The Development of Normative Methods in Healthcare Ethics: Tracing the Historical Roots

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INTRODUCTION

“Bioethics,” writes Albert Jonsen, “did not begin with a big bang. Even though medical ethics, bioethics’ predecessor, was shaken by notable and notorious events, it was a slow accumulation of concerns about the ambiguity of scientific progress that turned the old medical ethics into the new paths of bioethics.”¹ The 1960s were a time of great transition for medicine. Medical professionals began to realize, dilatorily at best, that the ethics of old were ill equipped to meet the stark demands of the contemporary age. Morality in medicine would thus need to be examined more scrupulously.² What was thought to be acceptable practice in times past could no longer be trusted; with increased possibilities came greater responsibilities and, as an ineluctable consequence, heavier consciences.

“Ethics refers not only to the rules, customs, and beliefs of a society; it also names the scholarly effort to articulate and analyze those rules, customs, and beliefs.”² And so was the task of the newest “strangers at the bedside,” the bioethicists. In the 1960s, these newfound professionals found themselves belonging primarily to one of two camps. The first group were theologians, whose primary task, as it had been in theology, was to assign language, meaning, and mission to events in light of the rich traditions of faith. The other group were philosophers, who arrived on the scene slightly thereafter, fresh out of their respective academies, whose primary task, as it had been in philosophy, was to critique and expand the moral language, engage in fruitful, intellectual debate, and inject and apply practical theoretical strategies to address and attempt to remedy concrete social problems.

The two camps shared a common goal: to explore, expand, and explicate medicine’s normative behavior. “Normative ethics is the branch of philosophical or theological inquiry that sets out to give answers to the following questions: What ought to be done? What ought not to be done? What kinds of persons ought we strive to become? Normative ethics sets out to answer these questions in a systematic, critical fashion, and to justify the answers that are offered.”³ By tracing their respective normative approaches to answering these questions, we can begin to see not only the distinctness of theological and philosophical methods in medical morality, but also where they meet. In so doing, we can gain insight into understand two key strokes in the historical development of normative ethics in biomedicine.

In this brief essay, I aim to accomplish three things. First, I will attempt to identify the aspects of primary normative significance in the traditional wisdom imbued

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by theological ethics in the birth of modern day bioethics. Second, I will attempt to address the bilateral yet unique normative contribution of philosophical ethics to this dizzying and conceptually underdeveloped new field in the 1960s. Finally, I will attempt to address the interdisciplinary collaboration of these two disciplines, exploring the collective normative insight that is the product of two distinct but ultimately complimentary academic fields.

THEOLOGICAL NORMS: TRADITIONAL WISDOM

Theologians “speak of ‘the nature and destiny of man.’ Theology is literally the study of God, but within the Western religious traditions, theologians study God by pondering the history of God’s dealings with humans and seeking ‘precise specifications of the meaning of the human’ in light of human history.” It is no wonder, then, why these scholars were deeply interested—indeed, invested—in the newfound developments in biology and medicine, eager to relate these advances to the human person’s relationship with his creator. “These theologians delved into their religious traditions, rediscovering within them directions for bioethics.”

As Lisa Sowle Cahill notes, “the ethical methods of theology are neither separate and insulated from one another nor detached from the realities and dilemmas of particular historical contexts.” As influential players in the emerging field of bioethics, theologians “recognized that the ethics of medicine could no longer be contained within an individualist patient-physician model. They were aware that moral responsibility in medicine might require creativity and an orientation to future possibilities, at least as much as respect for norms and prohibitions of the past.”

In the early 1960s, indispensable insights came primarily from two traditions. Roman Catholicism, with representative theologians such as Richard McCormick, Charles Curran, and Germain Grisez, searched for ways to link tradition, magisterial teaching, and the natural moral law to medical advancement. Protestantism, with representative theologians such as Joseph Fletcher, Paul Ramsey, and James Gustafson, developed themes such as agapic love and the notions of covenant, creation, and image of God to ground their understanding of the changing practical context of biomedical developments. Together these traditions would contribute richly to the norms of medical morality. Their individual attributes are here worthy of review.

The Contribution of Roman Catholicism

The appearance of moral theology as a distinct discipline within Roman Catholic theology in the fifteenth century had Catholic theologians by the 1960s the beneficiaries

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of a long history of medico-moral preparation, trained to respond to issues in the medical care of the faithful. Albert Jonsen writes:

Intended as guidance for priests in hearing confession and for the faithful in experiencing the duties of their station in life, its volumes were divided into chapters on each of the Ten Commandments and under the Fifth Commandment, “Thou shalt not kill,” were listed the duties of doctors and obligations of the sick. Moral problems arising in the work of healing were closely analyzed in a casuistry that examined the aim and intent of the agents, the nature of the actions, and the circumstances to render a judgment on the moral probity of a course of action.

