

Bernard Lonergan's Structure of the Human Good in dialogue with Bioethics.

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Abstract

This thesis examines how Bernard Lonergan's structure of the human good might serve as a tool to bridge the tension between principle-based and communitarian approaches to bioethical enquiry.

The first chapter discusses one of the current mainstream tools used in clinical and medical research bioethical evaluation which is principlism. Though there are many principles and a variety of interpretations, I will focus on the four major principles as laid out by Beauchamp and Childress which are autonomy, non maleficence, justice and beneficence. In particular, this chapter investigates in some detail the principle of autonomy and its relationship with the notions of respect for persons, liberal individualism and the human rights ideology. Chapter two explores an alternative approach to bioethics based on communitarian philosophy and will draw on the works of Daniel Callahan, in particular his arguments on the common good. From the first two chapters it appears that there may be a tension between the concepts of individual good and common good that, up till now, some argue bioethicists have not been able to bridge. The final chapter explores how Bernard Lonergan's structure of the human good might bridge these two areas of tension by reframing the meaning and significance of rights, liberty, individual good and common good. In this way Lonergan's method might help us grasp and respond to bioethical issues in an altogether new way.

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Introduction

Bioethics continues to be very important today, as we face great challenges as to what defines us as human beings and what type of civilization we envision. For example, with advances in genetics and in vitro fertilization we now have the capability for made-to-order children by selecting gender, eye colour, intellect and health. However, by the same token, we also have the ability to deny the existence of individuals that do not fit the collective ideal. The letter of the law says that it is within parents' right to select the attributes of their offspring, but just because this is legal, is it indeed the right thing to do? On the surface, this may seem straight forward, but with deeper reflection the choices available may not be so clear-cut. For example, are we doing right by our children to pre-select their attributes? Are we doing right by our society to deny the existence of individuals who would have certain physical challenges? Bioethics offers a platform to voice our questions, concerns, experiences and insights from different perspectives, providing a more comprehensive picture of the issues than medicine or law alone.

Bioethics is best understood as a movement, rather than an academic discipline which began to take shape in the 1960's and 70's in response to revelations of unethical treatment of people participating in medical research.¹ This movement was further propelled by the growing popularity of the human rights movement which continues to fundamentally steer bioethical deliberation to this day.

¹ According to Albert Jonsen, David Rothman coined Bioethics as a movement in his book titled, *Strangers at the Bedside: A History of How Law and Bioethics Transformed Medical Decision Making* (New York: Basic, 1991). Albert R Jonsen, ed., "The Birth of Bioethics," *Special Supplement, Hastings Center Report* 23, no. 6 (1993), p.2

Thus the concepts of patient autonomy, informed consent and justice would become the building blocks of main-stream principles in Bioethics. Tom Beauchamp, who was a contributor to the Belmont Report along with James Childress would go on to expand the principles in their seminal work the *Principles of Biomedical Ethics*² which continues to be the source guide for bioethics today.

Although disciplines within humanities have been engaged in bioethical enquiry, their focus on metaethical aspects such as the concepts of teleology, ontology, utilitarianism and that of distributive justice,³ despite being central to bioethics, has been viewed as too cumbersome for real-life situations. For example, Bernard Gert states that:

Not seeing how the abstractions and high level generalizations of moral theory could ever take into account the particulars of moral experience, many have concluded that moral theory is irrelevant to practical moral decisions.⁴

Those who are faced with making practical, and often difficult ethical decisions, needed tools for interpreting everything from individual concepts of values, to commission guide lines, to conducting medical research and data gathering. Therefore the “principles” as laid out by Beauchamp and Childress were seen as offering a clear-cut way of deliberating and ultimately making decisions when ethical conflicts arose. Childress himself states that “principle-based method must hold that general moral action guides are central to moral reasoning in bioethics...appeals to ‘principles’ most often occur when there is uncertainty or conflict about the appropriate course of action.”⁵

² Tom Beauchamp & James Childress. *Principles of Biomedical Ethics*. . 6th ed. New York: Oxford University Press (2009)

³ Ghislaine Cleret de Langavant, *Bioéthique : Méthode et complexité.c.* (2001). p 26

⁴ Bernard Gert et Al. *Bioethics: A systematic Approach*. (2006). p.4

⁵ James Childress. “Methods in Bioethics.” *Oxford Handbook of Bioethics*. (2007). p.17

Although Beauchamp and Childress argued that all four principles are equally important, the principle of autonomy has gradually begun to exercise a greater influence in decision making over the other principles. In fact, this principle now excises the most influence in North American bioethical debates.⁶ For example, the principle of autonomy “was the central principle in the 1996 decriminalization of physician-assisted suicide in the US ninth Federal District Court.”⁷

The rise in importance of the principle of autonomy began in the 1980’s with the President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research and has also taken up centre-stage in Canada in the work of the Canadian Law Reform Commission, the Walker Commission in Australia, and in the U.K. in the work of Raanan Gillion.⁸ Although the principle of autonomy was originally grounded in the principle of respect for persons as laid out in the Belmont Report, autonomy would appear to become disconnected from the fundamental principle of respect for persons. One of the main concepts now underpinning autonomy is the ideology of self-determination. Bruce Jennings argues that “as an ethic, autonomy means living according to your own values and principles, as these are refined in the light of informed, rational deliberation and settled conviction.”⁹ The general appeal of the concepts of human rights combined with those of self-determination has reinforced the belief that autonomy was synonymous with freedom of rights which is at the core of

⁶ Among those who advocate the supremacy of the principle of autonomy, see: R Gillon “Ethics needs principles—four can encompass the rest—and respect for autonomy should be “first among equals.” *J Med Ethics* 2003;29:307-312; Daniel Callahan. “Principlism and Communitarianism”. *J Med Ethics* 2003;29: 287–91; A.V.Campbell. “The Virtues (and Vices) of the Four Principles.” *J Med Ethics* 2003;29:292–6; and Rendtorff, J D.N. Weisstub and G.D. Pintos (eds.), *Autonomy and Human Rights in Health Care* 36 Vol. Dordrecht: Springer, 2008

⁷ Bruce Jennings. “Autonomy.” *Oxford Handbook of Bioethics*. 2007. p.76

⁸ Bruce Jennings. “Autonomy.” p.73

⁹ Bruce Jennings. “Autonomy.” p.80

American liberalism. In other words, the autonomous individual acts in accordance with a self-chosen plan.¹⁰ This understanding of the principle of autonomy trumps all other ethical principles and is the centre point of social policies and legal frameworks.

However, increasingly over the past decade, many stakeholders have been questioning the efficacy of relying solely on the principles to evaluate issues, especially given the extent to which new technologies challenge our notions of health, happiness and human nature itself. For example, Daniel Callahan argues “that given the complexity and unknown nature of new technological developments, “principlism” is no longer sufficient by itself to adequately frame bioethical enquiry.”¹¹

Many of the critics of principlism are calling for a more “communitarian” perspective to bioethics.¹² What underpins their argument is the concept of the common good. It is not surprising then to see that their efforts are aimed largely at the principle of autonomy; in particular its overarching weight in settling conflicts. The main argument is that autonomy lacks the scope to take into consideration the impact of an individual’s choice on the greater society. For example, under the law a state may allow physician assisted suicide for those deemed to be terminally ill, but that same legal framework could in turn be used to euthanize the weak and vulnerable in our society.

Callahan continues to call for bioethical enquiry that would include a concern for the greater good, the good of society. In his article “Individual and Common Good: a

Bruce Jennings. “Autonomy.” p.77

¹¹ Daniel Callahan. “Individual Good and Common Good: A Communitarian Approach to Bioethics.” *Perspectives in Biology and Medicine* 46.4 (2003) p.497

¹² For example among those who advocate communitarianism, see Callahan, D. “Individual Good and Common Good: A Communitarian Approach to Bioethics.” *Perspectives in Biology and Medicine* 46.4 (2003); Etzioni, A. “The Common Good and Rights.” *Law and Ethics*. Winter/Spring 2009; and ¹² Argandona, A. “The Common Good.” *University of Navarra. Working Paper* WP-937. July 2011.

Communitarian Approach to Bioethics,”¹³ he lays out a line of questioning that would include the perspective of the common good in bioethical enquiry. Callahan states that bioethical enquiry must contain the standpoints of both principlism and communitarianism if bioethics is to continue to provide meaningful insights into how scientific advancements impact our society and the future we envision. However, the article stops short of addressing how to bridge the tension between the principle of autonomy and the language of human rights and the common good.

This is the debate that this thesis is entering. Given the tension between the principle-based and communitarian approaches to bioethics, I will explore how Bernard Lonergan’s structure of the human good might bridge the impasse between them. Lonergan’s structure of the human good is an analytical tool which helps evaluate cultural issues in a concrete setting and it is “based on our human nature, needs and abilities, capacity for development and freedom.”¹⁴ More specifically, Lonergan defines the components of the human good as being the set of our “feelings, skills values, beliefs, cooperation... [which]... is both individual and social.”¹⁵

What is of particular interest for the purposes of this thesis, is precisely the analysis of the interactions between the individual and society as this speaks directly to the issues surrounding the disparity between the concepts of autonomy and the human good. The arguments presented will be structured in large-part with Lonergan’s eighteen-term structure of the human good. The objective of this exploration is not to produce a

¹³ Daniel Callahan. “Individual Good and Common Good: A Communitarian Approach to Bioethics.” *Perspectives in Biology and Medicine* 46.4 (2003) p.497

¹⁴ Shawn Copeland. “A genetic study of the idea of the human good in the thought of Bernard Lonergan.” *ProQuest Dissertations and Theses*; 1991; ProQuest Dissertations & Theses (PQDT) p.225

¹⁵ Bernard Lonergan. *Method in Theology*. 1972. p. 27

“methodology” for doing bioethics, but rather to propose a hermeneutical approach. Such an approach would seek to understand different viewpoints by taking into consideration cultural and social aspects that form these viewpoints.¹⁶ Being open to the “other” in this way may provide an invitation to dialogue for moving bioethical enquiry in a direction that will lead us to better individual lives and the flourishing of our society.

