

ETHICS & MEDICS

A Commentary of The National Catholic Bioethics Center on Health Care and the Life Sciences

ELEMENTS OF CONSCIENCE FORMATION

Teaching fundamental moral theology to seminarians and lay ministry students inevitably leads to the world of virtue (“a habitual and firm disposition to do the good”). This brings us face to face with the question of both *developing* and *forming* these “stable dispositions [and] habitual perfections of intellect and will.”² In short, we confront the question of how.

The Religious Imagination

Religious imagination is the first element in moral formation in general, and in conscience formation in particular. Imagine a lens through which one views reality. The moral dimension evolves in the synthesizing of the values and visions of the community—the study of good and evil, of right and wrong acts, and of good or bad persons. A faith tradition, such as the Roman Catholic Church, forms the moral character of its members through the polishing of the lens through which experience streams—at times rushes—into one’s depth. This experience evokes knowledge and moral insight.

Experience, however, is never taken raw—it is interpreted. The lens interprets the experience that touches on human values, and it alerts us to moral choices. The virtue of prudence is both an intellectual virtue and a moral virtue. Virtue is formed not merely by *thinking* properly but by *feeling* rightly. Together these shape Christian character.³ One’s values need converting, as do one’s convictions. Moral imagination shapes the way a person interprets—indeed, experiences—a value-laden human moment.

These moments speak to the command that we seek the good and protect and promote what both God and natural law say are profound values:

Understood in its deepest sense, the imagination is not merely a capacity for frivolity in an otherwise serious world; rather the imagination is the capacity to construct a world. By means of the imagination we bring together diverse experiences into a meaningful whole.⁴

The construction of a meaningful world—the grinding of the lens—depends on the symbols, liturgical life, stories, and parables of the community as much as on its written rules. These symbols help us interpret the world as a *world of value*.⁵ The power of the cross of Christ, for example, coalesces within our imagination as meaningful reflection

on suffering, other-centered love, reconciliation, and triumph over death.

Another example is the powerful Gospel image of the father gathering his prodigal son into his forgiving arms, which graces many stained glass windows in humble churches. These windows help generations of believers see and experience the value of God’s reconciling love. Over time, this image challenges them—and us—to find that same love in family and community. Like the stained glass window, such formation colors how we see the world. A community of value—a community of interpretation and action—becomes a *moral community* where a member’s moral imagination is formed. We see and act through this lens. This dynamic is moral imagination at work.

However, this formation in community—this moral imagination—never overrides or acts as a substitute for the hard work of each individual Christian. Christ invites rather than coerces. Each person must wrestle with Gospel values in his or her own life. Formation in community is never brainwashing. Authentic human freedom and intellect demand the respect of the moral community. The Catholic tradition respects the voice of well-formed conscience—but without a note of humility in that voice, conscience is cast adrift from its moorings in tradition.

Wisdom of the Tradition

To tell a story is to speak its values. This alerts us to an inescapable truth of modern life: many stories compete with and even shout down the Catholic Christian story. In general, the stark power of symbol galvanizes what often remains unspoken in each of us. This power demands responsible formation. Since the moral imagination touches the deepest realms of the self, overseeing this formative dynamic proves an arduous but indispensable duty of the community. Here we encounter the second major element in conscience formation: setting the normative parameters of morality.

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A MAGISTERIAL DISSERTATION
REVIEW OF CRONIN’S CLASSIC WORK
Edward J. Furton, MA, PhD

Without this alignment, the moral imagination risks being caught up in rationalization and distorted relativism. Likewise the quest for virtue goes awry. The virtue of prudence, the *auriga virtutum* (the charioteer of the virtues), loses direction. So the shepherd's duty is to safeguard the formation of moral imagination by the equally formative dynamic of speaking the law. A community fails its duty when it fails to set boundaries that reflect its deepest vision and values.

