

The Institute for Catechesis and Formation **ICF 105 – Christian Morality**

Welcome all back...field any questions or concerns.

This course provides a basic introduction to the fundamental teachings of Catholic morality and its foundations in Sacred Scripture, Tradition and Natural Law. Participants will examine virtue, conscience formation and apply moral theology to contemporary moral issues in the areas of health care and human sexuality

Texts: Introduction to Catholicism for Adults, Rev. James Socias (ICA)
Supplemental Reading:

The Catechism of the Catholic Church (CCC): <http://www.scborromeo.org/ccc.htm>

The Bible: <http://www.usccb.org/bible/books-of-the-bible/>

Supplemental Reading:

Distinction between Direct Abortion & Legitimate Medical Procedures Advanced
Healthcare Directives/Living Will

Address of John Paul II: "Life-Sustaining Treatments and Vegetative State: Scientific
Advances and Ethical Dilemmas" (March 20, 2004)

We're only going to be able to complete a cursory study of the issues of health and life;
we would ordinarily refer to this as the Bioethics portion of the Morality Course. It is an
extraordinarily important field in contemporary life.

Week 3: Morality and Issues of Health and Life

ICA Chapters 21

Human life is sacred because from its beginning it involves the creative action of God
and it remains forever in a special relationship with the Creator, who is its sole end.
(CCC §2258)

It's easy for us to forget that we are not the origin of our children's souls. As incarnate
beings, they are one person (soul and body), and it would be just weird to refer to our

ourselves as the parents of their bodies, but that is the extent of our contribution initially. Let's recall that animals reproduce, but we as humans procreate (create with).

Biblical Basis for respecting life – Old and New Testament

Adam and Eve procreate – Genesis 4:1

The man had relations with his wife Eve, and she conceived and bore Cain, saying, "I have produced a man **with the help of the LORD.**"

Psalm 139:13

You formed my inmost being; you knit me in my mother's womb.

Jeremiah 1:5

Before I formed you in the womb I knew you, before you were born I dedicated you, a prophet to the nations I appointed you.

1 Cor 6:19-20

Do you not know that your body is a temple of the holy Spirit within you, whom you have from God, and that you are not your own? For you have been purchased at a price. Therefore, glorify God in your body.

The Church says that willful acts of harm and violations to the dignity of a person are morally wrong and are injustices to the person and to the Creator (Cf. Karol Wojtyła, *Love and Responsibility*, p. 245ff. Justice towards the Creator, on the part of man, comprises as we see two elements: obedience to the order of nature and emphasis on the value of the person....In any case there can be no justice towards the Creator where a correct attitude to his creatures, and in particular to other human beings, is lacking. P. 247)

All human life has dignity from conception to natural death

Every person is in relationship with God from the very beginning of his/her existence, and this relationship exists regardless of our awareness at any given moment throughout life. Personhood is not contingent upon another's criteria; it is not subjective. Personhood is not based upon one's productivity, or the ability to "contribute" to society.

Some issues impacting the life and dignity of the human person

- **Abortion** - Regardless of the circumstances, it is never morally acceptable to directly cause the death of an unborn child. In other words, abortion is

prohibited in all circumstances, and is considered intrinsically evil.
Direct abortion is never morally permissible.

Tonight we will address direct abortion (intended), and indirect abortion (foreseen by unintended). There are also spontaneous abortions (miscarriages) that are not moral acts (no freedom) unless they are the result of injury, abuse or neglect.

There is much that can be known of the human person from a philosophical approach, i.e., via reason alone (philosophical anthropology). With the aid of Divine Revelation, much can be gained and known additionally of the human person (theological anthropology). We've laid some groundwork as to those foundation when we discussed man as created *imago Dei*. Now it would be good to first discuss the beginning of life, and then further our ontological understanding of the human in terms of personhood. So some points of clarification are in order.

When does life begin?

- Early in history, it was thought to be at the point of quickening, when the soul entered the body and the fetus was animated (*anima* is Latin for soul).
- Today we know differently. This is a biological question. So what did biology discover. Life begins when two haploid cells merge, typically referred to as fertilization. This is according to the criterion of modern molecular biology. To say, or to hold an opinion that one doesn't know when life begins means they should go back to high school biology. After fertilization, there is entirely new gametic material.

