
Beyond Minimalist Bioethics

BY B. ANDREW LUSTIG

In the 1960s, bioethics was not shy about asking deeper questions of meaning, purpose, and human identity posed by developments in medicine. Today it is simpler to ignore matters of the common good or general human flourishing. By addressing and answering these harder questions, these three books provide insightful correctives to the minimalist tendencies of recent bioethics.

When modern bioethics began in the late 1960s, it was not shy about asking deeper questions of meaning, purpose, and human identity posed by developments in medicine and the life sciences. It is a sign of how much bioethics has changed that these books sound so prophetic compared with what currently passes for conventional wisdom in the field. Given the drift toward moral relativism in the academy and beyond, perhaps that shift in focus has been inevitable. It is far easier, after all, to speak of who has the right to decide than about what constitutes a morally justified decision. It is less troubling to focus on procedures that safeguard individual autonomy than to discuss what a morally responsible freedom requires. It is simpler to celebrate the merits of pluralism than to focus on matters of the common good or general human flourishing. By contrast, in each book under review, harder questions are addressed and answered. They provide insightful correctives to the minimalist tendencies of recent bioethics.

Beyond Therapy: Biotechnology and the Pursuit of Happiness, a recent report of the President's Council on Bioethics (New York: Regan Books, 2003, 327 pp., \$14.95; or available free online at www.bioethics.gov/reports/beyondtherapy), assesses and critiques a number of actual and prospective develop-

ments in biotechnology. In six major sections, the book explores efforts to enhance “natural” functions through biotechnology in various controversial areas. It discusses efforts to make “better children” through genetic screening and embryo testing, and to modify their behavior by using drugs like Ritalin. In a topic of particular salience, given the recent steroid scandals in major league baseball, the report decries efforts to attain superior performance through such drug use, concluding that such practices, by thwarting standards of traditional competition, undercut the development of character traditionally associated with “natural” efforts. The book also raises foundational questions about attempts to extend significantly the human life span or to recast aging as a conquerable disease. It considers the promises and perils of seeking “happy souls” through mood-enhancing drugs, and reflects on the key aspects of human experience that may be undercut or even lost by such interventions.

Unlike the efforts of some earlier commissions, such as the National Bioethics Advisory Commission in the 1990s, the Council here eschews specific policy recommendations, preferring a broad-ranging discussion of the “nature of human nature” in the context of biotechnological enhancement. The Council has been accused of being politically conservative, which, given President George W. Bush’s predilections, hardly seems surprising. But *Beyond Therapy* is literally conservative in two more positive senses than its critics care to admit. First, popular pundits, and the cheerleading scientists on whom they rely, often rush to characterize new possibilities as posing unique dilemmas, as if their merely technical novelty prevents analysis according to traditional moral and political categories. By contrast, the Council resists conflating scientific with moral novelty: the issues the book engages are less about technology than about the status of human nature empowered by technology. Second, the report, while acknowledging a diversity of views about enhancement, seeks to anchor its discussion in shared moral and metaphysical concerns—the nature of human nature, and the social and political implications of unfettered choices in altering the human prospect through biotechnology. In both these commitments—to a “classical” style and an appeal to the common good—the Council’s report may be swimming against the streams of current intellectual fashion, but the effort is bracing.

To be sure, those more cautious about the meaning of biotechnology for the human prospect, including many members of the current Council, are not unsympathetic to the desirability of overcoming genetic diseases or responding to significant suffering. Yet the report provides a broader vantage from which to assess new possibilities. A central problem with the regnant analytic approach in bioethics is that, in the interest of methodological purity and in deference to “pluralism,” it tends to restrict the range of our moral considerations by discounting appeals to imagination and intuition as merely “speculative” musings. Yet imagination is no idle

power when thinking about where we may be headed in our Promethean quest to change human nature. Indeed, the wisdom we seek may be better found by enlisting vision and imagination as crucial to discernment rather than dismissing them. As exemplified by this report, informed speculation may be the better way for society to deliberate about matters of such large moment.

Allen Verhey is perhaps unique among current theological bioethicists for his combination of scholarly expertise in Scriptural exegesis and bioethics. In several earlier books, Verhey has amply demonstrated his excellence in both areas. *Reading the Bible in the Strange World of Medicine* (Grand Rapids, MI: William B. Eerdmans, 2003, 407 pp., \$35.00) reconfirms his status as today's foremost expositor of the ways that a nuanced reading of Scripture can illuminate the dilemmas posed by modern medicine. Verhey situates his analysis of particular topics within the context of the Christian church. The Church is formed by the power and promise of the Spirit, and it is faithful in "remembering Jesus" by bringing to each ostensibly new issue in bioethics the Person and the themes central to the Christian story. Verhey eschews any tendency to read Scripture simplistically, or to confuse Christian allegiance with literalism or fundamentalism. At the same time, he stresses the importance of extending the moral conversation beyond the Church as well, and the theologian's task to be "talking of God with those who would rather not" (p. 27). Of course, moral deliberation and discernment serve the Christian community in its communal reflections. But theologically candid conversation is also a service to the larger secular public. In a secular bioethics that often settles for a procedurally driven moral minimalism, theological candor by Christians "may at least remind the public of richer accounts of morality" and "of neglected wisdom" (p. 27).