Within the Catholic Christian community, the magisterium exercises authority in the often precarious tasks of both helping form moral imagination and articulating moral norms. This teaching voice of the magisterium often confronts conflicting visions and voices—even within the Catholic Church itself. Granted, respectful dialogue serves the process of articulating Gospel values in the inexorable and often stormy tide we call history; but for the Catholic tradition, the still point in the midst of the storm remains the divinely established authority of the Church speaking through her official magisterium.

Few doubt the nerve touched by the word “authority” in many minds—especially for Americans. Keeping in mind the essential difference between “authoritarian” and “authoritative” proves helpful. The *authoritarian* voice runs the risk of shouting down authentic questions and denying core freedom. The *authoritative* voice reminds the humble person to look to wisdom that traverses centuries. The physician speaks with authority rooted in arduous education, clinical experience, and informed intuition. His voice cuts through the other voices that offer medical advice. Listening to this *authoritative* voice just makes good sense. Indeed, this openness to authoritative voices manifests the virtue of prudence in moral deliberation.

The testimony of the Divine Physician supports the Catholic Church's unwavering trust in the power of the Holy Spirit to protect the Body of Christ from self-destructive error in the core elements of its identity. For example, the vision of Christ's cross—the self-emptying love of God—forms the epicenter of Catholic Christian morality. Any teaching effacing this truth rings false.

But the magisterium constitutes only part of the picture. Theologians and laity in general provide a necessary element in the conversation. The pastoral mission of the Church draws from lived experience formed in theological reflection and debate and forged in family life and everyday struggles to live Our Lord's commandments. Without this dialogue, the teaching ministry of the magisterium risks losing the ring of authenticity. At the same time, the prophetic voice of the magisterium must sound out clearly when voices within and without the Church seek to shout it into silence.

Experience as Incarnate Wisdom

Finally, we touch on an element that proves elusive: the impact of human experience. Collapsing conscience formation into two elements—the complex dynamic of moral imagination and the more straightforward internalizing of norms—would abandon a core element in Catholic moral formation, that is, the values rooted

in reality. Life-altering experiences are just that—life altering. In this moment the whole range of moral values may realign. Like a magnet thrust amid iron shavings, every dimension of one's vision, one's lens, shifts dramatically. For many, a war experience, the birth of a child, the death of a loved one, an encounter with another culture, a wrenching betrayal, or a raw experience of bigotry, for example, leaves one spiritually changed.

This change provides us with the third element of conscience formation: symbols of our faith help one to internalize the meaning of our experiences. One devout, life-long Catholic who was to undergo an amputation requested that his crucifix be brought to his hospital room. For this man, the mystery of the self-emptying death of Our Lord offered a core interpretation of his suffering and a rock-solid foundation of hope.

More often than not, life experiences serve as the place for grace to emerge. I recall a woman telling me that she wrestled with the Catholic Church's teaching on contraception until she had a miscarriage and the ensuing complications suddenly drove home the reality that she might never bear another child. From that moment forward, being anything but utterly open to new life in each and every conjugal act proved unintelligible to this woman. All the iron shavings, as it were, suddenly realigned.

The distortion wrought in the formation and subsequent application of conscience by life experience needs further discussion and study by both confessors and social scientists. Experiences of betrayal, for example, can darken the light of hope and trust in a person. A person carrying the scars of violence and sexual abuse and, in a formative context, bereft of mature models of moral reflection may well embody the adage of “the blind leading the blind.” Think of a man whose only influence during his formative years was the corrosive environment of a crack house and encounters with drug addicts. His resorting to violence and confusion as an adult would echo the destructive influence of his life experience.

These experiences point to our need to pray unceasingly. Our living Tradition turns our eyes to the Gospel, which testifies to the dynamic and redemptive presence of the Holy Spirit, who is offered to “all born of the Spirit” and who, like the wind, “blows where it will” (John 3: 8). We take comfort in the faith in which this Spirit of Love grounds our hope—the anchor of our spiritual life in general and especially of our conscience.

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¹*Catechism of the Catholic Church*, 2nd ed., trans. U.S. Conference of Catholic Bishops (Vatican City: Libreria Editrice Vaticana, 1997), n. 1803.