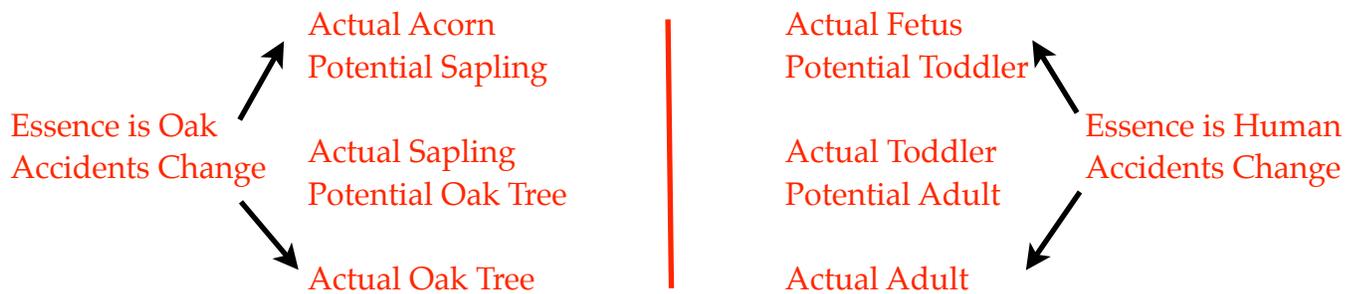
Is this new life human?

- This is not even a question that can seriously be fielded. There is no such thing as generic life. If it is not human, what other options do we have?

Is this new human life a person?

- Now starts the conversation...though many haven't leaped past the first point.
- There are persons who are not human, i.e, the members of the Trinity, all angels (even the fallen are persons. If there is any extra-terrestrial rational life, than they too would probably fall under this category.
- There are no humans who are not persons. If they are not persons, than what would they be?
 - The argument usually takes the course of determining what constitutes a person. In other words, the developing child is considered a 'potential' person. Now we're into philosophy, so let's take a quick look at that statement. Some quick terms.

- The essence of thing, in Thomistic terms the *quiddity*, in Scotus' language the *haecceity*. Either way, it is understood as what a thing is necessarily. It is unchanging.
- Accidents are those observable and changing characteristics by which we come to identify a thing. Accidents are the properties we typically associate with an essence. Snow is white, but if it were blue, it would still have the essence of snow. Ketchup is red, but if you used that awful blue ketchup, it is still ketchup.
- Two more quick terms...and this is a brief overview without bringing any of the nuanced variations, or secondary meaning to bear.
 - The actuality of a thing is what it currently is.
 - The potentiality of a thing is what it can be possibly.
- Let's apply this to a concrete example, an oak (tree) and a human person.



- The statement that fetuses are potential humans is irrational. They are potential toddlers and adults, but they already are human persons.
- Finally, we have adults (or born humans) that have unrealized potentialities; perhaps the brain did not develop, or tragically there was an situation where the potentiality was lost. This does not reduce the state of the human person. We cannot be in the business of determining which humans are persons.
- **Indirect abortion and double-effect:** interventions that seek to treat a mother's illness, but result in the death of the unborn child may be permissible if:
 - The act itself is directly aimed at treating a life-threatening illness in the mother.
 - The mother and physician would save the child if it were possible.
 - The death of the child is not the means by which the mother's life is saved, but is a side effect (principle of double-effect).
 - There is a proportionate reason to save the mother's life.

- There is no other means of saving the mother’s life.

Intentional direct abortions (foreseen and intended) are sometimes euphemistically referred to as ‘therapeutic’ abortions. I don’t want to offer forth statistics on how many abortions are therapeutic to save the life of the mother. There are not good statistics available. There are some statistics on when a mother has health problems.

REASONS GIVEN FOR ABORTIONS: AGI SURVEY, 2004 [6]

reason	% of abortions, most important reason	% of abortions, all reasons
rape		(1)
incest	<0.5	(<0.5)
mother has health problems	4	(12)
possible fetal health problems	3	(13)
unready	25	(32)
is too immature or young to have child	7	(22)
woman's parents want her to have abortion	<0.5	(6)
has problems with relationship or wants to avoid single parenthood	8	(48)
husband or partner wants her to have abortion	<0.5	(14)
has all the children she wanted or all children are grown	19	(38)
can't afford baby now	23	(73)
--unmarried		(42)
--student or planning to study		(34)
--can't afford baby and child care		(28)
--can't afford basic life needs		(23)
--unemployed		(22)
--can't leave job to care for baby		(21)
--would have to find new place to live		(19)
--not enough support from husband/partner		(14)
--husband/partner unemployed		(12)
--currently on welfare or public assistance		(8)
concerned about how having baby would change her life		(74)
--would interfere with education plans	4	(38)
--would interfere with career plans		(38)
--would interfere with care of children or dependents		(32)
doesn't want others to know she had relations or is pregnant	<0.5	(25)
other	6	

In Doe v. Bolton, concerning the life of the mother, it reads, “The vicissitudes of life produce pregnancies which may be unwanted, or which may impair "health" in [410 U.S. 179, 216] the broad Vuitch sense of the term, or which may imperil the life of the mother, or which in the full setting of the case may create such suffering, dislocations, misery, or tragedy as to make an early abortion the only civilized step to take. These hardships

may be properly embraced in the "health" factor of the mother as appraised by a person of insight. Or they may be part of a broader medical judgment based on what is "appropriate" in a given case, though perhaps not "necessary" in a strict sense."

