

Bioethics, God and Moral Evolution

By

Stephen Soto de Mayor PA-C, B.Sc. MPAS

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Mark Twain once commented that America was the richest country in the world but noted that having abundant wealth had not made any difference, or progress, in the development of human character. We appear to be richer but our riches have not made us more moral. While reflecting on Twain's words, it occurred to me that there was a similar analogy to be made in terms of health care technology. We are one of the richest nations in terms of health care technology but having such technology has not made our medical character more moral. This is not to say that either riches or technology have the power to impart moral integrity but rather that our moral progress, our ethical evolution, has not seemingly improved in light of the fact that we have been favored with obvious advantage. Our ethical progress seems to be slower than our technical prowess. A review of ethical theory may help to understand the problem we are facing.

The goal of most ethical theories involves pursuing those things that are of the highest 'good'. An important contrast to how we view the metaethical good would be Platonian metaethics which would define the ethical good in a transcendent manner while Aristotelian metaethics would define ethical answers resulting from a more human utility concept.[1] For instance, Aristotle pursues the pathway of living life as a 'eudaimonist'. But his approach toward the *summum bonum* does not involve any mention of any abstract metaethical being.[2] Plato, though, philosophizes in *Euthyphro*, "Is the pious loved by the gods because it is pious, or is it pious because it is loved by the gods?"[3] When the views of these two great thinkers are compared, we note that Plato's involves the transcendent metaethical standard.¹ Aristotle had a different vision of metaethics; his standard was more human, more horizontal in nature. Also, while there is considerably more that can be said on this topic the fact of the matter is that today's ethical proposals seem to gravitate towards an Aristotelian point of view.

Thus, we achieve the 'good' by promoting, and working towards, the highest ethical ideals and then adjust our course of action accordingly so that we might move towards the full realization of those goals.

These changes may be made on the agent (as in virtue ethics), the performance of an act (as seen in deontological ethics), or in the end results of an act (as found in consequentialism). Despite the approach, the goal remains the same; promotion and achievement of the highest good. In our alignment of medical ethics (bioethics) to this standard we then should also be promoting, and advancing, the highest moral ideals. Thus, our ethics should be reflected in our technology and its application towards achieving the good.

But this presents us with many problems, problems of viewpoint. Our ethical language has evolved and meanings have been changed. As Alasdair Macintyre points out:

"We possess indeed simulacra of morality, we continue to use many of the key expressions. But we have—very largely, if not entirely—lost our comprehension, both theoretical and practical of morality." [4]

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And perhaps we are begging the real question here. Perhaps our technology has led bioethics towards a reflection of our moral character and that our technology now functions as a mirror in which we can examine our moral character flaws. I would submit that such a reflection is not pretty. We are split on significant issues to which we must apply moral judgments and because our morality has become so fragmented it has resulted in a bifurcation of moral discourse that mostly promotes a relativistic solution to contemporary moral dilemmas.

Relativism, however, is a weak system of ethical reasoning that is self-defeating and bankrupt of sound foundation since it relies on subjective opinion rather than objective truth, a key point to keep in mind. Certainly not everyone agrees. The late Ruth Benedict (1887-1948) viewed relativism through her anthropological lenses and arrived at the conclusion that ethical relativism (conventionalism) was correct. However, her examination was based on evaluation of custom and her own subjective insights, and had little to do with objective truth. Indeed, her analysis shed little light into objective standards.[5]

Louis Pojman offers this insight of moral relativistic claims:

“There are no objective moral principles, but rather all valid moral principles are justified by virtue of their cultural acceptance.”[6]

In other words, all moral principles are subordinate to the whims of the mass consensus but it is painfully obvious that while the masses can be right, our history has shown that they can also be wrong. We know that things are not right or wrong simply because we agree that they should be but *because those things truly are right or wrong*.² As Joel Feinberg points out:

“Beware of the man who does the moral thing only out of fear of pain or love of pleasure. He is not likely to be wholly trustworthy. Moral education is truly successful when it produces persons who are willing to do the right thing *simply because it is right* and not merely because it is popular or safe.” [7]

So, how then do we acquire a moral good?