²*Ibid.*, n. 1804.

³Alasdair MacIntyre, *After Virtue: A Study in Moral Theory*, 2nd ed. (London: Duckworth, 1985), 149.

⁴Richard Gula, *Reason Informed by Faith: Foundations of Catholic Morality* (Mahwah, NJ: Paulist Press, 1989), 73.

⁵Robert Gascoigne, *Freedom and Purpose: An Introduction to Christian Ethics* (New York: Paulist Press, 2004), 157.

A MAGISTERIAL DISSERTATION

One of the most significant books to appear in scholarly literature concerning the crucial distinction between ordinary and extraordinary means of treatment was the doctoral dissertation of Daniel A. Cronin, now-retired Archbishop of Hartford, Connecticut. The Center is soon republishing this work.

Cronin had the opportunity to visit the great libraries of Europe and examine the works of the most important moral theologians of the late Middle Ages and early modern period. The result was an in-depth and yet concise exposition of the development of this vital distinction in medical ethics.

Cronin's survey shows the remarkable degree of agreement that exists among past theologians. These men were not seeking to "push the envelope," as do so many contemporary bioethicists, who appear more concerned with gaining tenure or public recognition than with providing genuine assistance. The bioethicists of that era, if the term can be applied, saw themselves as part of an ongoing philosophical tradition that sought to give sober counsel to patients facing medical procedures that were far more primitive than those in use today. The medieval and early modern theologians are remarkable for their commonsense approach to these difficult questions.

Return to the Twentieth Century

The book is not only a superb historical survey but also a historical document in its own right. It originally appeared in the 1950s, and it is striking to see how much things have changed in half a century. For example, many physicians of that time thought that there was a duty to do whatever was possible to preserve the life of the patient. That attitude, along with a pronounced paternalism, was questioned at the middle of the twentieth century, as Cronin's book makes clear. Having reviewed past teaching on the difference between ordinary and extraordinary means, Cronin was himself well-positioned to counsel physicians against this life-at-all-costs attitude. The physician has no moral obligation to use all available means to extend life, Cronin notes, but must employ only those measures that constitute ordinary means of treatment.

The book is thus important because of Cronin's own contribution to the historical debates. For example, he emphasizes the relevance of the psychological factor (*vehemens horror*) in making treatment decisions. Amputation, which served as the common example of an extraordinary means throughout much of the medieval and early modern literature, was no longer deemed extraordinary in the 1950s on the basis of either the pain or the dangers of the procedure. Nonetheless, Cronin holds that this procedure may very well remain an extraordinary measure if the patient deems it to be too psychologically distressing.

Certainly, he says, this would likely be the case if both legs were to be removed.

The book shows that the advent of anesthesiology was a dramatic advance in medicine and that it completely redrew the line between ordinary and extraordinary means of treatment. Many of the procedures that had previously been deemed extraordinary became ordinary measures with its appearance. How blessed we are to have the remedy of effective painkillers! Anesthesiology not only reduced and eliminated suffering but transformed once-dangerous procedures into routine practices.

The debate over the provision of nutrition and hydration to patients in severely debilitated states was also very much under discussion when Cronin's book was published. Is the provision of food and water to patients in seriously compromised cerebral conditions obligatory? Cronin cites competing opinions. Another remarkable aspect of the book is its occasional reports on the costs of medical care, which seem laughably small. One example: the cost in the 1950s for treating acute appendicitis with no complications, including anesthesia, medication, and an eight-day hospital stay, was only \$133.00.

Central Themes of the Work

But the heart of the book is its broad sweep of historical opinion. The duty to conserve one's life follows from the obligation not to kill oneself. St. Thomas Aquinas serves as the seminal starting point, of course, especially his treatment of suicide at *Summa theologiae* II-II, q. 64, a. 5. God has dominion over life and death, and we are not to decide the moment when we pass from this life to the next. Indeed, it is a fundamental law of our nature that we seek to preserve ourselves in existence. Cronin points out that this drive is the originating ground of all of our actions.

