

# BIOETHICS MATTERS ENJEUX BIOÉTHIQUES

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## **Virtue Ethics and Health Care Ethics**

### **Part 2: Christian Virtue Ethics and Catholic Health Care Practitioners**

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Christian virtue ethics has its foundations in the writings of St. Augustine and St. Thomas Aquinas. Both were familiar with the Greek philosophers, Augustine through his own life as an educated pagan prior to his conversion to Christianity and Aquinas through his access to the writings of Aristotle.<sup>1</sup> While both appreciated the merits of the cardinal virtues of prudence, justice, temperance and fortitude, they did not believe they were sufficient to bring people to their ultimate ends as persons.

For Augustine and Aquinas, there was a transcendent element to human existence that was absent in the Greek understanding of virtue. In their Christian view, human beings were meant ultimately to be united to God who created us out of love.<sup>2</sup> To realize this transcendent end, people need more than the “natural” virtues of the Greek philosophers; we need the habits and dispositions that could be infused only through grace. We need the theological or supernatural virtues of faith, hope and charity.<sup>3, 4</sup>

#### THE IMPORTANCE OF LOVE

Aristotle identifies prudence or *phronesis* as the epitome of the virtues, making the acquisition and practice of all other virtues possible. For Augustine and Aquinas, that position was occupied by the supernatural virtue of love which “gives every virtuous act

and, indeed every virtue a supernatural moral worth by orienting each to its final end...i.e., union with God.”<sup>5</sup> It is love, according to Augustine, “that conforms us to Christ’s image and enables us to pursue our chief good.”<sup>6</sup>

The Christian New Testament names this type of love *agape*. It is a love that is altruistic, other-centred, generous and hospitable. It is the love that characterizes the Trinity: eternal, giving, reciprocal. In Jesus, it is compassionate, unconditional, and self-sacrificing.<sup>7</sup>

With *agape* operative in our lives, our actions become informed by love as we become loving individuals who form loving communities. A Christian virtue ethics, then, is one that gives pre-eminence to the virtue of *agape*.<sup>8</sup>

#### THE PLACE OF JESUS IN CHRISTIAN VIRTUE ETHICS

Jesus is central to Christian virtue ethics, revealing the meaning and requirements of virtue.<sup>9</sup> Jesus’ life as portrayed in the New Testament, for instance, shows that love is compassionate as Jesus feeds the crowds and heals the sick; that it is inclusive as Jesus associates with the very rich and the very poor, with Samaritans and tax collectors, even Roman Centurions; that it is self-sacrificing as Jesus lays down his own life that we might be saved.

Christians are called not simply to imitate Jesus in his virtuous life but to become Jesus.<sup>10</sup> In this, Jesus is more than a paradigm of virtue; he is the end that we are

called to as human beings. To contemplate Jesus and his life on earth is to contemplate a will united in perfect obedience to the Father, to contemplate complete faithfulness, to contemplate complete love. Sinfulness does not interfere with the perfection of humanity that is in Jesus, nor with the complete union of humanity and divinity in him. Through the grace of God, we too are called to exist in perfect union with our Creator.

#### THE COMMUNAL ASPECT OF CHRISTIAN VIRTUE ETHICS

For Christians, to be made in the image and likeness of the Triune God is to be created as individuals who live in community.<sup>11</sup> Jesus' life was consistent with this. He was born into a family; his public ministry took place within the context of community as he called his Apostles to follow him. While Christians pursue their personal salvific journeys, they do so as part of a larger community, one charged with building the Kingdom of God.<sup>12</sup>

The theological virtues inform character and action in such a way that individuals become testimony to the reality of God's grace operative in the world. They become examples of virtue to members of their own community and to the larger world through their works and character. In Christian virtue ethics, virtue is not simply an individual matter but is experienced and expressed within the context of community.

Given the primacy of agapeistic love, the exemplar of virtue that Jesus is, and that through the supernatural virtues one not only pursues one's own salvation but actively contributes to the building of the Kingdom of God, what relevance could Christian virtue ethics have for Catholic health care professionals?

#### CHRISTIAN VIRTUE ETHICS AND CATHOLIC HEALTH CARE PROFESSIONALS

The first thing to note is that the supernatural virtues need not supplant the virtues normally associated with health care. Instead, the supernatural virtues can bring further depth and meaning to them.<sup>13</sup> For instance, compassion informed by *agape* might lead one not simply to see and respond to suffering in a patient with kindness and sympathy; rather, it might lead one to see Christ in the patient. For one practitioner, "It is the other in distress who both reveals to me the true humanity of Christ and offers me the opportunity to serve Christ in the person of my neighbor. In his or her need, the neighbor thus gives me something infinitely valuable."<sup>14</sup> *Agape* adds profound depth to what otherwise would be the practice of compassionate care.

