conviction of my own ultimate survival had been wiped away like condensation from a glass, and I could see into the truth of my coming disintegration." Compassion is the "hidden spring" of understanding for the frail and dying. She concludes that even the seriously ill can experience another reality, "a dimension of us that is intact and healthy," whether through nature, the creative arts, interpersonal relations, or spiritual practice.

*Hidden Spring* presents many metaphors for death and approaches the stark reality of it from every conceivable angle. It would seem that, out of compassion heightened by her own traumas, Boucher wishes to provide a directory of tools and images that patients may select to relieve their existential pain. In this effort, she does a tremendous service not only to the dying, but also to the living. She offers ideas and insights that most of us, left to our own devices, would never get

around to contemplating until we reached a similarly critical state. The book therefore forces us to confront the tenuous nature of life and to view it as a magnanimous gift.

Like Buddhism itself, the book undermines the conceptual fiction of the self and all its resultant tangles. Clearly, we are all dying all the time—each day, each breath—and the Buddhist legacy is to remind us to remind ourselves of this ghoulish fact repeatedly until we get it. The details of medical aggression are particularly unnerving, especially because they are not unique to Boucher's experience, but are part and parcel of the unspoken reality that awaits patients who choose to rely on the allopathic medical system. Even without confronting death, it is still necessary to confront painful medical realities—the prescribed poisoning of chemotherapy, the collapsed veins, and the multidimensional grief that attends the course of western medicine.

Thankfully, Boucher lives through her ordeal to tell the tale for the benefits of others facing serious illness. The book culminates in reflections on the unanticipated rewards she reaps from her miserable experiences: gratitude, joy, emotional resilience, spiritual friendships, and greater compassion for

the sufferings of others. With a new lease on life, imperiled as it may be, she understands her illness as an opportunity for personal transformation. Rendered vulnerable by her proximity to death, she recognizes her own flaws, failings, and limitations as a gateway to enhanced awareness and loving-kindness. Insight into the transitory nature of all cherished illusions purifies all her complaints.

—*Karma Lekshe Tsomo*

■ ■



# Bioethics Center Awarded Corporate Grant from Satan

Award will fund teaching, research

BY TOD CHAMBERS AND CARL ELLIOTT

Saint Martha, Dutch Antilles—The Saint Martha International Bioethics Center has been awarded a \$23.4 million grant by the Devil, announced Dr. Ignatius Crawford, director of bioethics at the Medical University of Saint Martha. The grant, which is contingent on matching funds from corporate sponsors, will fund bioethics research, new faculty positions, and innovative teaching programs for medical students at Saint Martha.

"We are thrilled to embark on a new collaboration with such a high-profile donor," said Crawford in a prepared statement. "We believe that Satan can do for us what He has done for Mick Jagger and Donald Trump."

Crawford, formerly the Mr. Muffler Professor of Bioethics and Automotive Repair at Saint Martha, will become the first Spawn of Satan Distinguished Chair of Bioethics and Corporate Finance. The chair comes with a \$400,000 annual research budget, a five-year renewable contract with the

Fox Network, and a manservant. The new grant will also fund four tenure-track faculty positions.

"Some of us had doubts whether a tenured position was really worth surrendering our immortal souls," said Dr. Rabb Thomas, who recently moved to Saint Martha from a now-defunct Office for Protection from Research Risks. "The black robes and chants are kind of a drag too. You really stick out on the wards."

But Thomas believes the bargain will pay off in the long run. "I know it looks bad, but you have to ask yourself: how does the appearance of impropriety weigh against the opportunity this appointment will give me to influence Satan's policy on temptation, or even eternal damnation? It's really a matter of opportunity costs."

Some critics have questioned whether the funding will compromise the center's academic integrity. "I'm not sure I'd trust ethics research that was funded by Satan," said Dr. Grady



Waldrop, a moral theologian at Edinburgh University. "Let's face it, He's got a pretty spotty record. He says there are no strings attached, but that could change. I'm thinking about twenty, thirty years down the road. What then?"