This thesis is divided in three chapters. The first chapter describes one of the current mainstream tools used in medical and scientific bioethics debate, which is principlism. This chapter traces the evolution of principlism and how it came to be one of the underpinning forces behind bioethical inquiries. Though some may argue that there are many principles and a variety of interpretations, I focus on the four major principles as laid out by Beauchamp and Childress which are autonomy, non maleficence, justice and beneficence. This chapter closes with an exploration of one of the principles in particular, that of autonomy. In particular, I highlight the North American context where the principle of autonomy appears to have become the principle which trumps all others when conflicts arise between the principles.

Chapter two explores an alternative approach to bioethics, that of communitarianism. This discussion will focus on the application of the communitarian philosophy in bioethics and will focus on works done by Daniel Callahan, in particular his arguments on the common good.

The final chapter has a two-fold objective: first, it will discuss how the communitarian approach might provide a corrective to the pitfalls found in principlism, and to the issues surrounding the stronghold of autonomy in making bioethical choices. Secondly, it

¹⁶Guy Widdershoven. “Dialogue in Evaluation: A Hermeneutic Perspective.” *Evaluation* Vol. 7(2): p.253

explores how Bernard Lonergan's structure of the human good might provide the tools to help us bridge the concepts of communitarianism and principlism. From the perspective of bioethics, where life and death are often at the centre of debates, Lonergan offers an explicitly Christian paradigm whereby death and suffering need not be the final word. Such a message of hope has never been more needed than in the context of euthanasia and physician-assisted suicide debates. Thus, the chapter concludes with a case study of the euthanasia debate in Quebec to concretely demonstrate how we can engage the structure of human good to address the overriding consideration given to the principle of autonomy and human rights and the need to consider the common good. It is my hope that this case study might serve as an example that it is possible to find a common basis for dialogue, not only between principlism and communitarianism, but between all members of our Western society regardless of cultural, religious or ethical pluralism.

Chapter 1: The Principlism Approach

This chapter will trace the evolution of principlism and how it came to be the underpinning force behind North American bioethics. Though there are many principles and a variety of interpretations, I will focus on the four major principles as laid out by Beauchamp and Childress which are autonomy, beneficence, non maleficence and justice.

I will begin by discussing the strength of how these principles are applied in bioethics as well as their limitations. This will lead into an exploration of how the principle of respect for autonomy has become the principle which some argue trumps all others when conflicts arise in the course of bioethical enquiry.

1.1 A Brief History of Bioethics

The exact beginnings of bioethics are difficult to pinpoint. According to Doucet the evolution of bioethics occurred in two significant phases¹⁷: the first, from the 1960's to the mid-1970's addressed foundational issues, and from the 1980's until today, the focus has been on applied bioethics. David Rothman argues that the introduction of Bioethics was part of a "movement,"¹⁸ which sprang from intersecting concerns about the impact of new medical technology from the fields of medicine, science, philosophy and politics. However, there were two events in particular that served as an impetus to concretize this new movement into what would become known as bioethics. David Callahan writes that many argue that the first event was an article that appeared in *Life Magazine* entitled

¹⁷ Hubert Doucet., et al. *Ethical Deliberation in Multi-Professional Health Care Teams*. 2001. p.24

¹⁸ According to Albert Jonsen, David Rothman coined Bioethics as a movement in his book titled, *Strangers at the Bedside: A History of How Law and Bioethics Transformed Medical Decision Making* (New York: Basic, 1991). Albert R Jonsen, ed., "The Birth of Bioethics," *Special Supplement, Hastings Center Report* 23, no. 6 (1993), p.2

“They Decide Who Lives, Who Dies”.¹⁹ This article outlined the fact that a committee of lay people were making life and death decisions by “choosing” which patients would receive the then-new dialysis treatment, given that there was limited space at the treatment centre and it was very expensive. This was the first time in medical history that a committee of this kind was set up to make what some considered was essentially a medical decision by non-medical experts. The King County Medical Society opted to create this committee on the one hand to relieve physicians from having to carry the weight on their own of choosing who would live or die but also because of a perceived need to establish a fair and adequate method for selecting candidates.²⁰ This committee was made up of seven people, including a housewife, a minister, a labour leader and one surgeon (who sat on this committee as a citizen, not a surgeon). They were not given any guiding rules on how to go about choosing candidates. In fact, one of the consulting physicians told Alexander that “...we told them frankly that there were no guidelines, they were on their own.”²¹ Fully aware of their responsibilities and wanting to choose in fairness, the group originally thought of selecting patients by lottery but eventually established evaluation criteria which focused on an individual’s perceived value to the community, such as their wealth, their professional contribution, volunteer activities or how many dependants they had. Despite having come to a consensus, some of the Committee members had apprehensions about these life and death decision they had been called upon to make. For example the Minister said that “...I was very bothered. I felt I was forced to make decisions I had no right to make, and I felt that, out of necessity, our

¹⁹ Daniel Callahan. “In Search of the Good: A Life in Bioethics.” P.xii 2012

²⁰ Albert Jonsen, ed., "The Birth of Bioethics," *Special Supplement, Hastings Center Report* 23, no. 6 (1993).

²¹Shana. Alexander, . “They Decide Who Lives, Who Dies.” *Life Magazine*. Nov. 9 Vol.53 (1962) p.106

selections would have to be made on the basis of incomplete information.”²² This committee continued to serve the dialysis treatment facility, anonymously, in this fashion for a number of years. “America in the 1960s had become acutely aware of discrimination as a social problem... The authorities of the past, namely physicians, seemed inadequate.”²³

The article also marked one of the first times in modern history that ordinary citizens began to question the medical field. It is interesting to note the foresight of one of the committee members who was quoted as saying “the central problem here is that medicine has moved forward so rapidly it has advanced beyond the community’s support...[and about the committee]...we ought not to go on this way.”²⁴ Reflecting back on these changes Albert Jonsen states that “It was not the maliciousness and callousness of scientists but the very nature of modern biomedical science that created the problem.”²⁵

A few years after the publication in *Life* magazine, another article appeared in the *New England Journal of Medicine* calling for the need to establish ethical standards in the pursuits of scientific research involving human beings. Henry Beecher’s article entitled “Ethics and Clinical Research”²⁶ was revolutionary at the time as it directly criticized medicine for carrying out scientific experiments on humans in an unethical way. In this article, Beecher documents medical experimentation spanning a decade where patient’s health and lives were put at risk in the name of progress. His arguments focused on two issues in particular which would become cornerstones in the development of modern-day

²² Shana Alexander.. “They Decide Who Lives, Who Dies.” *Life Magazine*. Nov. 9 Vol.53 (1962) p.115

²³ Albert Jonsen, ed., "The Birth of Bioethics," *Special Supplement, Hastings Center Report* 23, no. 6 (1993).S1

²⁴ Shana Alexander. “They Decide Who Lives, Who Dies.” p.118

²⁵ Albert Jonsen, ed., "The Birth of Bioethics,".S1

²⁶ Henry Beecher. “Ethics and Clinical Research.” *The New England Journal of Medicine*. June 1966; p.274

applied bioethics: the need for informed consent (that is, the need to fully disclose the nature of the experiment, including potential negative side effects to participants or their guardians) and for an “intelligent, informed, conscientious, compassionate, responsible researcher²⁷.” Beecher stressed that not all actions are permissible in the quest for scientific progress and that such unethical research would “do great harm to medicine unless soon corrected.”²⁸

Though these two articles stood out as signal posts ushering a new era in the way of thinking about healthcare sciences, there were several other intersecting advancements that would propel the discipline of bioethics into being. Daniel Callahan argues that:

Also during the 1960’s, the contraceptive pill was invented, the first heart transplants were performed, intensive care units came into widespread use, complaints about the care of the dying grew as medical technology greatly expanded its capacity to keep very sick people alive, and utopian dreams of genetic engineering were floating about.²⁹

These events impacted traditional medical ethics on two fronts: While clinical ethics struggled with defining the role of medicine in the advent of these new technologies, research ethics became concerned with protecting and respecting the weak and vulnerable in society.³⁰ Thus, Rothman states that:

By the mid-70’s both the style and the substance of medical decision making had changed. The authority that an individual physician had once exercised covertly was now subject to debate and review by colleagues and laypeople.³¹

²⁷ Henry Beecher. “Ethics and Clinical Research.” p. 1360

²⁸ Henry Beecher. “Ethics and Clinical Research.” (1966) p.1360

²⁹ Daniel Callahan. “In Search of the Good: A Life in Bioethics.” P..xii 2012

³⁰ Albert Jonsen, ed., “The Birth of Bioethics,” *Special Supplement, Hastings Center Report* 23, no. 6 (1993).S1

³¹ David Rothman. *Strangers at the Bedside: A History of How Law and Bioethics Transformed Medical Decision Making* (New York: Basic, 1991). p.2

As a result, Herbert Doucet states that “bioethics took up a lot of room in the political, legal, administrative and public arena, as well as in the university, not to mention the print and electronic media.”³² The key players in this early phase of the bioethics movement to ponder these issues came from the disciplines of theology, medicine and science.³³ According to Doucet, one of their primary objectives was “finding ways for the whole community to be responsible for the process of facilitating the emergence of a modern medicine which would be humane.”³⁴ However, Doucet further argues that at that time social implications of scientific advancement were generally a low priority among academics, with the exception of theologians.³⁵