Aristotelian ethics gives us some part of the answer. The good, he states, is more likely to be acquired if we have a ‘target’.

“Does it not follow, then, that a knowledge of the Good is of great importance to us for the conduct of our lives? Are we not more likely to achieve our aim if we have a target? If this is so, we must try to describe at least in outline what the good really is, and by which of the sciences or faculties it is studied.” [2]

Aristotle follows then a line of reasoning in which he looks at several ways to understand the

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good and finally arrives with the concept of the soul. In a move consistent with a true virtue theorist, he states that; “to understand what moral goodness is we must study the soul of man” [2] Aristotelian breakdown of the soul into rational and irrational types is hampered, however, by his omission regarding the transcendent issue of God as a moral agency. This is an important point which to remember as we investigate this issue of the ‘good’. Nevertheless, his attempt to move forward by concentrating on an agent’s morality is laudable.

Other philosophers have attempted to define a ‘good’ ethic. Thrasymachus felt that, “Justice is the interest of the stronger party,” an ethic that tyrants have used for centuries. Protagorus felt that, “man is the measure of all things.” But man, measured against other men, is a poor yardstick indeed. A group of sheep in a meadow may look stunning white against the green grass but the same sheep in the prime of a winter snow appear as filthy creatures by comparison. And thus, a man measured against other men is a poor contrast. To truly have a measure of comparison one must have a standard, I believe an objective background, in which to view human beings and that which is truly good.

Epicureans felt that whatever brought pleasure was a good and whatever brought pain was an evil, but it is obvious that some pain may actually be good for us and some pleasures may be very evil. Utilitarians such as Jeremy Bentham and John Stuart Mill focused on the idea that ‘good’ was whatever pleased the greatest amount of individuals but an overall understanding of what they thought a good consisted of seems to be insufficient. For instance, it was once thought in the United States that slavery was a good thing, but there are very few people today who would agree that the ethics of slavery could be classified as a ‘good’. Utilitarianism’s identity, its goal, is ultimately influenced by whatever cultural gratification demands. Thus, utilitarianism fails to answer the question of what a real ‘good’ is; it only specifies what a perceived good is if enough people are in consensus as to the good’s benefit.

Of course, in the search for the ‘good’, there exists philosophical argument that good is indefinable. The philosopher G.E. Moore felt that there was no way to define a good. Norman Geisler in his book *Christian Ethics* points out Moore’s premise:

“Moore contended that all we can say is that “good is good,” nothing more. Attempting to define good in terms of something else makes that something the intrinsic good.[8]

Unfortunately, this begs the question at hand and makes any proposed ‘good’ somewhat like a game of chance. The problem with such chance is that you attempt to define your good without knowing what the standard really is. A poker player must know the “good” hand, as compared to other poker hands, if he is to make a bet. However, if you do not have a standard to use, to measure against, then any hand, or anything, can become a good, or even a bad. Moore’s premise lacks clarification. It is not enough to say that anything can be good or bad unless there is a standard to measure such values against. Moore simply prefers to ignore this fact in his thesis.

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It appears that the mirror illustration at the beginning of this investigation needs some amending. Perhaps it is not a true mirror at all but a funhouse mirror. We see some truth, some morality, but not only is our reflection flawed and distorted but our interpretation of the vague image is also unsound. True, some of the reflection is real, but the majority of the reflection fails to reflect the core truth with reasonable accuracy and our interpretation is ambiguous at best. Moore is incorrect that moral good is indefinable but then the question remains; why is it so hard to define?