In the nineteenth century, a discipline of moral theology known as “pastoral medicine” appeared on the scene. It aimed to assist the faithful, both patients and medical professionals alike, in making medical decisions that were consistent with the moral norms embedded in their faith tradition. The twentieth century also ushered in further developments in the theologian’s role in medicine with the emergence of distinctively Catholic hospitals in North America and the devotion of special treatises on ethics in medicine. These volumes, notes Jonsen, “followed a general pattern: they gave an exposition of fundamental moral principles derived from natural law and divine revelation, followed by a casuistic analysis of specific topics. . . . A recent study of these authors has described their method as ‘physicalism’ and ‘ecclesiastical positivism.’”

As the new era of bioethics opened, Catholic theologians were inevitably forced to reflect on moral issues that presented acute challenges to their tradition. Richard McCormick, a Jesuit moral theologian who presided over the birth of bioethics with his Protestant colleagues Joseph Fletcher and Paul Ramsey, began to make inroads into the interpretation of magisterial teaching on highly sensitive issues, including abortion. Riding the coattails of the newfound spirit that was the product of the Second Vatican Council, McCormick believed that there was hope for “a new willingness to reexamine some traditional formulations that were authoritatively proposed to the Catholic community.”

Familiar moral answers now had to be critiqued, nuanced, and reapplied in changing times.

The Contribution of Protestantism

“The tenor of Protestant theology, unlike Catholic moral theology, dwelt on the significance of large Biblical themes for the moral life. Justification and Covenant, Law and Grace, Providence and Freedom were notions with scriptural roots that inspired reflection on the attitudes and actions appropriate to Christians.”

impractical reflectors, Protestant theologians endeavored to write explicit instructions on how Christian human persons ought to conduct themselves, extending from abstinence to the enjoyment of dancing and alcohol. Criticized for their steadfast reliance on scriptural wisdom, Protestant theologians were often disregarded, particularly in the eighteenth century with the emergence of the Social Gospel movement, for their naïve credulity.

In the final text of his theological ethics, *The Responsible Self*, H. Richard Niebuhr, a giant of a theologian who spent the majority of his career as professor of Christian ethics at Yale Divinity School, proposed a basic thesis on the ethical life that implicitly included much of the Protestant stance toward the new bioethics of the 1960s. He writes: “the idea . . . of responsibility may summarily and abstractly be defined as the idea of the agent’s action as response to an action upon him in accordance with his interpretation of the latter action and with his expectation of response to his response; and all of this is a continuing community of agents.” As Jonsen reflects,

The Christian “interpretation of the latter action” should reflect fundamental Christian beliefs about God as Creator, Governor, and Redeemer, and responses that are crafted should be creative, ordering, and redemptive. In this view, the moral life is not a static one of obedience to principle [as could perhaps be argued in Catholicism] but a continuing dialogue within a community. Responses that curtail or stifle response are irresponsible; responses that open the opportunity to respond are responsible and ethical. The simplicity and fluidity of the concept of responsibility as the center of the moral life provides an approach to an ethics that both liberates the ethicist from the patterns of principled analysis and bestows a sense of direction and order. . . . James Gustafson, his successor in the Chair of Christian Ethics, conveyed Niebuhr’s spirit and method to his students, who acknowledge the Niebuhrian influence on . . . bioethics.

Since the demands of medical morality had to respond to particular acts, in particular ways, with particular persons, the responsibility model proposed by Niebuhr would pave the way for ethicists such as Joseph Fletcher to contend that genuine love was mandated to respond to concrete moral situations that ultimately demanded a hierarchy of acts over rules or principles. The development of this Protestant “situationism,” juxtaposed with the cherished history of the Roman Catholic doctrine of double effect, brought into dialogue two groups who rarely conversed with one another, all in the name of bioethics. As Jonsen comments astutely,

both traditions brought an indelible conviction that all humans are uniquely valued by their Creator and Redeemer, that each person is responsible for his or her life and choices, and that human choices can be designated as right or wrong,

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according to certain norms. Both traditions called for serious engagement in political, social, and economic life, bringing Christian inspiration into daily life. . . . The traditions differed in their view of the authority of the church over individuals, in the detail with which moral problems were analyzed, and in their resolution of many moral issues. Yet both traditions brought to bioethics a wisdom about the moral life and a dexterity in discourse about moral behavior.  