1.1.1 Theology’s Influence on the Development of Bioethics

Theologians’ ability to influence the bioethics movement was largely due to the fact that “religious communities had cultivated long-standing tradition of reflecting on life, death, and suffering and had given more guidance on the specifics on moral conduct than had moral philosophy at that time.”³⁶ Theologians such as Richard McCormick, Paul Ramsey and James Gustafson, were among the first to formally bring religious ethics to bioethics. Reflecting on the issues impacting clinical and research ethics, they began to call for a re-examination or course-correction of the way medico-scientific research on humans was being carried out and also cautioned about the shifting objectives of medicine in general

³² Hubert. Doucet. “How Theology Could Contribute to the Redemption of Bioethics from an Individualistic Approach to an Anthropological Sensitivity.” Catholic Theological Society of America Proceedings. p.55

³³ Hubert Doucet. “How Theology Could Contribute to the Redemption of Bioethics from an Individualistic Approach to an Anthropological Sensitivity.” p.55

³⁴ Hebert Doucet. “How Theology Could Contribute to the Redemption of Bioethics from an Individualistic Approach to an Anthropological Sensitivity.” Catholic Theological Society of America Proceedings. p.55

³⁵ Hubert Doucet. “How Theology Could Contribute to the Redemption of Bioethics from an Individualistic Approach to an Anthropological Sensitivity.”p.55

³⁶ Lisa Cahill. *Theological Bioethics : Participation, Justice, and Change*. 2005 p.14

as a result of scientific advancements.. For example, in a submission to the *Journal of American Medical Association*, Richard McCormick strongly echoed Beecher’s concern for the need for informed consent when conducting research on human subjects.³⁷

Meanwhile, Paul Ramsey was calling for a cessation of research involving in vitro fertilization until its ethics were revised, arguing that there were potential dangers in “replacing natural procreation with the idea of manufacturing our progeny.”³⁸

At the heart of theologians’ arguments was a perspective which spoke not only of the basic biological nature of the human being but also its transcendent nature which comes from being created in the image of God. The understanding of man’s dual nature underpinned calls for medical sciences to be compassionate, caring and respectful of all human life.³⁹ For example, Paul Ramsey prefaced an interdisciplinary conference by asking “what are the moral claims upon us in crucial medical situations and human relations in which some decision must be made about how to show respect for, protect, preserve, and honor the life of fellow man?”⁴⁰

A good example of applying this questioning was in searching for appropriate responses to end-of-life care, in particular on the subject of physician assisted suicide and euthanasia (a topic I shall explore in greater detail in Chapter three). Ramsey addressed

³⁷ Richard McCormick, S.J., "Experimental Subjects- Who Should They Be?" *Journal of the American Medical Association*. 235 (May 17, 1976),p. 2197.

³⁸ Paul Ramsey. “Ethical Objections against in vitro Fertilization.” *Journal of American Medical Association* 220 (11) (1972): p. 1480

³⁹ Carla Messikomer et al. “The Presence and Influence of Religion in American Bioethics.” *Perspectives in Biology and Medicine*. 44(4): .(2001), 485–508, p.340

⁴⁰ The Center for Bioethics and Culture. “The Birth of Bioethics: Who is Paul Ramsey?” <http://www.cbc-network.org/2006/11/the-birth-of-bioethics-who-is-paul-ramsey-2/> paragraph 9, accessed on April 27, 2013

this issue in his article “The Indignity of Dying with Dignity”⁴¹ where he refutes the emerging popular idea of “dying with dignity,” and the ensuing call to legalize euthanasia. The idea of allowing people to choose the timing and manner of their death when suffering became too much to bear began to be framed as more humane than letting people go through the natural progress of life to death. Ramsey turned this concept on its head by framing “dignity” as being conferred on *society* when it cares for the sick and dying with compassion and solidarity, rather than on the person who has reached the end of their earthly journey. Ramsey builds his argument on the Gospel message’s central tenet that so God loves us, we must in turn love our fellow humans and it is by this love that we are called to take responsibility to safeguard the sanctity of life. In other words, Ramsey believes that true filial love, lived in the Gospel message eradicates the fear of death: quoting from Saint John’s second Epistle “where fear is, love is not perfected,” Ramsey states “where fear of death and dying remain, medical and human care of the dying is not perfected.”⁴² However, as the next section will demonstrate, Ramsey’s “rich canon of fidelity [would be] reduced to the bare concept of informed consent”⁴³ while the notions of respect for persons and sanctity of life would become limited to respect for autonomy.

1.1.2 The Belmont Report

In response to these harsh criticisms of the conduct of the biomedical industry, particularly regarding research involving human beings, further fuelled by the growing

⁴¹ Paul Ramsey. “The Indignity of Dying with Dignity.” Hastings Center Report. Vol2, No.2 (1974) 47-62

⁴² Paul Ramsey. “The Indignity of Dying with Dignity.” Hastings Center Report. Vol2, No.2 (1974). p.56

⁴³ Center for Bioethics and Culture. “The Birth of Bioethics: Who is Paul Ramsey?” <http://www.cbc-network.org/2006/11/the-birth-of-bioethics-who-is-paul-ramsey-2/> paragraph 9, accessed on April 27, 2013

popularity of the human rights movement, governments began to be pressured to oversee a greater accountability from medicine and science. Thus in 1974 the US Government amended the Public Health Service Act by signing into law the National Research Act.⁴⁴ The purpose of this new act was to “assure the continued excellence of biomedical and behavioral research and to provide for the protection of human subjects involved in biomedical and behavioral research and for other purposes.”⁴⁵

To support this Act the US Congress initiated the National Commission for the Protection of Human Subjects of Biomedical and Behavior Research. Since the work carried out by the Commission was so important, to which Albert Jonsen credits it with bringing “into being a discipline of ‘bioethics,’”⁴⁶ it is worth discussing in some detail here. The objective of this Commission was to establish ethical principles which would underpin biomedical research and to develop a common guideline by which this research was to be carried out in respect of the defined principles. Over the course of four years, interdisciplinary teams comprised of physicians, theologians, policy makers, academics from the sciences and humanities and representatives of special interest groups, would discuss four areas of concern to the Commission, notably:

- “(i) the boundaries between biomedical and behavioral research and the accepted and routine practice of medicine;
- “(ii) the role of assessment of risk-benefit criteria in the determination of the appropriateness of research involving human subjects;
- “(iii) appropriate guidelines for the selection of human subjects for participation in such research; and
- “(iv) the nature and definition of informed consent in various research settings.”⁴⁷

⁴⁴ Public Law 93-348. July 12.1974

⁴⁵Public Law 93-348. July 12.1974

⁴⁶ Albert Jonsen. “The Birth of Bioethics.” *Hastings Center Report*. November 1993;23(6):S1

⁴⁷ National Commission, *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*, DHEW Publication No. (OS) 78-0012. Washington, DC: GPO, 1978. Summary.

The end result of the Commission's deliberations was summarized in the Belmont Report.⁴⁸ The Belmont Report was divided into three major components:

- Boundaries between Practice and Research;
- Basic Ethical Principles; and
- Applications.

The last two components are of particular interest to this discussion. The work carried out by the Commission was the first instance whereby a set of ethical principles were clearly delineated for the purposes of biomedical research. Though it was not lost on the interdisciplinary teams that many ethical principles underpin the fields of medicine and science, the Report narrowed its focus on three principles in particular to be applied in the context of conducting research on human subjects, which are summarized below;⁴⁹

- Respect for Persons: Individuals should be treated as autonomous agents, and persons with diminished autonomy are entitled to protection;⁵⁰
- Beneficence: Efforts must be made to secure the well-being of all participants, that is, by doing no harm and maximizing possible benefits and minimize possible harms; and
- Justice: Whereby the burdens and benefits of the research should be distributed fairly in the society.

Furthermore, in fulfillment of its mandate, the Commission created a framework which was to help guide researchers applying the three principles in practice. This last section of the Report, "Applications," addressed practices in biomedical research that had been hitherto heavily criticised:

⁴⁸ National Commission, *The Belmont Report*.

⁴⁹ National Commission, *The Belmont Report*

⁵⁰ It is important to note here, that the principle of autonomy rises out of the principle of respect for persons. However, as I will discuss in further detail in Chapter three, autonomy has become disconnected from the fundamental principle of respect for persons.

- The need for Informed Consent;
- Assessment of Risk and Benefits; and
- Selection of Subjects

Ultimately, the narrow list of ‘principles’ and ‘application’ guidelines in the Report “were created to simplify decision making” and “met the need of public-policy makers for a clear and simple statement of the ethical basis for regulation of research.”⁵¹ Such a process appeared easy to understand, evaluate and replicate across various biomedical research situations, which in turn made it easier for researchers and government to demonstrate their compliance with the new rule and fit neatly into an increasingly bureaucratic system.⁵² This setup is still in use today in many research environments. For example, in Canada there are Research Ethics Boards (REB) and in the US, Institutional Review Boards (IRB). The primary responsibility of these ethical boards is to ensure that medical research on human beings carried out under their umbrella is done so ethically. Therefore, by being able to refer to a ‘short’ list of ethical principles and ‘applications,’ REBs can verifiably demonstrate how the research meets ethical criteria in a fair and unpartisan manner.⁵³

This method of referring to the principles to evaluate biomedical ethics became known as *principlism*. Though principlism came out of the need to safeguard individuals taking part in medical research projects, it quickly became a cornerstone to the bioethics movement in general. Its rise to popularity was fuelled in part by ever increasing biotechnological advancements which required government intervention in the form of

⁵¹ John Evans. “A Sociological Account of the Growth of Principlism.” *Hastings Center Report*. Sept.-Oct., 2000 Vol.30 no5 p.34