Furthermore, in Jesus, Catholic health care professionals have the example of a healing ministry perfectly informed by *agape*.<sup>15</sup> Jesus was unconstrained by social mores in this ministry. He touched and allowed himself to be touched by people who were unclean; he cured on the Sabbath; his healing ministry was radically inclusive and holistic as he restored people to health and empowerment. To be a demoniac, to be a woman bleeding for twelve years, to be blind, a leper, a paralytic was not only to contend with a distressing physical condition but to be set apart from the community. It was to be oppressed in spirit and in psyche, as well as in body. It was to question the meaning of one's life and the existence of a loving God. Jesus' healing was directed to all of this as he re-established human connection through touch, actively freed sufferers from their oppressive conditions both physical and spiritual, and reaffirmed in them the faith that had drawn them to him in the first place.

For Catholic health care professionals, it may be that reflection and prayer are necessary in

order to understand exactly how one is called to imitate Jesus' healing ministry—whether it might be attending to a particular marginalized patient population, working to ensure that health care is available and accessible globally as well as locally, or researching the social and economic factors that influence health. At the very least, Jesus through his healing shows us the complexity of persons and the suffering that occurs on many levels when someone is afflicted by disease. He shows us the need to attend to the person who is suffering in a way that seeks to heal the physical, emotional, social and spiritual distress the patient may be experiencing.<sup>16</sup>

However, even as Jesus attended to individuals, his healing ministry was public, drawing people to him and transforming not only those who were healed, but also those who witnessed his healings. In some sense, the testimony provided by those healings was as important as the miracles themselves, witnessing as they did to the power of Jesus and the promise of the Kingdom of Heaven.<sup>17</sup>

Christian virtue ethics has communal and salvific aspects to it. In health care, *agapeistic* love and the example provided by Jesus have the potential not only to influence health care practice but to shape practitioners themselves. Catholic health care practitioners can, by receiving and cultivating virtue, become professionals who are exemplary in the depth of their compassion, in their fidelity to patient care, in their attentiveness to the wellbeing of the whole patient, and in the respect with which they treat all persons. Practitioners can become witnesses to something greater than themselves—to the salvific power of *agapeistic* love, which is nothing other than the salvific power of God—and become active participants in the building of the Kingdom of God. This ultimately is the task of all Christians in whatever state of life they happen to be, whatever their vocation.

On a more practical level, this means that patients, colleagues and the wider community are exposed to the grace operative in practitioners intent on cultivating a virtuous Christian life. There will be “something” about this nurse or this doctor that calms patients perhaps, or inspires colleagues. Without denigrating the “natural” virtues operative in health care, Catholic health care professionals have the opportunity to bring something more to their practices.

In health care decision making, Christian virtue ethics looks to the ends of health care in light of *agape* and to the example provided by Jesus in his healing ministry. Rules and principles can be a part of this, serving as guides for Catholic health care professionals in the pursuit of virtuous practices.<sup>18</sup> For instance, Jesus' command to love is unequivocal. Church teaching helps clarify this central tenet, identifying, for instance, acts that are incompatible with an *agapeistic* life – acts such as “any kind of homicide, genocide, abortion, euthanasia...”<sup>19</sup> That rules have a place in Christian virtue ethics is consistent with the teaching of Jesus in John 15:10: “If you keep my commandments, you will abide in my love, just as I have kept my Father's commandments and abide in his love.”<sup>20</sup>

Pellegrino suggests that principles of health care ethics can be operative in Christian virtue ethics. However, animated by *agape*, they become transformed so that: “Christian beneficence means doing good out of love for the person in need of help, even when it means sacrifice of self-interest. A Christian view of autonomy focuses on respect for persons and their dignity as creatures.”<sup>21</sup> Similarly, justice would incorporate the preferential option for the poor and marginalized.<sup>22</sup>

Ultimately, however, Christian virtue ethics invites Catholic health care professionals to

understand their practices as salvific activity for themselves, their patients, and their communities.<sup>23</sup> Sevensky imagines the religious practitioner putting it this way:

It is true that...secular ideas are noble and demanding, but I am asked for something more. I am called to holiness and perfection. And though I constantly fall short of this goal, the demand nonetheless remains—a demand which would cause only despair were it not for the loving forgiveness of God and the transforming power of his grace enabling me to strive towards its fulfillment.<sup>24</sup> ■

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About Part 1:

“Virtue Ethics and Health Care Ethics Part 1: The Good Doctor” examined the place of virtues and virtue ethics in health care ethics (Bridget Campion, *Bioethics Matters/Enjeux Bioethiques* 9 (Feb, 2011): 1-4.).