**PHILOSOPHICAL NORMS: CONCEPTUAL CLARIFICATION**

Theological norms are, as we have seen, grounded in particular communities of faith, shared by members who together hold beliefs in common and explore them in light of divine revelation and in individual and shared experiences of God. Philosophical norms are, at least in origin, different. Rather than grounded in the particular, concrete circumstances of daily life as made manifest in relationship to others and a benevolent creator, the work of philosophical norms are found in the abstract concepts, theories, and principles on which are founded the great ideas that lead to reasoned, critical societies, equipped to reflect deeply on those things in life that are most pressing. In the 1960s, philosophy found itself charged with the task of bringing nuanced language, strategies, and concepts to the bioethical scene. The philosophers who responded “had been trained in the philosophical idiom of the 1950s. That idiom was not congenial to the kind of analysis that the new questions seemed to require—an analysis that could facilitate practical decisions and contribute to policy.”

John Smith identifies three preeminent beliefs that, to his mind, encapsulate the spirit of American philosophy: “First, thinking is primarily an activity in response to a concrete situation and this activity is aimed at solving problems. Second, ideas and theories must make a difference in the conduct of people who hold them. Third, the earth can be civilized and obstacles to progress overcome by the application of knowledge.”  

Applied to the bioethical task, the distinctive normative contribution of philosophy is evidenced in what David DeGrazia and Tom Beauchamp identify as philosophy’s most prominent benefaction: the providence of critical ethical theory and methodology.

Philosophy, however, “want[s] to do more than understand the concepts, practices, and norms found in medical traditions. Although historical understanding is a worthy goal, it is no substitute for careful moral analysis. The ultimate philosophical goal is to defend or criticize the concepts, practices, and norms under investigation—an exercise in normative ethics.” The task of the philosopher in the new medicine of the 1960s is summed up well in the words of R. M. Hare:

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Philosophy is a training in the study of . . . tricky words and their logical properties in order to establish canons of valid argument or reasoning, and so enable people who have mastered it to avoid errors in reasoning (confusions or fallacies), and so answer their moral questions with their eyes open . . . the philosophical problems having been removed, we can get on with discussing the practical difficulties, which are likely to remain serious.26

The issues raised by the new medicine demanded something still more practical than it was receiving from either theology or philosophy. Theology had provided the traditional context and worldview by which to view the human person; philosophy, the methods by which to apply critical principles so as to achieve reasonable language by which to uncover normative consensus. The first philosophers of eminence to arrive on the bioethical scene, Hans Jonas and Samuel Gorovitz, would begin to provide this requisite practicality.27 Jonas’s groundbreaking philosophical essays on bioethical issues and Gorovitz’s determination to educate philosophers about the demands of medicine and challenge them to use their philosophical insight to conjure up solutions would prove pivotal to the philosophical contribution in the normative maturation of the new medicine.28

Amongst other things, “Gorovitz noticed that philosophical analysis of the problems of the new medicine needed a more focused approach than the rough propinquity between problems and principles that philosophers could provide. Philosophers needed to learn the exact dimensions of the new problems and also to devise new ways to think about them.”29 K. Danner Clouser, the first philosopher to contemporaneously hold a faculty position in an American medical school, confronted similar issues. He reflects:

Philosophy asks probing questions and understands how to discover and work with assumptions, implications, and foundations. Conceptual analysis, which is central to the doing of philosophy, has been central also to the doing of medical ethics. On the other hand, I doubt that philosophy has brought much of substance, that is, what things to value, what goals are most meaningful, what philosophies of life are most fulfilling.30

Daniel Callahan, co-founder, senior research scholar, and president emeritus of the Hastings Center in Garrison, New York, is the philosopher who has devoted himself to “bringing to bioethics the philosophical questions of substance that Clouser found lacking. ‘What things to value, what goals are most meaningful, what philosophies of life are most fulfilling’ have been the questions that Callahan has asked and worked to answer over the years.”31 Gradually, it was the kind of questions raised by Callahan and

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colleagues that drew more and more philosophers into the bioethical arena. It was no longer enough to trust religious tradition, nor was it enough to conceptualize, and then endeavor to concretely apply, abstract philosophical theories and principles. It was time for the riches of theological norms to enter into dialogue with the riches of their philosophical counterparts. Now that traditional wisdom and theoretical concepts shared a common table, they would need to break bread.