⁵² John Evans. “A Sociological Account of the Growth of Principlism.” p.34

⁵³ John Evans J. “A Sociological Account of the Growth of Principlism.” *Hastings Center Report*. Sept.-Oct., (2000) Vol.30 no5 p.36

regulations, health policy and public funding and by the fact that that the ‘principles’ had become a matter of public law. In addition to this, while the Belmont Report was being drafted, one its contributors, Tom Beauchamp, along with James Childress, were also looking at defining ethical principles. Their interest, however, was in framing ethical enquiry in the field of healthcare in general, not limited to the scope of research ethics. Together, they would redefine the scope of the Belmont principles in their seminal work *Principles of Biomedical Ethics*.⁵⁴ Combined with the enactment of the Natural Research Act, their work became the source guide in biomedical ethics, particularly by those who were involved in making clinical decisions in the context of bioethical regulations in hospitals and research facilities.⁵⁵

Although the field of humanities had also been engaged in the bioethics movement during this time, their focus on metaethical aspects such as the concepts of teleology, ontology, utilitarianism and that of distributive justice,⁵⁶ despite being central to bioethics, was viewed as too cumbersome for real-life situations.⁵⁷ Those who were faced with making practical, and often difficult ethical decisions, needed tools for interpreting everything from individual concepts of values, to commission guide lines, to conducting medical research and data gathering. Therefore the principles as laid out in the Belmont Report and by Beauchamp and Childress were seen as offering a clear-cut way of deliberating and ultimately making decisions especially when ethical conflicts arose:

One ought not to have to be a philosopher to deal with the moral problems of clinical medicine or, for that matter, of health policy. It is helpful to have some reasonably clean ways to cut through the experiential and social dimensions of actual decision

⁵⁴ Beauchamp T, & Childress, J. F. *Principles of Biomedical Ethics*. (1983).

⁵⁵ John Evans. “A Sociological Account of the Growth of Principlism.” p.38

⁵⁶ Ghislaine Cleret de Langavant. *Bioéthique : Méthode et complexité*. p 26

⁵⁷ Daniel Callahan. “Principlism and Communitarianism.” *Journal of Medical Ethics* (2003);29:287

making, where time and knowledge are limited. On that score, principlism achieves one of its purposes, which has been that of finding a middle range of useful, relatively clear principles.⁵⁸

Childress himself states that “principle-based method must hold that general moral action guides are central to moral reasoning in bioethics...appeals to ‘principles’ most often occur when there is uncertainty or conflict about the appropriate course of action.”⁵⁹

Since reliance on the principles, particularly those defined in the *Principles of Biomedical Ethics*, continues to underpin North American bioethics and is the primary tool for ethical enquiry for those who are in clinical, regulatory or policy-making contexts, it is worth exploring them in greater detail.⁶⁰

1.2 The Four Principles of Bioethics

Although the three principles of respect for persons, beneficence and justice as described in the Belmont Report had become part of public law, Beauchamp and Childress argued that the scope and definition ascribed to these principles were somewhat lacking. In particular, they felt that the concept of respect for persons (that individuals should be treated as autonomous agents, and persons with diminished autonomy are entitled to protection) was in fact two distinct principles: “Respect for autonomy and the protection and avoidance of harm to incompetent persons.”⁶¹ Thus, the principle of respect for persons was repackaged as two separate principles: the principle of respect for autonomy

⁵⁸ Daniel Callahan. “Principlism and communitarianism.” *Journal of Medical Ethics* (2003);29:287

⁵⁹ James Childress. “Methods in Bioethics.” *Oxford Handbook of Bioethics*. (2007) p.17

⁶⁰ Many scholars argue the universality of the four principles. For example: Bernard Gert et Al. *Bioethics: A systematic Approach*. (2006). p.4, Callahan, D. “Principlism and communitarianism.” *J Med Ethics* 2003;29:287; Evans J. “A Sociological Account of the Growth of Principlism.” *Hastings Center Report*. Sept.-Oct.,2000 Vol.30 no5 p.38

⁶¹ Tom Beauchamp. “Criticism of the Belmont Report.” *Hastings Centre Special Report*. (1993), No 23 p. S9

and a principle of non maleficence. This is a key shift in medical ethics since in doing so the notion of respect for persons founded on their transcendental nature is lost. I will discuss the implications of this shift in further detail in Chapter three, particularly with respect to how this influences the current euthanasia debate.

In the end, Beauchamp and Childress, settled on four principles:

- Respect for Autonomy: a norm⁶² of respecting the decision making capacities of autonomous persons;
- Non maleficence: a norm of avoiding the causation of harm;
- Beneficence: a group of norms providing benefits and balancing benefits against risks and costs; and
- Justice: a group of norms for distributing benefits, risks and costs, fairly.⁶³

The principles are assumed to “function as an analytical framework” which serve as “guidelines” for conducting ethical inquiry.⁶⁴ As the term “framework” implies, the set of principles are not meant to be used as foundations or as a methodology for doing bioethics. Rather, the principles are meant to be applied on a case by case basis. This bottom-up approach involves taking stock of an ethical dilemma, applying the appropriate principles to then determine the correct course of action. For example, in a clinical setting, Hubert Doucet maps out a four- stage process to undertake bioethical deliberations using the principles:

- First step: “Fact finding - presentation of the situation”;
- Second step: “Identify the moral and ethical issues at stake”;
- Third step: “Apply the principles to the bioethical problem”;

⁶² According to Beauchamp and Childress there are several types of moral norms “which include principles, rules, rights, virtues and moral ideals” and they believe that their principles “provide the most general and comprehensive norms.” *Principles of Biomedical Ethics*. p.13

⁶³ Beauchamp, T, & Childress, .*Principles of Biomedical Ethics*. (2009). p.13

⁶⁴ *Belmont Report*. “Ethical Principles & Guidelines for Research Involving Human Subjects” April 18, 1978. <http://www.hhs.gov/ohrp/policy/belmont.html>, accessed April 30, 2013.

Fourth step: “What to do.” Choosing “one principle over the other will be the appropriate foundation for the choice of action.”⁶⁵

The framework for applying the principles and subsequently choosing the determining principle is based on the concept that there is no pre-established rank amongst the principles; each one is evaluated according to the issues impacting the choice of action in a given situation:

All four principles are binding all things being equal, but each can be outweighed in a particular context by another principle... however, the ‘principles’ different weight cannot be assigned in advance. They can only be ordained in particular contexts in addressing cases or policies.⁶⁶

Weighing the principles at play in a particular context is done by applying a two-step process, referred to as “specifying” and “balancing” the principles. Specifying limits the scope of the principle(s) in question while balancing determines which of the principles will carry the stronger weight. For example, there was a landmark case where a terminally ill patient wished to end her suffering by physician-assisted suicide. Medical health providers were faced with the dilemma between the principle of non maleficence and the principle of respecting the patient’s autonomy. It was decided by the courts that the principle of respect for autonomy carried the greater weight and ruled in favour of the patient’s wish to die. In fact, the weight carried by the principle of respect for autonomy also led to the “1996 decriminalization of physician-assisted suicide in the US ninth Federal District Court.”⁶⁷

⁶⁵ Hubert Doucet. “Historical Context: Deliberation and Methodology in Bioethics.”. *Ethical Deliberation in Multi-Professional Health Care Teams*. (2001) p.21

⁶⁶ James Childress. “Methods in Bioethics.” *Oxford Handbook of Bioethics*. (2007) p.22

⁶⁷ Bruce Jennings. “Autonomy.” *Oxford Handbook of Bioethics*. (2007) p.76

Although Beauchamp and Childress have argued that all four principles are equally important, and can outweigh each other depending on a particular circumstance, the principle of respect for autonomy has been exercising a greater influence in healthcare decision making than any of the other principles. In fact, Bernard Gert has stated that the principle of autonomy “seems to be the centerpiece of principlism.”⁶⁸ It is cited more frequently than any of the others and has taken on a life of its own.”⁶⁹ An example of the reach of this principle in North American bioethical debates is evidenced by the 1996 decriminalization of physician-assisted suicide in the US Ninth Federal District Court cited above which was based primarily on the respect for patient’s autonomy.⁷⁰ The next section will unpack the philosophical underpinnings of the principle of respect for autonomy and its impact on the bioethics movement. In particular it will discuss how this overriding effect of the principle autonomy is an example of reductionism with respect to the original principles governing bioethics, such as respect for persons and solidarity with society’s most vulnerable.

1.3 The Concept of Autonomy in North American Bioethics

We recall as noted above, the principle of autonomy was grounded in the principle of respect for persons. However, the notion of the principle of respect for autonomy has gradually become more about respect for freedom of choice and self-determination, rather than about ensuring informed consent and protection of vulnerable individuals.

⁶⁸Bernard Gert, et al. *Bioethics*. 2nd ed., 2006. p.112

⁶⁹ Among those who advocate the supremacy of the principle of autonomy, see: R Gillon “Ethics needs principles—four can encompass the rest—and respect for autonomy should be “first among equals.” *J Med Ethics*2003;29:307-312; Daniel Callahan. “Principlism and Communitarianism”. *J Med Ethics*2003;29:287–91; A.V.Campbell. “The Virtues (and Vices) of the Four Principles.” *J Med Ethics*2003;29:292–6

⁷⁰ Bruce Jennings. “Autonomy.” *Oxford Handbook of Bioethics*. (2007) p.76

Bruce Jennings describes autonomy in a way that sums up the ideologies of both Kant and Mill: “as an ethic, autonomy means living according to your own values and principles, as these are refined in the light of informed, rational deliberation and settled conviction.”⁷¹ The philosophical underpinnings of autonomy are found primarily in the ideologies of Immanuel Kant and John Stuart Mill. Although both Mill and Kant believed that autonomy was dependent upon a person’s rationality,⁷² Kant viewed autonomy as a moral condition, which is “our capacity of acting in accord with moral reason.”⁷³ Mill, however, understood it from a socio-political perspective, as “the rights of man... and... personal autonomy as being central to liberal democracy: The freedom of the individual to choose his or her life...”⁷⁴ According to Mill, an individual’s freedom is given through their self-determination.