Hadley Arkus points out in his book, *First Things*, the following:

“There is of course nothing concrete or empirical about moral standards. No one has ever seen Justice walking down the street, or Obligations falling out of the trees. There is no sensory receptor that records a sensation of Duty. Notions of justice, fairness, equity, justification—the properties that mark the moral dimension of our acts—are all “supersensible.”[9] page 75-76]

The idea of the supersensible hints at the fact that our notions of ethical goods may be outside our normal senses of perception and independent of ourselves, in other words, an objective truth. As has been noted, those theories that deal with man as the core measure of morality, even virtue theory to some extent, cannot reconcile the fact that supersensible, transcendental, good exists, though one might make a case for this in Christian virtue theory. In addition, since (philosophically or scientifically), no object exists without an origin, we must have a first cause. There is much to commend this line of reasoning but we are limited by our knowledge of first causes.³ Infinite regressions have been proposed but intuitively we know that this cannot be the case. The law of cause and effect is rather solid on this point of reasoning. To simply state that we have only infinite causes begs the question of how we acquired infinite causes. Ultimately, this regression then causes us to consider another view of where our moral goods originate; from a moral good giver, namely, God.

I would expect an immediate criticism of this road of reasoning. The reason for such criticism would be multi-conditional. But we must consider first that such an ethical construct does provide the standard that is lacking in our evaluation of ethical behavior. Many of us would not equate our moral character with Hitler, Nero, or the Marquis de Sadé, indeed, we would point to such individuals and instantly decry that we were certainly not of the same moral fiber as they appeared to possess. But, against the backdrop of God’s moral purity, we are like the dirty sheep in the snow that we mentioned earlier. This background illuminates clearly the fallacy of making men the standard for moral ideals. According to biblical standards, the human being as a moral standard is lacking. In Romans 3.23 we find:

“For all have sinned and fall short of the glory of God.” NAS

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I am sure than there are many who would use the various modes of ethical reasoning to try to disprove such a conclusion but I believe the flaw lies not in my reasoning but in the status of our present moral vision in ethical deliberations. I think that we are currently transitioning to a new cultural phase and that this transition has influenced our ability to cohesively understand and apply ethics.

Dr. O.J. Brown, in his study on Pitirim A. Sorokin, noted that Sorokin had acknowledged three distinct phases that cultures pass through:

Ideational Culture – This culture values spiritual truth and values. “A culture in its ideational phase is willing to sacrifice pleasures and immediate goals for the sake of its high principles. Self-denial, asceticism, and martyrdom are natural behaviors from the ideational point of view.” [10]

Idealistic Culture – This is a middle ground situation between idealistic and sensate cultures. “An idealistic culture rates spiritual truth and values above all others, but it also appreciates the realities and values of the sensory world and does not treat them as meaningless or nonexistent.” [10]

Sensate Culture – This is a hedonistic/epicurean mentality that focuses completely on those things which affect the senses. “It is interested only in those things, usually material in nature, that appeal to or affect the senses. It seeks the imposing, the voluptuous; it encourages self-indulgence.” [10]

The current culture is much more sensate than idealistic and MacIntyre’s promotion that we have an incomplete knowledge of “both theoretical and practical” aspects of morality seems a good fit to our current problem in assessing moral good. [4] Technology only mirrors and reflects the chaotic nature of our ethics for in a sensate culture only senses matter; ideational ethics and idealistic ethics are largely ignored. Thus, our moral evolution has been retarded, and critics aside, it seems to concur with the loss, or even acknowledgement, of a transcendent moral giver. H. Tristram Englehardt Jr. makes the following pronouncement:

“Secular moral authority is nothing more or less than the authority of those who agree to collaborate. It does not invoke a moral authority derived from God, reason, or a particular moral tradition or ideology. The secular moral world can be fashioned through free will...”[11]

The application of bioethical practices, when secular moral principles are encouraged, result in a polarized response. For example, the American Medical Association will bring ‘ethical’ sanctions against any physician who assists in the legal execution of a guilty felon because doctors should not be destroyers. However, the same organization’s code of ethics allows doctors to follow their conscience and perform abortions thus terminating a human life!