In ten chapters, Verhey considers both broad themes and specific topics. He addresses the full range of controversial issues in current bioethics: genetic interventions, abortion, assisted reproductive technologies, neonatal decision-making, end-of-life decisions, assisted suicide, and the allocation of health care resources. In each chapter, particular reflections proceed from and return to the task of "remembering Jesus." Thus one chapter focuses on "Mapping the Human Genome...Biblically." Another is entitled "Judas, Jesus, and Physician Assisted Suicide." A final chapter considers "The Good Samaritan and Scarce Medical Resources." More broadly, the title

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of the book itself captures the power and prophetic edge of Verhey's discussion. Verhey reads the Bible in what he calls the "strange" world of medicine. Why is medicine strange? In contrast to the richness of the Christian story, much of modern medicine emerges bereft of substantive moral moorings. In an age dominated by the language of individual rights, today's medicine emphasizes the procedural minutiae of informed consent rather than the substance of what is chosen. In its seeming obsession with personal choice, modern medicine tends to reinforce an unbiblical dualism between the naked power to choose and the limiting conditions of our embodiment. Finally, medicine also distorts the virtue of compassion by reducing patients to their pathologies, thus confusing the virtue of compassion with the wielding of mere technique. By so doing, medicine may further alienate patients by treating them as objects of mere manipulation rather than as suffering subjects of far more complex stories, thus requiring more of caregivers than simply technical competence.

Gilbert Meilaender is a widely respected and prolific contributor to theological bioethics. His work is always thoughtful, incisive, extremely well-written, and accessible to both academics and laypersons. He is also something of a rarity these days, the unabashedly religious public intellectual, who is a regular contributor to Richard John Neuhaus's journal *First Things* and invited to testify by the National Bioethics Advisory Commission in its public hearings. Meilaender's writings, much in the spirit of the other two books under review, provide a welcome and prophetic antidote to the moral minimalism at work in much of secular discussion. *Bioethics: A Primer for Christians* (Grand Rapids, MI: Wm. B. Eerdmans, 2005, 126 pp., \$15.00) is the second edition of the volume Meilaender published in 1996. It retains the general thrust and spirit of the original, though it has been updated and includes a notable additional chapter on the use of human embryos in research. In his opening comments, Meilaender observes that recent bioethics, in seeking consensus, has tended toward a policy-driven lowest-common denominator ethic. The result, he suggests, is that the "moral meanings of health and medicine" have become "increasingly secularized—driven by the view that public consensus must exclude the larger questions about human nature and destiny that religious belief raises" (p. x). Meilaender's aim, in express contrast, is robustly religious: "I write," he says, "as a Christian for other Christians who want to think about these issues" (p. x), precisely because "the search for human wisdom and faithful insight requires of us a longer memory and a more expansive vision" (p. xi).

Like Verhey, Meilaender develops a distinctively Christian narrative vision that shapes and informs his conclusions on particular issues. For Meilaender, that vision incorporates distinctive interpretations of individuals in community, finitude and freedom as the "created duality" of our human nature, a holistic view of human embodiment, and an account of

suffering that calls for both compassion in our efforts to alleviate it and redemptive possibilities in suffering that is patiently borne.

Meilaender's twelve chapters range across the standard bioethics issues—assisted reproduction and abortion, genetics, prenatal screening, suicide and euthanasia, withholding and withdrawing life-sustaining treatment, organ donation, and the use of embryos in research. As the "primer" in its title suggests, the book is, before all else, a rich survey of the "first principles" that should illuminate and direct Christians in their judgments on various issues. At the same time, despite the book's brevity and accessibility, Meilaender is masterful in his command of the theoretical and policy literature, and judicious in the cases he analyzes to make larger prophetic points.

Meilaender's discussion is always insightful, but he is perhaps most distinctive in his rejection of capacity-based judgments for defining "personhood" and measuring "quality-of-life." In contrast to a mind-body dualism that "measures" personhood according to the presence or absence of cognitive capacities, Meilaender argues that "to be a member of our community, with a claim for care equal to yours or mine, an individual need not possess these capacities.... Those who never had or who have now lost certain distinctive human capacities should not be described as nonpersons; rather, they are simply the weakest and least advantaged *members* of the human community" (p. 32). Thus, "[p]ersonhood is not a thing we possess only at some moments in [our] history; we are persons throughout it" (p. 32). Meilaender's inclusiveness here has profound implications for his judgments about abortion and about withdrawing life-sustaining treatment. While he allows for limited exceptions, Meilaender sees embryos and fetuses as protectable members of the human community. And while he concludes that useless treatments may be stopped, he also observes that "we need to make certain that we ask of possible treatments: Will they benefit the life this patient has? That is quite different from asking, Is this patient's life a beneficial one, a life worth living?" (p. 70).

A brief review cannot do justice to the wisdom, eloquence, and insight evident in these three books. Each of them deserves a wide audience among scholars and healthcare professionals, and Meilaender's volume would also be quite useful for church-based adult education.



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