- So the definition used for life of a mother is much broader than the average person may assume.

But let's assume it is an actual medical condition that threatens the physical life of the mother in a grave way. We'll use the example of a woman with advanced uterine cancer, where it appears certain both mother and baby will die.

There is the Principle of Double Effect that contains four criteria.

1. The act (object) must be good.
2. The bad effect must not be intended, even if foreseen.
3. The good effect must not flow directly from the bad effect.
4. The unintended bad effect must be proportionate to the good effect.

Applied to the simple scenario of a pregnant woman with advanced uterine cancer....

- The object of the act is the removal of the diseased organ.
- The bad effect (death of the unborn child) is foreseen, but not intended.
- The 'healing' of the cancer is not a result of the death of the child.
- There is a proportionate good; the life of the mother to the death of the child.

Applied to the simple scenario of a pregnant woman with hypertension that is aggravated by the pregnancy, where prior to viability, the child is voluntarily aborted....

- The object of the act is the abortion of the unborn child.
 - This is an intrinsic evil, and fails the PDE on this point alone.
- The bad effect (death of the unborn child) is not just foreseen, but intended.
- The 'healing' of the hypertension is direct result of the death of the child.
- There may remain a proportionate good; the life of the mother to the death of the child.

DISCUSSION QUESTIONS:

1. In what ways are both Divine Revelation and Reason used in the Catholic Church's position on abortion and the primacy of life?
2. What are the many challenges for Christian moral health principles being followed and applied in the secular world?

The students, with the teacher than should participate in a class-wide discussion.

----- 10 MINUTE BREAK -----

We're going to be talking now about embryonic stem cell research. Upfront, embryonic stem cell research is morally unacceptable. That evaluation is distinctly different than where we would stand on stem cell research where the stem cells are harvested from umbilical chords, or adult tissue. There are guidelines for scientific research, but there is really nothing among those guidelines (we won't have time to lay those out tonight) that would impede any non-embryonic stem cell research. In fact, the Catholic Church understands stem cell research and its possible contributions to the health sciences to be a genuine good. As we know, all (and I do think all) success has come from adult/umbilical cord stem cells.

Stem cells are important because they have varying degrees of 'self-renewal' (can go through cycles of cell division while remaining undifferentiated) and 'potency' (ability to generate distinct cell types). The embryonic stem cells are desirable for researchers because of their ability to differentiate into many other different cells. These are referred to as pluripotent cells. With adult stem cells there is still some potency for differentiation, but there are restrictions and often require a stem cell of a particular lineage to actualize that potency.

The issue we will address here, and the Catholic Church's objection to ESTR, is the means by which the stem cells are harvested. We are not contending that the intention is bad (but we're not Consequentialists, nor do we ascribe to Situation Ethics).

Embryonic stem-cell research.

- The use of embryonic stem cells requires that the cells either be "harvested" from an aborted baby, that an embryo be created for the sole purpose of "harvesting" the cells (both are direct cooperation with evil); or "harvesting" cells from frozen embryos created for IVF procedures but left unused (which would be at least remote cooperation with evil).

To understand CWE, one needs to only know that we do not live in a perfect world. Sometimes, we become complicit for one reason or another with the evil that occurs in our lives, and world. In other words, it becomes impossible to do good without being involved in some level of evil. But the extent to which we cooperate determines our own culpability with that evil. This is not a 'moral mandate' to cooperate, it accepting that sometimes it is unavoidable.