However, it is Mill’s philosophy and in particular his notion of self-determination that underpins the concept of autonomy in North American bioethics. This framing of the concept of autonomy is further supported by Beauchamp and Childress who describe autonomy in a similar vein, as a “personal rule of the self that is free from controlling interference by others and from personal limitations that prevent meaningful choices. The autonomous individual acts in accordance with a self-chosen plan.”⁷⁵

Self-determination had already been a part of the American fabric since a landmark case in 1914 involving a surgery that was performed without the patient’s consent. In it, the judge ruled that “every human being of adult years, and sound mind has the right to

⁷¹Bruce Jennings. “Autonomy.” *Oxford Handbook of Bioethics* p.180

⁷² Margaret Norden. “Whose life is Anyway? A study in Respect for Autonomy.” *Journal of Medical Ethics*. 1995 No 21 p.180

⁷³ Jacob Rendtorff, “The Limitations and Accomplishments of Autonomy as a basic Principle in Bioethics and Biolaw.” (2008). p.79

⁷⁴ Margaret Norden. “Whose life is Anyway? A study in Respect for Autonomy.” p.179

⁷⁵ Bruce Jennings. “Autonomy.” *Oxford Handbook of Bioethics*. Ed. Bonnie Steinbock. p.77

determine what shall be done to his body.”⁷⁶ This language was also echoed by the highly influential human rights ideology, which promotes the notion that all individuals within a society have a right to their freedom, dignity and to the pursuit of happiness. The general appeal of the concepts of human rights combined with those of self-determination reinforced a belief that autonomy was synonymous with freedom of rights which is at the core of American liberalism. Together these concepts came to overpower Kantian notions of autonomy and the principle of respect for autonomy became associated with the respect for an individual’s freedom. In fact, the theologian Joseph Fletcher is said to have “departed from the usual theological analysis to stress the freedom and authority of the patient. This viewpoint led him to expound remarkably liberal positions about euthanasia, truth-telling, and patients' rights.”⁷⁷

This philosophy has become ingrained in applied bioethics especially given that it is also at the core of Beauchamp and Childress’ work, which states:

This principle can be stated as negative obligation and as a positive obligation. As a *negative obligation: Autonomous actions should not be subjected to controlling constraints by others.* The principle asserts a broad, abstract obligation that is free of exceptive clauses, such as “We must respect individuals' views and rights so long as their thoughts and actions do not seriously harm other persons.” This principle of respect for autonomy needs specification in particular cases to become a practical action guide.⁷⁸

As mentioned previously, the idea of respecting a patient’s autonomy grew out of the principle of respect for persons stemming from the Belmont Report, at the core of which was the guideline to obtain informed consent from subjects participating in biomedical research. Together, respect for autonomy and informed consent had a significant impact

⁷⁶ Court of Appeals of New York: 211 N.Y. 125; 105 N.E. 92; 1914 N.Y. Lexis. p. 1028

⁷⁷ Albert Jonsen. "The Birth of Bioethics," *Special Supplement, Hastings Center Report* 23, no. 6 (1993). p..S1

⁷⁸ Bernard Gert, et al. *Bioethics*. 2nd ed., (2006). p.112

on the patient-physician relationship. Traditionally, guided by the Hippocratic Oath, physicians played a leading role in deciding treatment options for their patients. However, with the growing ideologies of autonomy and human rights combined, this began to be seen by some as too paternalistic and patients began to take on a more decisive role in their healthcare.⁷⁹ The significance of autonomy and human rights becoming “ideologies” will become apparent in the next chapter. For now suffice to say that as ideologies, autonomy and human rights provide a set of references, sort of benchmark, by which things are measured.

1.4 Weaknesses of Principlism

Increasingly over the past decade, many stakeholders have been questioning the efficacy of relying solely on the principles to evaluate issues, especially given the extent of which new technologies challenge our notions of health, happiness and human nature itself. For example, David Callahan argues “that given the complexity and unknown nature of new technological developments, “principlism” is no longer sufficient by itself to adequately frame bioethical enquiry.”⁸⁰ Thus, one of the weaknesses of relying on the principles is that they are “too general and vague, cannot be ranked and do not provide a clear-cut decision procedure for resolving actual or potential conflicts”⁸¹ Although Childress and Beauchamp argue that specifying and balancing principles addresses this concern, Gert however, argues that despite this mechanism, choosing between principles remains rather arbitrary:

⁷⁹ Howard Brody. “Autonomy Revisited: progress in Medical Ethics.” *Journal of the Royal Society of Medicine* (1985) May 78 (5) p.381

⁸⁰ Daniel Callahan. “Individual Good and Common Good: A Communitarian Approach to Bioethics.” *Perspectives in Biology and Medicine* 46.4 (2003) p.497

⁸¹ Bernard Gert., et al. *Bioethics*. 2nd ed. (2006). P.23

...there seem to be no underlying connections among the principles. They do not grow out of a common foundation and ...although each may be an expression of one or another important and traditional concern of morality, their relationship with one another is never discussed. Specification is presented as general procedure for resolving the conflicts...but there is no guide for how one is supposed to specify a principle.⁸²

This lack of connection between the principles mentioned by Gert can be attributed in part because there is no formal foundation or methodology for doing bioethics. Both Doucet and de Langavant have argued that relying on the set of principles is a poor substitute for methodology:

In pluralist societies, it is recognized that individuals and groups do not share the same philosophical system or ethical theory. If in a moral philosophy principles are justified, according to these authors, by ethical theories, what is the theory that justifies the four principles of bioethics?⁸³

Furthermore, the lack of relationship and connection between the principles makes principlism an abstract concept “which substitute for and take the place of contextual human reason.”⁸⁴ More specifically, some argue that principlism fails to take into consideration the influence of culture, which provides the context for human reasoning. To this point Rendtorff states “it is not likely that people in their ordinary life actually make independent and rational decisions without the intervention of other people. In fact, few decisions in extreme situations follow the requirement of personal autonomy.”⁸⁵

⁸² Bernard Gert, et al. *Bioethics*. p.110

⁸³ Herbert Doucet. *Ethical Deliberation in Multiprofessional Health Care Teams*. (2001) p.19

⁸⁴ Barbara Maier et al. “The Philosophy and Practice of Medicine and Bioethics A Naturalistic-Humanistic Approach” *International Library of Ethics, Law, and the New Medicine Volume 47*, (2011) p.xxi

⁸⁵ Jacob Rendtorff, “The Limitations and Accomplishments of Autonomy as a basic Principle in Bioethics and Biolaw.” (2008).p.81

Maier and Shibles emphasize that business and culture can exert a great influence on medicine, so much so, that it can even enslave it.⁸⁶ Weisstub supports this belief by stating that “the preoccupation with autonomy and self-determination in Western bioethics is indicative of the extent to which cultural values influence our orientation to biomedical morality.”⁸⁷ We see evidence of this in how the “beliefs about personhood and autonomy inform every aspect of medical transaction, including notions about consent and confidentiality in the patient-physician relationship.”⁸⁸ This issue is further accentuated by the language being used in biomedical ethics, such as the centrality of rights-based language, primarily surrounding the principle of respect for autonomy.

De Langavant further exemplifies the problem by stating that these principles can only be expressed in a closed cultural matrix, defined by common beliefs, norms and narratives, something which has become almost impossible to define. Therefore, “the resulting “principles” are shown to be reductivist in nature.”⁸⁹ Even more reductivist, is the overarching weight of the principle of respect for autonomy and its emphasis on freedom of choice. Some scholars, such as Gert, are voicing strong opposition to the predominance of this principle in the course of bioethics.⁹⁰

Thus autonomy’s dominance has been widely regarded as both a judicial and philosophical problem, not only because its practical application must be balanced with other moral tenets, but because patient expectations and physician responsibilities are oriented by the dominance of one principle or another as determined by a complex sociology of clinical practice.⁹¹

⁸⁶ Barbara Maier et al. “The Philosophy and Practice of Medicine and Bioethics A Naturalistic-Humanistic Approach” *International Library of Ethics, Law, and the New Medicine Volume 47*, (2011) p.xxi

⁸⁷ David Weisstub. *Autonomy and Human Rights in Health Care* (2008).p.15

⁸⁸ David Weisstub. *Autonomy and Human Rights in Health Care*. p.15

⁸⁹ Ghislaine Cleret de Langavant. *Bioéthique : Méthode et complexité.c*, (2001). p 26

⁹⁰ Bernard Gert. et al. *Bioethics* 2006 p.112

⁹¹ Alfred Tauber. “Sick Autonomy.” *Perspectives in Biology and Medicine* 46.4 (2003) p.487

On the one hand, respect for autonomy was meant to protect persons from unnecessary harm in the course of medical experimentation while at the same time reducing paternalism from the medical field. However, Pintos and Weisstub argue that in practice the very opposite may happen when autonomy alone is taken into consideration:

Following the principle of autonomy may even encourage one to act with unjustified paternalism, that is, to overrule the patient's explicit refusal, simply because one views that choice as not being autonomous. Thus, the principle of autonomy may lead one to deprive a person of freedom without an adequate justification for doing so.⁹²

According to Rendtorff the concept of autonomy should act “as a guideline in bioethics...to express our wish to provide humanity and the human person with the necessary protection in these fields.”⁹³ If the objective of respecting individuals’ autonomy is the respect for persons and the protection of human rights, then according to Brody the concepts of autonomy described thus far is inadequate. He calls for a “normative framework” which would include notions of human dignity, integrity and vulnerability.⁹⁴ Likewise, Thomasma also argues that “ the principle of autonomy should be combined with the protection of human dignity, integrity, and vulnerability – to successfully respond to how human rights can be properly linked to bioethics ...”⁹⁵ An important application of this can be seen “in cases concerning unborn life, embryos, the