Cronin also considers what appear to be exceptions to the rule of self-conservation that are in fact justifiable under the principle of double effect. These are often presented as if they were serious objections to the duty to preserve our lives, but the willingness of the soldier to die for others, for example, does not contradict this principle. Neither does the courageous work of the physician who ministers to those infected with a contagious disease, despite great danger to his own life.

The author applies this reasoning to a contemporary example: The Mayor of Cork, in an effort to secure independence for Northern Ireland, died during a hunger strike. Without necessarily condemning his actions, Cronin rejects in principle this method of political protest. Although he does not say so, the same condemnation would appear to apply more broadly to all of those who use the slow-motion threat of suicide by starvation to advance a political agenda.

Francisco de Vitoria (b. 1492) was the first to lay out the distinction between ordinary and extraordinary means of treatment, though he did not use these terms. Vitoria focused in considerable detail on the necessity of using commonly available drugs and foods to preserve health. Others followed his lead and developed these distinctions



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Views expressed are those of individual authors and may advance positions that have not yet been doctrinally settled. *Ethics & Medics* makes every effort to publish articles consonant with the magisterial teachings of the Catholic Church.

more fully, producing a “who’s who” of great theological minds: Dominic Soto, OP, Gregory Sayrus, OSB, Dominic Bañez, OP, Tomás Sánchez, SJ, Francisco Suárez, SJ, Juan de Lugo, SJ, Benoît Merkelbach, OP, Marcelino Zalba, SJ, and Gerald Kelly, SJ, to mention only the most prominent.

De Lugo’s writings provide the striking example of a man condemned to death by fire. If the man were to find himself in possession of a sufficient amount water to put out a part of the fire, but not enough of it to preserve his life, he would not be obliged to use the water at all. Use would only prolong an inevitable death. This example shows the difference between positively causing one’s death and accepting an inevitability beyond one’s control.

Cronin’s headings identify ordinary means as those that provide “hope of benefit,” are “in common use,” are “in keeping with one’s status in life,” or consist in “what is not too difficult.” Extraordinary means comprise “what is impossible,” “what requires great effort or excessive hardship,” what causes “excruciating or excessive pain,” what causes “feelings of intense fear or repugnance,” or what requires “extraordinary expense.” Though we may at times shy away from the idea that money should play any role in our consideration of health care decisions, the problem of paying for expensive medical procedures has been a prominent consideration throughout the history of Catholic theology.

The Standard for Physicians

Cronin contends that it is not possible to identify an absolute standard for either ordinary or extraordinary means of treatment. The determination is always context specific. Thus we cannot say with certitude, in abstraction from particular circumstances, what will be ordinary or extraordinary for human nature as such. We can

devise a general standard that applies to a majority of human beings, but a general standard is crafted to admit exceptions. The standard for use is best characterized as a relative one, because it must be adjusted to the particulars of each person and each given situation.

The final chapter of Cronin’s book concerns the duties of the physician. Cronin notes that the physician has a moral obligation to care for the sick that flows from the virtues of charity and justice. The content of this duty consists primarily of the obligation to employ the ordinary means of conserving life. There can also be an obligation to use extraordinary means if this is the wish of the patient or the family, but Cronin warns the physician not to employ extraordinary measures unless specifically requested to do so. Again, this advice went against an all-too-common attitude within the medical profession of that time.

For those interested in the historical development of the crucial distinction between ordinary and extraordinary means of treatment, it would be hard to find a more important or valuable work. The depth of the historical research alone is invaluable, and when combined with Cronin’s sage insights into how to apply the distinction, it produces a truly remarkable book indeed.

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Erratum

In the June issue of *Ethics & Medics*, in “Catholics in a Secular Marketplace,” the author erroneously stated that Brackenridge Hospital performed in vitro fertilization and sterilization procedures. Neither Seton nor Brackenridge were involved in in vitro fertilization. We regret the error.—Ed.