Crawford defended the deal. "This is not a contract," he pointed out. "It is a gift. Believe me, we looked carefully at this. This is completely value-added for our shop."

Crawford, who has come under fire for his involvement with experimental genetic treatments *in utero*, denied that the new funding had anything to do with his participation. Crawford's attorney, Hermann Diehl, stated, "The study published in *JAMA* claiming that the treatment resulted in 'distinct horns,' was, we contend, seriously flawed. The researchers should have made a clear distinction between horns and bumps that are a little pointy."

Crawford also dismissed rumors that the Hippocratic oath ceremony at Saint Martha would be replaced by ritual virgin sacrifice. "Don't be ridiculous," said Crawford. "We're sacrificing a live goat. It's just like what students have always done with dogs in the physiology lab . . . only with incense."

Speaking from his dacha outside St. Petersburg, Satan, sporting a satin

white lab coat, was exuberant about his new investment. "This will be a new venture for me," Satan said. "I was into Internet porn for a while, did some work in telemarketing. I even spent some time at a Nike plant in Indonesia. But it just wasn't fulfilling." Satan says he believes bioethics will fill a spiritual void. "I feel good about it. I've always thought of myself as kind of a rebel, rather than just some guy in a suit." Satan said. He points out that it took him several years to raise the capital to get involved in bioethics. "It's expensive, no doubt about that. You can buy a doctor for a pizza and a penlight, but bioethicists won't play ball unless you offer them a major media contract."

Citing the restrictions of their bylaws, the American Society for Bioethics and Humanities, the largest bioethics association in the United States, stated that they cannot take a stand against Satan. The American Medical Association refused comment due to the appearance of a "conflict of interest." A source at the Park Ridge Center, a leading religion and health think tank, would say only, "There are some organizational ethics questions here, and we're looking for funding to help us study them." ■



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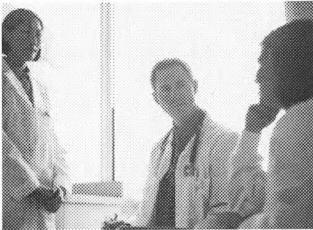
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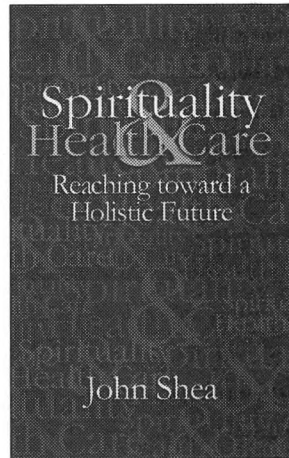
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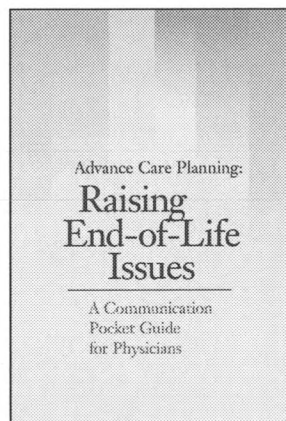
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NUMBER 6 | MAY 2001

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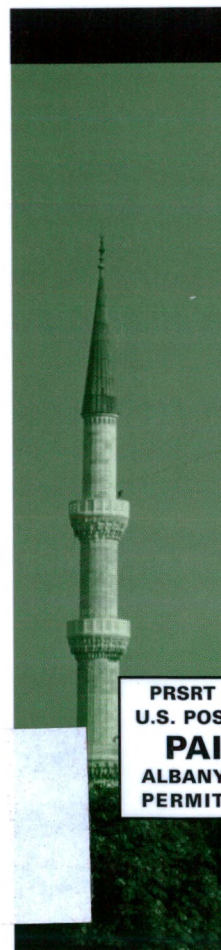
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