⁹² Bernard Gert, B. et al. *Bioethics*. p.114

⁹³ Jacob Rendtorff, “The Limitations and Accomplishments of Autonomy as a basic Principle in Bioethics and Biolaw.” *Autonomy and Human Rights in Health Care (2008)* p.75

⁹⁴ Howard Brody. “Autonomy Revisited. Progress in Medical Ethics.” *Journal of the Royal Society of Medicine*. May 78(5) p.381

⁹⁵ Jacob Rendtorff, “The Limitations and Accomplishments of Autonomy as a basic Principle in Bioethics and Biolaw.” (2008). p.2

fetus, the human body and its body parts... the principle of autonomy is of little significance because one cannot say that any of these have moral autonomy.”⁹⁶

In closing, Rendtorff proposes five meanings to autonomy:

- (1) the capacity for the creation of ideas and goals for life;
- (2) the capacity of moral insight, “self-legislation” and privacy;
- (3) the capacity of rational decision and action without coercion;
- (4) the capacity of political involvement and personal responsibility, and
- (5) the capacity of informed consent to medical experiment”⁹⁷

These meanings, if incorporated into the philosophical underpinnings of today’s applied bioethics, could address the issues discussed above. However, what is needed is a mechanism other than reliance on the four principles. Perhaps we find a clue in Sartre’s belief in the possibility of humanity’s existential authenticity:

But to Sartre, even though the human individual is free to choose his or her own existence, this condition is often hidden in an inauthentic life of self-deception. Perhaps a philosophy of existential authenticity can overcome the bad faith and self-deception that are so common in the life of the modern individual.⁹⁸

The next Chapter will explore the concept of communitarian bioethics, which some argue can provide a corrective to the pitfalls of principlism. In particular, I will explore how the notions of community and common good influence the way we frame the four principles, especially that of respect for autonomy.

⁹⁶ Jacob Rendtorff, “The Limitations and Accomplishments of Autonomy as a basic Principle in Bioethics and Biolaw.” *Autonomy and Human Rights in Health Care* (2008). p.82

⁹⁷ Jacob Rendtorff, “The Limitations and Accomplishments of Autonomy as a basic Principle in Bioethics and Biolaw.” (2008). p.78

⁹⁸ Jacob Rendtorff, “The Limitations and Accomplishments of Autonomy as a basic Principle in Bioethics and Biolaw.” (2008). p.79

Note: Chapter three will explore how Bernard Lonergan’s cognitional structure, self-appropriation and notion of freedom, may provide a concrete tool to guiding us towards such existential authenticity.

Chapter 2: The Communitarian Approach

Today, the influence of principlism has grown to the point that healthcare, medical sciences and public policies are relying almost exclusively on its concepts to make value judgments.⁹⁹ However, increasingly over the past decade, many stakeholders have been questioning the efficacy of relying solely on the principles to evaluate issues, especially given the extent to which new technologies challenge our notions of health, happiness and what it means to be human. For example, Daniel Callahan argues “that given the complexity and unknown nature of new technological developments, ‘principlism’ is no longer sufficient by itself to adequately frame bioethical enquiry.”¹⁰⁰

The main argument here is that autonomy lacks the scope to take into consideration the impact of an individual’s choice on the greater society. For example, the legal consent for physician assisted suicide may be desired by a terminally ill patient but that same legal framework could be used to euthanize the weak and vulnerable in our society.

In response to these challenges, some bioethicists began to look for a deeper understanding of what the goals of healthcare should be and how these relate to individual choice and the public good. The field of philosophy also undertook a parallel exploration of societal changes with respect to the understanding of morality, virtues and culture as a result of the influence of modernism. The two lines of inquiry would intersect with the development of a new focus in bioethics. This new focus would move away

⁹⁹ Many scholars argue the universality of the four principles. For example: Bernard Gert et Al. *Bioethics: A systematic Approach*. (2006). p.4, Callahan, D. “Principlism and communitarianism.” *J Med Ethics* (2003);29:287; Evans J. “A Sociological Account of the Growth of Principlism.” *Hastings Center Report*. Sept.-Oct.,(2000) Vol.30 no5 p.38

¹⁰⁰ Daniel Callahan. “Individual Good and Common Good: A Communitarian Approach to Bioethics.” *Perspectives in Biology and Medicine* 46.4 (2003) p.497

from the procedural approach of principlism towards more hermeneutical ones. The perceived advantage by those who advocated this shift comes from the understanding that “hermeneutics involves cultivating the ability to understand things from somebody else's point of view, and to appreciate the cultural and social forces that may have influenced their outlook.”¹⁰¹ As such, these new approaches borrowed concepts from virtue ethics, narrative ethics, casuistry and communitarian ethics. A common element to all these approaches was a call for bioethics to include space for reflection, a greater acknowledgment of the importance of culture and a return to the study of the patient as a human subject. Though none of these approaches received wide acceptance in the clinical milieu, communitarian-based bioethics did garner a greater amount of interest from academic circles.

Because the foundations of communitarian bioethics are drawn from communitarian social and political theory, I will begin this chapter with a brief introduction to the main concepts of the social theory to provide us with some context for the discussion.

2.1 The Communitarian Philosophy

The core of communitarianism, as the name implies, is the community, and it is the community's shared lives which contribute to the support of a good society. The core of modern American communitarians is primarily focused on the tension between the common good and individual good, in part to provide a counter measure to the overarching dominance of American liberalism and its counterpart, individual rights and liberties. Though a full discussion on the American communitarian theory is not possible here, this chapter will draw on two key concepts that underpin this philosophy: The

¹⁰¹Guy Widdershoven. “Dialogue in Evaluation: A Hermeneutic Perspective.” *Evaluation* Vol. 7(2): p.253

common good and its relationship to individual choice and the role of community. In particular, I will draw primarily on the work of Amitai Etzioni who was one of the pioneers of contemporary communitarian philosophy that emerged in the US in the 1980's.

2.1.1 The Common Good

The main focus of communitarianism is the common good. In the North American context, communitarianism is particularly concerned with balancing the pursuit of the common good while protecting individual rights. Communitarianism assumes that both “individual rights and the common good are irreducible moral commitments and that both are essential pillars of a good society.”¹⁰² In essence what this means is that a common good does not serve only a particular individual or segment of a society, but benefits all members simultaneously, and even extends to consider future generations.

The common good is not a new concept. In fact, it was first developed in antiquity by Aristotle. Aristotle understood the common good to be linked to individual good in that the good of the community should be oriented towards the good of its people.”¹⁰³

Moreover, his philosophy of the common good was not just about framing community life, but emphasized that it was premised on good actions of its citizens. The theory of the common good has also been extensively developed in Catholic social policies. For example, Thomas Aquinas took up the Aristotelian concept of the common good but from a theological perspective, whereby he argued that the ultimate good was God. Therefore, to Aquinas, good actions were grounded in the divine as well as in the

¹⁰² Amitai Etzioni, A. “The Common Good and Rights.” *Law and Ethics*. Winter/Spring (2009). p. 114

¹⁰³ Antonio Argandoña. “The Common Good.” *University of Navarra. Working Paper WP-937*. July 2011. p.1

temporal notions of living in community.¹⁰⁴ Catholic theology, therefore, promoted a philosophy of the common good that was expressed in the real and tangible ways that a community is set up to support the flourishing of all its citizens.¹⁰⁵

Contemporary Catholicism continues its appeal for society to consider the common good. John Paul II advocated for a common good which he premised on the fact that humans are *a priori* social creatures, and thus there is a natural solidarity between individuals and the quest for the common good. He describes the relationship between human solidarity and the common good, as “the firm and persevering determination to commit oneself to the common good; that is to say, to the good of all and of each individual, because we are all really responsible for all.”¹⁰⁶ Pope Benedict XVI continued in this tradition with his Encyclical *Caritas in Veritate* where he called for a renewed reflection of the common good as an “ordering principle of economic life”, particularly as a corrective to the Western market-driven society.¹⁰⁷

2.1.2 The Tension between the Common Good and Individual Good

However, today’s society under the influence of modernism and multiculturalism has lost its common moral tradition, which in turn has led to a nebulous understating of the common good.¹⁰⁸

In particular, one of the major challenges in grasping a definition of the common good is due to the weight given to the ideology of liberal individualism and the strong influence of the market economy. Together these two forces influence society’s evaluation when it

¹⁰⁴ Antonio Argandona, “The Common Good.” p.2

¹⁰⁵ Thomas Shannon, *Contemporary Issues in Bioethics*. (2005), p.52

¹⁰⁶ Quoted in A. Argandona. “The Common Good.” *University of Navarra. Working Paper* WP-937. July 2011. p.2

¹⁰⁷ Quoted in Argandona, A. “The Common Good.” p.2

¹⁰⁸ Antonio Argandona. “The Common Good.” p.2

comes to choosing among possible courses of action by promoting a cost-benefit approach, which gives greater weight to individual good.¹⁰⁹ In fact, the liberal point of view holds that each individual should be able to determine their own concept of the good and that the common good is only the collection of all the individual goods.¹¹⁰ This thinking leads to the belief that the common good is no longer relevant to society as each individual is free to determine and pursue what is good for them. What this means then, is that the common good is replaced by the ideology of human rights. In a practical sense, as David Hollenbach puts it, public institutions who “secure these rights for all persons are thus seen as helping realize the interests of everyone...[which] breaks down the common good into the effects it has upon the well-being or rights of the individuals who make up society.”¹¹¹ What little vestiges of the common good remain are understood in utilitarian terms, that is, its’ goal is to maximize the amount of goods for the greatest number of individuals. In such a society, people’s “moral and religious points of view play no relevant role.”¹¹² Religious and moral grounding have been replaced by the concept of justice on which the State relies upon to justify its actions to guarantee free choice for all individuals.¹¹³

Though communitarianism argues that the common good is not equal to the sum of all individual goods put together, the philosophy holds that individual good is nonetheless one of its core values. Though the starting point is the society, it maintains that the common good must also include the good of the individual, from a perspective that the

¹⁰⁹ Thomas Shannon.. *Contemporary Issues in Bioethics*. (2005), p.58

¹¹⁰ Amitai Etzioni. “The Common Good and Rights.” *Law and Ethics*. Winter/Spring (2009), p. 114

¹¹¹ David Hollenbach S.J. *The Common Good and Christian Ethics*. 2002. p. 8

¹¹² Antonio Argandona. “The Common Good.” *University of Navarra. Working Paper WP-937*. July 2011.

p.6

¹¹³ Antonio Argandona. “The Common Good” p.6

two are related and not coincidental.¹¹⁴ It is not lost on the communitarian approach that individual good must also have expression in the society as a litmus test to ensure that the common good is not heading towards paternalism.