It may be accessed in the Publications section of CCBI’s website, [www.ccbi-utoronto.ca](http://www.ccbi-utoronto.ca).

<sup>1</sup> Edmund Pellegrino and David C. Thomasma, *The Christian Virtues in Medical Practice* (Washington, D.C.: Georgetown University Press, 1996), pp. 18, 19.

<sup>2</sup> Pellegrino and Thomasma, p. 20; David Bohr, *Catholic Moral Tradition*, revised ed. (Huntington Indiana: Our Sunday Visitor Publishing Division, 1999), p. 279. See also *The Splendor of Truth*: “Consequently the moral life has an essential ‘teleological’ character since it consists in the deliberate ordering of human acts to God, the supreme good and ultimate end (*telos*) of man.” John Paul II, *The Splendor of Truth: Encyclical Letter of His Holiness John Paul II Regarding Certain Fundamental Questions of the Church’s Moral Teaching*, Vatican translation (Sherbrooke, Q.C.: Editions Paulines, 1993), section 73, p. 112. Italics in original.

<sup>3</sup> Pellegrino and Thomasma, pp. 20-1.

<sup>4</sup> While all three virtues are essential to Christian virtue ethics, this paper will focus on love, or *agape*.

<sup>5</sup> Pellegrino and Thomasma, p. 72. See also: Gerard Gilleman, *The Primacy of Charity in Moral Theology*, trans. William F. Ryan and Andre Vachon (Westminster, Maryland: The Newman Press, 1959), pp. 35-45.

<sup>6</sup> Cochran, p. 87.

<sup>7</sup> For discussions of the meaning of *agape*, see, among others: Gilleman; Barbara Hilkert Andolsen, “Agape in Feminist Ethics,” *The Journal of Religious Ethics* 9(1981): 69-83; James P. Hanigan, *As I Have Loved You: The Challenge of Christian Ethics* (New York: Paulist Press, 1986), pp. 149-152. See also: Karl Feyerabend, *Langenscheidt’s Pocket Greek Dictionary: Greek-English* (Berlin: Langenscheidt, n.d.).

<sup>8</sup> Pellegrino and Thomasma, p. 29.

<sup>9</sup> Cochran, p. 83; Benedict M. Ashley and Kevin D. O’Rourke, *Health Care Ethics: A Theological Analysis*, 4<sup>th</sup> ed. (Washington: Georgetown University Press, 1997), p. 178; Joseph J. Kotva, “An Appeal for a Christian Virtue Ethic,” *Thought* 67(1992): 172.

<sup>10</sup> Kotva, p. 171.

<sup>11</sup> Gilleman, p. xxv.

<sup>12</sup> Kotva, p. 171.

<sup>13</sup> Pellegrino and Thomasma, p. 30.

<sup>14</sup> Robert L. Sevensky, “The Religious Physician,” *Journal of Religion and Health* 21 (1982): 259. <http://journals2.scholarsportal.info.proxy.queensu.ca/tmp/1535401169045688723.pdf> accessed March 2011.

<sup>15</sup> Edmund D. Pellegrino, “Christ, Physician and Patient, The Model for Christian Healing,” *Linacre Quarterly* 66 (1999): 71.

<sup>16</sup> That Catholic health care professionals are to attend to the spiritual as well as physical needs of patients, see: Ashley and O’Rourke, p. 181.

<sup>17</sup> Mark R. Saucy, “Miracles and Jesus’ Proclamation of the Kingdom of God” *Bibliotheca Sacra* 153(1996):302-3.

<http://web.ebscohost.com.proxy.queensu.ca/ehost/pdfviewer/pdfviewer?vid=3&hid=11&sid=75fdcf88-b772-4367-b561-2bff2257b6da%40sessionmgr15> accessed April 2011.

<sup>18</sup> Kotva, pp. 174-5.

<sup>19</sup> *Splendor of Truth*, section 80, p. 123.

<sup>20</sup> *The Holy Bible. Revised Standard Version* (New York: Collins, 1973).

<sup>21</sup> Pellegrino, p. 75.

<sup>22</sup> Ibid.

<sup>23</sup> Pellegrino and Thomasma, p. 74.

<sup>24</sup> Sevensky, p. 262.