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We no longer even argue moral aspects of euthanasia but concentrate only on who should provide it and the method to be employed. Reproductive technologies may give couples multiple pregnancies (quintuplets, sextuplets, etc) but run the risk of the medical need for ‘selective reduction’; the sacrifice of one or more of the children created in utero. Thus, parents end up sometimes creating wanted individuals only to be pressed to decide to destroy one or more of their children.⁴ While it would be comforting to know that such situations are rare, the opposite is actually true. In the abstract of a paper entitled, *Selective Reduction for Multifetal Pregnancy: Early Opinions Revisited*, published in 1997 in the Journal of Reproductive Medicine, the abstract’s first line declares:

”Multifetal pregnancy reduction has emerged as a staple of infertility therapy.”[12]

These types of decisions are weighty, morally tragic, and do not serve to promote the good we expect from the utilization of our technologies. Secular moral ethics have not served us well in advancing our moral evolution, in fact, they have obscured, or forgotten, the theological spring from which ethics originates. Instead of focusing on the transcendent, we focus on the human, and the autonomy of the human person.

The whole concept of rights has made its way to the forefront of ethical decisions with the concept of autonomy being the strongest right advocated today. This is an unfortunate moral direction as true autonomy does not exist. No person is brought into creation without the help of another, no person is solely self-sufficient, and no one is alone secularly, or even theologically for that matter.[13] It seems perplexing that human persons, who must be co-dependent on others, can suddenly advocate an absolute right which is completely contrary to human existence as we know it to be. There is obviously more which can be pursued on this topic but will not obviously be completed in this paper.

Whether culture wishes to pursue a morally deficient path is one thing, but whether medicine should pursue the same path is an entirely different matter. A *Hasting Center Report* special supplement warns of the inherent risks involved with allowing essentially selfish attitudes to force medicine to change into a mere instrument of popular choice:

“Medicine endangers itself when it sees itself merely as an instrument to maximize individual choice and desire, and tempts society to make use of it for other than reasons of health.”[14]

Aristotle, in his writings on achieving the good, noted that one ascends to such a goal through the practice of prudence, a thoughtful comprehensive moral consideration of the matter at hand.[2] Unfortunately, we are not a prudent society; rather our medical character reflects a more selfish attitude. No technology can define whether something is good or bad, rather moral actions are expressed through those who wield such morally changing machinery and if these

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actions are based on human virtue instead of transcendent ideals, then we suffer in our promotion of the higher ideals.

We need to redress the ideals of ethics in medicine and return them to the forefront of our professional goals. We need to be good agents, with principled acts, who seek consequences which reflect the higher transcendent moral ideals. Neither technology nor money nor human virtue can serve as ideals upon which we can fashion sound ethical foundations for making moral claims. The objective God of the Christian faith however provides an excellent foundation and structure for building moral claims. We must reconcile our ethical reasoning so that it is complimentary, focused, and not contradictory. Lastly, we need to rethink our moral applications of our technologies, and answer the big question of whether our practice of medicine really serves to advance the principled good or whether it will exist as a casualty of ethical mediocrity and moral regression.

Endnotes

¹ Pojman, L.P., *What can we know? : an introduction to the theory of knowledge*. 2nd ed. ed. 2001, Belmont Calif.: Wadsworth Pub. Co.xii, 352.pg.17. *Louis Pojman also points out that Plato was a believer in re-incarnation so while the assertion is that he believed in the concept of transcendence it should not be confused with the idea of Christian transcendence. Though, one wonders as to his true inclination of the matter since he does make reference to the 'Gods' in *Euthyphro*.

² Aristotle states this point succinctly in *Metaphysics* IV:7: "To say that what is, is not, or that what is not is, is false; but to say that what is, is, and what is not is not, is true, and therefore also he who says that a thing is or is not will say either what is true or what is false." To Aristotle, beliefs are not valid as a result of opinion but because of objective truth.

³ *In terms of 1st causes, our limitations stem from our inability to physically, and temporally, appreciate causes infinitely. While some have proposed mathematical theorems in an attempt to account for and define first causes, our knowledge of them is restricted by our circumstance. But, though we are limited in our ability to perform infinite regressions, this does not imply that we cannot infer first causes by our senses, and rationality.

⁴ *In discussions with many OB-GYN practitioners, I learned that the utilization of selective pregnancy reduction was a relatively rare occurrence and *only* done when it was evident that one, or more, infants in the womb, or the mother, were at risk. Thus the utilization of selective reduction, once a rarer procedure, is now a "staple" technique, created by our use of the technology. In other words, the procedure would not normally be necessary but we create the necessity by our application of technology.

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