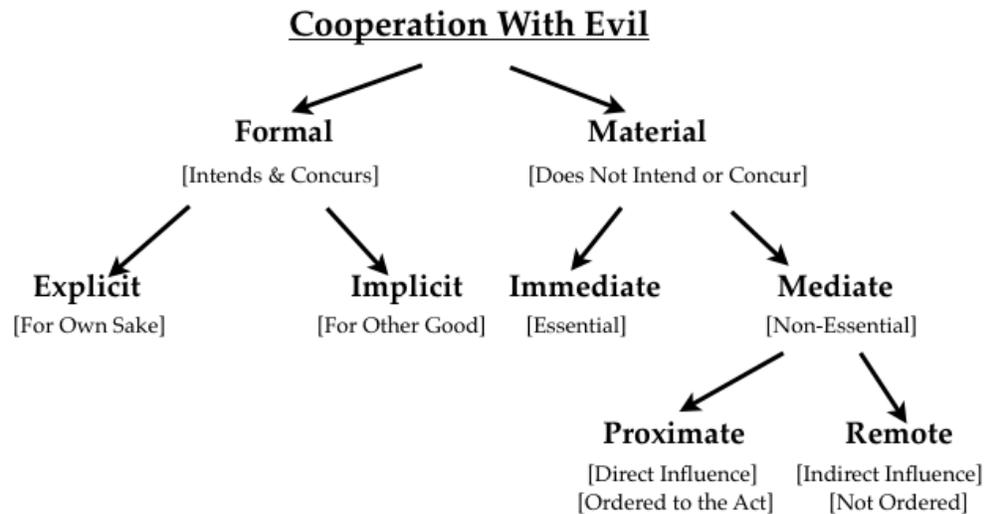
Formal Cooperation is if we are willing and complicit in the evil; it need not be essential to the evil act.

- Explicit Formal - This could be the researcher conducting ESCR, or a CEO of a hospital who implements a policy for euthanasia, sterilization, etc.
- Implicit Formal - This could be a nurse who assists an abortion doctor, or a politician who actively supports Pro-Choice legislation, but both do so for a wider purpose that is good.

Material Cooperation is if we assist the agents who are formally cooperating, but do not share their intention.

- Immediate Material - This person does not share the intention, but the cooperation is essential. For example, supplying the necessary instruments for an abortion clinic. This by the way, would also include paying for contraceptives and abortifacients, which is why there are various lawsuits filed by various Catholic, and other Christian institutions against the Federal Government concerning the HHS mandate.
- Proximate Mediate Material - This person's contribution is not essential (it can be done without their cooperation), yet it is still ordered towards the act. For example, a nurse who takes blood pressure readings, and other patient screening in a hospital wing, that may include, but not be exclusive for patients seeking an abortion.
- Remote Mediate Material - This person's contribution is neither essential or directly ordered to the act. For example, it may be a janitor, or a secretary in a hospital where abortions occur. This is morally licit.

Briefly discuss the sin of scandal - will one's actions lead others to sin?



- The creation of human persons for the purpose of “using their parts” is depersonalizing and views them not as persons, but objects of use.

This ‘greater good’ can often be seen as ‘worth’ it overall (proportionalism). But how would we respond to parents who decide they should try to have another child who in the hopes of increasing a bone marrow match for a child they already have? No human person is a means to an end...ever!

Has any body every read the 2005 novel by Kazuo Ishiguro entitled *Never Let Me Go*? Or the 2010 film based on that novel, featuring Keira Knightly? It is a dystopian novel, set in England where young people attend a boarding school. They are taught no practical skills or sciences, but only art. They are referred to as ‘donors’, who are raised to provide vital organs for the ‘normals’. It’s their role, and it is thought virtuous to make their donations. When they donate for the last time, it is referred to as a ‘completion’. These children (students) are strictly thought of in terms of the service they provide; parts for everyone else. It’s interesting to note, that the fact they were taught art (they thought their artwork was being used in some display or museum) was not because it was impractical, but it was the ‘normal’ people’s way to discern if they did or did not have a soul. In other words, were they persons?

- Because embryonic stem cells have the potential to become any other kind of cell in the body, they are seen by many as the best sign of hope for curing a number of diseases. Research, however, is proving that the use of adult stem cells holds more real promise for good results.
See Fr. Tad Pacholcyk's Media Myths

Euthanasia is another topic where the intention is typically good, but the object is an intrinsic evil.

- Assisted Suicide/Euthanasia
 - Death is a mystery, but Christian hope sees it through the lens of the Incarnation, death and resurrection of Jesus Christ, as a doorway to new life – eternal life.

Let's recognize here a distinctly contrary understanding of the human person. Man is supernaturally oriented and has dominion (this includes care for himself) over all creation, and it is always in light of that we cannot choose to willfully and purposefully end our own lives, or the life of another.

- It is never permissible to cause the death of another person – directly or by passive means – even if the intention is a so-called “mercy”.