**BIOETHICAL NORMS: INTERDISCIPLINARY COLLABORATION**

The philosophers who immigrated to bioethics would bring with them two revered intellectuals virtues: clarity in argument and a steadfast effort to uncover the foundations of knowledge and experience.\(^\text{32}\) “This talent,” writes Jonsen, “was a valuable addition to the emerging bioethics, for it started to give articulate shape to the thoughtful but random other contribution: as they plunged into practical problems, they shed the metaethical speculation that was so unsuited to the resolution of moral quandaries.”\(^\text{33}\) Bioethics was transformed into an activity that rigorously analyzed facts, explored diverse routes of resolution, invoked insights of divergent opinions, and ensured that lofty and often ambiguous principles would provide practical solutions.\(^\text{34}\)

The philosophers would come to join the theologians in their shared bioethical endeavor. The merger of two sets of distinctive yet ultimately complimentary norms would change the morality of medicine for the better. Jonsen comments:

The two disciplines had lived apart for many years, and each had developed different methods and vocabulary. Above all, they differed profoundly in their purposes: theologians studied ethics in order to educate their congregations in the moral life; philosophers pondered ethics in order to unravel conceptual puzzles and probe theoretical foundations. They did not easily learn to converse. Dan Callahan recalls, “One of my toughest problems during the Hastings Center’s first twenty years was persuading the philosophers to sit down with the theologians and to take them seriously. The secular philosophers could not give a damn for what the theologians were saying and were even scornful.”\(^\text{35}\)

Some philosophers would acridly disregard the contribution of theologians in general, stating that they had no right to a place at the table of philosophical discourse; others went even to the extent of criticizing bioethics itself, accusing it of being a cheap imitation of what properly belonged to formal philosophical inquiry.\(^\text{36}\)

Acquiescently or not, a dialogue ensued, “and in the settings of The Hastings Center and The Kennedy Institute, the government Commissions and the medical school programs, the theologians and the philosophers began to find a common language and

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slowly merged into bioethicists.” The theologians McCormick, Fletcher, and Ramsey, and the philosophers Jonas, Gorovitz, Clouser, and Callahan brought the distinct traditions of theological and philosophical ethics together, meshing norms that would together produce “an amalgam of ideas, methods, and educational structures that became bioethics.” From this point forward, the field would be de facto interdisciplinary, reaching into the disciplines of biology, medicine, sociology, law, and numerous others.

To be sure, bioethics does not belong to a singular academic discipline, much less to those who quibble about which should reign supreme. The bioethicists of the 1960s called for a wide public discussion about the ethical goals of medicine and science, and that discussion has taken place. . . . The theologians came out of their churches and into the conferences, bringing a tradition of reflection on the moral life and a rich vocabulary. Academic philosophers, segregated from public philosophy by the arcane terminology of analytic philosophy, arrived at the conversation, eager to instill logic into arguments. Philosophers and theologians quickly realized that they needed not only to familiarize themselves with the world of science and medicine but also how to phrase arguments that the other conversants could understand and answer.

Their conversation has proved productive, moving bioethics from the speculative to the practical realm. Providing concrete solutions and spurring the desire to reach reasonable, effectual answers, the product of theological and philosophical moral norms set the groundwork for all future bioethical discourse.

CONCLUSION

In this essay, I have endeavored to accomplish three things. In the first section, I highlighted the traditional wisdom imbued by theological moral norms in the birth of bioethics in the 1960s, focusing specifically on two primary traditional contributors, namely, Roman Catholicism and Protestantism, noting that each respective contribution was necessary to the robustness required by a thorough dialogue in theological ethics that, at its core, is concerned principally with right relationship with God and neighbor. In the second section, I touched upon the unique contribution of philosophical moral norms to the development of modern day bioethics, bringing to light the necessity of critical theory and practical methodology to any successful ethics, noting that the primary goal of philosophical ethics in biomedicine is to defend or criticize the norms under investigation in light of reason as grounded in rigorous conceptual analysis. In the final section, I addressed the relationship, often heated, between theological and philosophical norms in the evolution of bioethics, noting the indispensable contribution of their collaboration that led, ultimately, to an invaluable dialogue that was the product of a rich tradition and long history of reflection on life, death, suffering, and moral conduct, on the one hand, and of

clear, analytic, logical argumentation embedded in critical theory and practical methodology, on the other.

REFERENCES