There are various expressions of the communitarian ideology which are distinguished by how a society weighs the common good with respect to individual rights as well as how it understands the meaning of community and responsibility. For example, a communitarian philosophy that sets the common good *a priori* with respect to individual good is what Etzioni coined “authoritarian” communitarianism. This polarity is mostly found in oppressive regimes, but lesser forms of authoritarian communitarianism can be found at various points in history when democratic societies set consideration of the common good above individual rights without the due process of deliberation.

Etzioni also framed another form of communitarianism which he called “responsive” communitarianism (also known as *liberal* communitarianism). As opposed to the authoritarian philosophy, responsive communitarianism considers the common good on an equal footing with individual good, whereby each society determines in a democratic fashion the weight assigned to each of them.¹¹⁵ In other words, the common good and individual rights are held in tension with each other, with neither of them being held *a priori*. An example of responsive communitarianism can be found in the American legal system. The concept of the common good is fully integrated in the jurisprudence, and is weighed alongside individual rights in cases where they are in conflict with each other.¹¹⁶

¹¹⁴ Antonio Argandoña. “The Common Good” p.6

¹¹⁵ Amitai. Etzioni. “Communitarianism, civil rights, and foreign policy.” Encyclopedia Britannica Blog. <http://www.britannica.com/blogs/2011/05/amitai-etzioni-communitarianism-civil-rights-foreign-policy>. Accessed January 10, 2013

¹¹⁶ Amitai Etzioni. “The Common Good and Rights.” *Law and Ethics*. Winter/Spring 2009. p. 117

The courts can, and have, ruled in favour of the common good, thus infringing on an individual's right, in cases where the good of the society would have been seriously compromised otherwise. In a democratic system, this is done through deliberation with representatives of the community who work out the weight of the common good and the individual right at stake in a particular conflict according to values to which the community holds. The need for deliberation is key in the responsive form of communitarianism, whereby the role of state is one of facilitator. To this point Argandona states that the "task of the State is to enable and promote the common good, but not to define it nor, therefore, to impose specific content that might realize it."¹¹⁷ One of the main counter arguments for seeking the common good is that it is too abstract to be grasped in the real world. However, though the common good may appear to be invisible, Micah Hester assures us that it does exist and that "with focused determination it can be discovered."¹¹⁸ Argandona describes this process of discovery in terms of meeting the challenge of bridging the tension between the common good and individual choices:

The relationship between the common good and private goods is often presented in terms of confrontation, as if the pursuit of the second were incompatible with the pursuit of the first, or as if the good of society were a burden to individuals...the good of the person is not opposed to the good of society but is a part of it...the tension between personal good and common good is resolved dynamically; a person has a duty to achieve the good for himself, but he only achieves his own good if he also achieves the good of society, which is oriented to the person.¹¹⁹

¹¹⁷ Antonio Argandona. "The Common Good." *University of Navarra. Working Paper WP-937*. July 2011. p.5

¹¹⁸ Micah Hester. "What Must We Mean by "Community"?" *Theoretical Medicine* 25, (2004), p.426

¹¹⁹ Antonia Argandona "The Common Good." *University of Navarra. Working Paper WP-937*. July 2011. p.4

However, the challenge, which Aristotle himself conceded, is that a society must be a just one, in order to be truly oriented towards its citizens and similarly, each person must have a moral orientation towards duty to society. In this way, there can be an integration of various preferences, abilities and institutional focuses.¹²⁰

Yet some argue that the nature of American culture, with its pervasive influence of liberal individualism and human rights, remains a stumbling block in trying to bridge the common good with individual good. This is where the second component of communitarianism, that of community, plays a key role. Argondona advances that what is needed in order to achieve the common good in this case, is for individuals to change their perspective on how they should live together in society. The notion of *being in* community, he believes can lay the ground work. In particular, he argues individuals must come to understand that they can only obtain their individual good(s) by cooperating within the community. Thus it is each member's cooperation which "closes the gap between the pursuit of the good of each individual and the pursuit of the common good."¹²¹

2.1.3 Defining Community

The concept of community is very large. For the purposes of this discussion, I will focus on the main elements and assumptions that characterize community in communitarian philosophy with particular attention to how this relates to the concept of autonomy and individualism in ethical enquiry.

¹²⁰ Margit Sutrop. "Changing Ethical Frameworks: From Individual Rights to the Common Good?" *Cambridge Quarterly of Healthcare Ethics* (2011), 20: p. 536.

¹²¹ Antonio Argandona. "The Common Good." *University of Navarra. Working Paper WP-937*. July 2011. p.3

The role of community in communitarian philosophy cannot be overemphasized. A healthy community is one in which there is a balance between the common good and individual good. When this balance is achieved, the community itself becomes a “major common good”¹²²

Aristotle understood community as being more than passively living together. The community was about choosing and generating good actions so that all members could enjoy a good life. In this mindset, individual good was not diametrically opposed to the common good.¹²³ By that same token, however, when the sense of community is not strong there is bound to be suffering by some or all of its members. Etzioni observes that signs of a weak community can be seen when social unrest erupts, when there is a rise in various forms of addictions or when individuals turn inward in selfish pursuits.¹²⁴

However, as I mentioned, “community” is a complex notion. For instance, it can mean a gathering of like-minded individuals, it can mean a context in which certain cultural traditions are expressed, and it can also mean the process by which lives are lived. The traditional North American perspective of community is one in which individuals who share common values, morals and interests come together. But more importantly, from the viewpoint of an ethical framework, this understanding of community is grounded on the notion of self-determination. That is to say, such a moral community is based on an *a priori* assumption that individuals are autonomous, free to make their own moral opinions which they bring to the community.¹²⁵

¹²² Amitai Etzioni. “The Common Good and Rights.” *Law and Ethics*. Winter/Spring 2009. p. 115

¹²³ Antonio Argandoña. “The Common Good.” p.2

¹²⁴ Antonio Argandoña. “The Common Good.” p. 2

¹²⁵ Antonio Argandoña. “The Common Good.”p.2

However, communitarians argue that this understanding of moral community is too thin, especially in the context of ethical inquiry. A thick understanding of community begins with an *a priori* assumption that humans are intersubjective, which is to say that humans live and interact in social groups. It is within these groups that an individual receives an education, works and socializes. Furthermore, it is through this enmeshing of interactions that creates social dependence on interpersonal relations and with the institutions that support daily living. In other words, social relations and the individual members are mutually fulfilling. Etzioni argues that members of a community do not simply have values and interests in common but share a *commitment* to these values that are expressed through a “collective history and meaning.”¹²⁶ Thus the community is not an assembly of atomistic individuals; “it becomes a moral space in which things have a value insofar as the prevailing culture gives them meaning.”¹²⁷

It is in this context that Charles Taylor argues that self-determination can only happen *because* of the intersubjectivity of the members of a community. That is to say, the communitarian philosophy begins with an *a priori* assumption that a moral community is the necessary condition for self-determination.

Accordingly it becomes evident how much morality is influenced by the social context of a community. Ten Have makes this point rather eloquently: “it is the face of the other [that] makes us moral beings whether we like or not” and it is morality’s “inter-personal character [that] makes it possible to scrutinize and criticize individual moral choices.”¹²⁸

This is a key point for the process of ethical deliberation. More precisely, it means that

¹²⁶ Amitai Etzioni. “The Common Good and Rights.” *Law and Ethics*. Winter/Spring (2009), p. 115

¹²⁷ Antonio Argandoña “The Common Good.” p.6

¹²⁸ Ten Have. “A Communitarian Approach to Clinical Bioethics” C. Viafora (Ed.), *Clinical Bioethics. A Search for the Foundations*, (2005), p.49

community is participatory, and that moral choices are not static, but are the end result of communal choices and actions. It is through a deliberative process that individual members come together to shape what values, interests and goals the community will commit to.

This leads to an interesting new way of framing community proposed by Allen Buchanan and Micah Hester, who argue that the very *process* of participation is what defines community. Hester states that “moral relationships happen between individuals and communities wherein the activity of moral deliberation in the face of moral conflict is itself process community.”¹²⁹ From an ethical standpoint, deliberation is not about defining shared values, but is the action of shared valuing.¹³⁰ This concept of community can only be validated in conditions that set the intersubjective nature of humans *a priori*, which establishes the possibility for open dialogue, mutual understanding and action.

2.2 The Communitarian Turn in Bioethics

Early development of communitarian bioethics focused primarily on providing a counter-argument to the overriding influence of the principle of autonomy. Thus discussions took on a more authoritarian stance, as it tended to skew ethical deliberations towards favouring the common good over individual rights. By the late 1990's, however, scientific advancements on genomics and genetic engineering, in particular, pushed the communitarian argument beyond the common good-individual rights debate, towards looking for better ways to engage communities in order to unpack the social meaning and

¹²⁹ Micah Hester. “What Must We Mean by “Community”?” *Theoretical Medicine* 25, (2004), p.431

¹³⁰ Micah Hester. “What Must We Mean by “Community”?” p.431

implications of these new technological advancements.¹³¹ For example research involving genetic engineering, such as manipulating germ cell lines, have far reaching implications, such as altering the genetic makeup of future offspring, even entire populations. Because of the scale of potential impacts of new technologies, bioethics needed to develop a framework to work out a balance between individual choices and the good of society, something that was not possible within the four-principle approach.