Mercy killing is an euphemism. Again, mercy is the intention, not the object. We determine ‘what we're doing’, or ‘what we're calling it’ by the act, not the intention (it is the same reason why we don't refer to premarital sex as ‘loving’ the other person).

- Intentional euthanasia, whatever its forms or motives, is murder. It is gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. CCC §2324.
- Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable. CCC §2277

We need to pause here and point out how radically different the Catholic understanding of suffering really is. It is not merely a matter of ‘making us stronger’ or learning from our mistakes (we often bring it on ourselves). We also

categorically reject the understanding that ‘Christ suffered, so we don’t have to...you won’t find that in Sacred Scripture or Tradition.

We understand that suffering is redemptive; Christ suffered, and so will we. As a matter of fact, it is in suffering that we may most reflect Christ. The syllogism used to respond to theodicy is “Suffering is part of life”, “Life has meaning”, therefore, “Suffering has meaning”. Again, what does it mean when we pray in the intro to the Eucharistic Prayer, “Lord, accept our sacrifice, at your (priest’s) hand for the praise and glory of His name, and the good of all Your Holy Church? This is uniting our sacrifices with Christ’s sacrifice. This changes, and should dramatically distinguish us from those who look to avoid suffering (again, we don’t go out looking for it).

- Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded. CCC §2277

Share contrasting stories of the terminal illness of Todd Payton (43-year-old cancer who died in the fall of 2015) and Brittany Maynard (29-year-old brain cancer who died of assisted suicide in the fall of 2015), where it was reported that rather than burden her husband and mother and suffer the indignities of increasing dependency, she moved to Oregon where she could access legal assisted suicide.

Now, it should not be understood that one’s life is to be extended at any cost. Death is part of life, and accepting it as man’s finality here on earth is part of the human condition. This is why it is not morally illicit to refuse chemotherapy when there is no certain outcome it will do anything more than extend one’s life for 3 months. And it is not immoral to consider costs at this point. There’s a big distinction between spending \$3000 to extend a life and \$100,000.

The concern is to be certain to provide comfort; to treat the pain. And this includes not just physical pain, but all of the emotional and psychological aspects of the person.

- Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected. CCC §2278

The terms ordinary and extraordinary care are not proper to moral theology and philosophy. Rather it is proper to speak of proportionate vs. disproportionate care.

The reason is that in the medical field, where ordinary and extraordinary remain the terms of choice, they no longer mean what the Catholic Church used to mean by them. For instance, in the medical field ordinary means...

- Scientifically established.
- Statistically successful.
- Reasonably available.

The Church does not employ those clinical goals, but instead insists that it is...

- A hope of benefit (this does not include the experimental or exotic).
 - According to one's status (psychologically and financially).
 - Here fear is a factor. Also, what is financially burdensome for an individual in the Developing World is not the same as those in the U.S, Europe, etc.
 - Not difficult to use.
 - Not unreasonable.
- Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable Palliative care is a special form of disinterested charity. As such it should be encouraged. CCC §2279

First thing here is that nutrition and hydration (even if artificially administered) are never disproportionate care. There may come a point when the body no longer will tolerate either the delivery of ANH due to an infection for example, or for whatever other reason, the body is not processing the water and nutrients.

This is especially a concern for those patients who are in chronic and presumably irreversible condition (persistent vegetative state). We could be thinking here of the Terri Schiavo case.

- Medical ethics and decision-making.
 - Advanced Directives.

When it comes to informed consent, concerning these advanced directives (and we're speaking here morally and not legally), they should include...

- Adequate disclosure of information.
- Patient freedom of choice.
- Patient comprehension of information.
- Patient capacity for decision making.

So in short, the decision should be voluntary, appropriate and deliberate.

All I would like to add here is that 'Living Wills' are problematic. You cannot foresee all future scenarios, nor predict what what treatments will be available at the time of you or I needing the. The Church recommends that we solicit another person as a proxy (preferably someone who will not gain financially or otherwise from our immanent death..ha!). If a proxy is not available (the will need to intimately know, not just your mindset, but the guidelines of Catholic bioethics, than at least demand that all Catholic bioethical guidelines or Catholic teachings will be followed and respected.

- Ordinary vs. extraordinary treatment.
- What you should know about Advance Health Care Directives

See Supplemental Reading list, and [DNR](#); [Nutrition and Hydration](#)

DISCUSSION QUESTIONS:

1. What effect (what message) does one whom chooses euthanasia have on the family, the community, etc?
2. What personal experiences can you share with those in your life that have had to deal with end of life issues? What were the struggles? What helped in making any decisions, or finding appropriate care?

The students, with the teacher than should participate in a class-wide discussion.