The result of this was a gradual shift towards an ethical framework that sought to balance both the good of society with individual choices. These lines of enquiry were grouped together in what Etzioni called responsive communitarian bioethics.¹³² In contrast to principlism which was primarily procedural and focused on autonomy and consent, responsive communitarianism's objective was to ensure that the social impacts and future considerations of technological advancements were included in the ethical deliberations.¹³³

Daniel Callahan was at the forefront of communitarian bioethicists who began to call for a reframing of ethical discourse. He began by situating bioethics within the broader philosophical discussions resulting from the mounting disquiet on the moral state of the society led by philosophers such as Alasdair MacIntyre and Charles Taylor. In his article "Tradition and the Moral Life,"¹³⁴ Callahan acknowledges that changes in the understanding of morality and perceptions of virtues were affecting society's response to bioethical challenges.¹³⁵ Though many academics were exploring the impact of these changes from a philosophical perspective, Callahan was seeking a practical

¹³¹ Ruth Chadwick. "The Communitarian Turn: Myth or Reality?" *Cambridge Quarterly of Healthcare Ethics* (2011), 20, p.547

¹³² Amitai Etzioni. "The Common Good and Rights." *Law and Ethics*. Winter/Spring (2009). p. 117

¹³³ Daniel Callahan. "Principlism and Communitarianism." *Journal of Medical Ethics* (2003); 29:p. 288

¹³⁴ Daniel Callahan. "Tradition and the Moral Life." *Hastings Centre Report*. December 1982 p.23-

¹³⁵ Daniel Callahan. "Tradition and the Moral Life." p. 23

understanding. For example, Callahan's response to MacIntyre's statement that "a moral life must be a coherent personal narrative lived in common with others, based on a morality of virtue,"¹³⁶ was that it needed to be grounded in the actual context of life lived. More specifically, Callahan argued that community needed to be defined to provide a context within which virtues and actions are defined.¹³⁷ He concludes this article by calling for the need to develop a moral tradition of investigation that seeks out values and goods that combine both bottom-up (how individual values fit in the mix of other's values,) and top-down approaches (which starts by looking at the greater good and how it relates to individuals.)¹³⁸

As scientific advancements continue to challenge traditional understandings of health and healthcare, bioethicists begin to further elaborate lines of enquiry which sought to give place to "solidarity, equity, and public good."¹³⁹ Rooted in the Christian moral tradition, "solidarity" is meant to express what humans have in common. Vulnerabilities, interests and an underpinning responsibility to each other influence the choices we make through the mindfulness that these choices impact others in our community. In a similar vein, the notion of equity directs our ethical choices so as to promote a fair distribution of health among fellow humans and reduce inequality among various communities.¹⁴⁰ In a general sense, the public good serves to "strengthen community by sustaining an environment

¹³⁶ Daniel Callahan. "Tradition and the Moral Life." p.25

¹³⁷ Daniel Callahan. "Tradition and the Moral Life." P.25

¹³⁸ Daniel Callahan. "Tradition and the Moral Life." p.30

¹³⁹ Ruth Chadwick. "The Communitarian Turn: Myth or Reality?" *Cambridge Quarterly of Healthcare Ethics* (2011), 20, p.546

¹⁴⁰ Ruth Chadwick. "The Communitarian Turn: Myth or Reality?" p.546

conducive to both individual and collective human flourishing.”¹⁴¹ In a practical sense, if we take “public good” to be synonymous with “common good,” then what is expected from each individual is not a simple devotion to the common good but a reasoned deliberation on the conditions and limits of the common good.¹⁴²

However, before we can begin to assess the impact of medico-scientific advancement and start evaluating our choices, we need to take a step back and think about what is meant by medicine in general: what is it, what are its goals, is it just a process of natural science or is there another dimension to it that needs to be explored?

2.2.1 The Challenge of Communitarian Bioethics

The challenge in asking these questions, however, is that medicine is “typically non-communitarian.”¹⁴³ Though the tradition of medicine is a long one, it has for the most part focused on the patient-physician relationship. These relationships were based on trust and perceived authority of the physician. Furthermore, physicians have been generally limited to providing basic care, in the form of diagnostics, giving comfort and palliative care to specific individuals.¹⁴⁴ However with the advancements in science, medicine is no longer just about caring for the wellbeing of a particular individual. The ability to extend life, the development of contraceptives, and genetic manipulations all have far reaching repercussions that go beyond the individual patient, the community and even extend to future generations. This new technological context has created a challenge for defining

¹⁴¹ Thomas Merrill, and David Miller. “Medical Care and the Common Good.” *Paper discussed at the President’s Council on Bioethics in September 2008*. Web. Part IV, Section A, 2nd paragraph..

¹⁴² Margit Sutrop. “Changing Ethical Frameworks: From Individual Rights to the Common Good?” *Cambridge Quarterly of Healthcare Ethics* (2011), 20: p. 536.

¹⁴³ Amitai Etzioni. “On a Communitarian approach to bioethics.” *Journal of Theoretical Medicine and Bioethics* (2011) 32:363–374 p.364

¹⁴⁴ Margit Sutrop. “Changing Ethical Frameworks” p. 536.

the common good, in particular, because it has caused a change in the nature of medicine, health and healthcare. But the idea that medicine as a common good is slow to anchor itself in the North American culture, in large part because medicine (and by extension healthcare) is still perceived in terms of the patient-physician relationship, and very much focused on individual needs, wants and choices. For example, a discussion paper entitled *Medical Care and the Common Good*¹⁴⁵ submitted to the President's Commission on Bioethics, undertook an exploration of healthcare from a communitarian perspective. In this paper, the authors stressed the need for government to think about medicine as a common good, and stated the following: "We argue that medical care shares some qualities of the public good, but it is best seen as a critical element of the common good, which gives it a special moral standing and makes a special moral demand on a society that seeks to establish a safe and fertile ground for its members' pursuit of happiness."¹⁴⁶ Though the Commission posted the paper as background information, it did not incorporate its recommendations into the final document, or their policies.

Given the extent to which advances in the medical field have affected our lives, we also need to grapple with how these advances have influenced our shared values which in turn push our culture one way or the other.¹⁴⁷ If we wish to create a flourishing society, we must develop a moral perspective to deal with these new complexities. What is needed to achieve this flourishing is a public pursuit of comprehensive ways of understanding the human good and how to envision the future of health and medicine. This can only be

¹⁴⁵ Thomas Merrill, David Miller. "Medical Care and the Common Good". *Presented to the President's Council's on Bioethics*, September 2008:

http://bioethics.georgetown.edu/pcbe/background/medical_care_and_common_good.html

¹⁴⁶ Thomas Merrill, David Miller. "Medical Care and the Common Good". Section IV, 2nd paragraph.

¹⁴⁷ Thomas Merrill, David Miller. "Medical Care and the Common Good". Section IV, 2nd paragraph

achieved if we commit to making political and social decisions about which choices will and will not be good for us as a community and about which principles, rules and virtues ought to govern healthcare.¹⁴⁸

In conclusion, two issues remain unresolved in the literature that have particular significance for this thesis; first, how to actually balance individual good with the common good in a real world setting remains elusive in academics works.¹⁴⁹ There are many assumptions, do's and don'ts, but no actual roadmap on how this can be achieved in the North American context of liberalism, market economy and pluralistic society. Second, though communitarian bioethics has argued strongly that principlism lacks the moral rigour for today's ethical challenges, it remains nonetheless an important component of bioethics. Beauchamp and Childress' four-principles (respect for autonomy, beneficence, non-maleficence and justice) with their long standing tradition in bioethics, are also considered integral values to bioethics and espousing a communitarian approach need not reject them.¹⁵⁰ Etzioni and Callahan believe that a more robust communitarian bioethics should include these principles. However, they argue that these principles need to be reframed to include the common good and include a platform to address the tension between the common good and autonomy (as it relates to choices of individual goods.) This second point will require further unpacking which will be addressed in Chapter three.

¹⁴⁸ Amitai Etzioni. "On a Communitarian approach to bioethics." *Journal of Theoretical Medicine and Bioethics* (2011) 32:363–374 p.364

¹⁴⁹ Margit Sutrop. "Changing Ethical Frameworks: From Individual Rights to the Common Good?" *Cambridge Quarterly of Healthcare Ethics* (2011), 20: p. 543.

¹⁵⁰ Amitai Etzioni. "On a Communitarian approach to bioethics." p.364

As for the first issue of balancing the common good with individual good, I believe Micah Hester's work on processive community is a promising starting point, given that bioethics needs a strong community in order to facilitate the dialectical process of working out personal choices with public policies in the context of conflicting values.¹⁵¹ As Hester argues convincingly, "all inquiry develops community." Hence we need to develop an approach to engage in ethical inquiry "that encourages a creative process that builds and strengthens our bioethical communities, situated in the current cultural context."¹⁵² In turn, this will support the development of healthy communities where solidarity, equity and concern for the public good transpire to the betterment of society. However, Hester's "process" needs further unpacking on how to identify the correct issues to be deliberated on and how to address the human nature of those participating who are influenced by their respective culture(s). Callahan offers us some insight on how to address these lacunas.

Callahan's work shows a consistent unpacking of the communitarian philosophy with the mindfulness that "doing ethics" takes place in the context of real life, with its complicated intricacies of less-than-perfect people, competing needs and wants in a constantly evolving world. Furthermore, he does this while remaining ever mindful of the tension between the common good and the quest to obtain individual good.

A great example of how Callahan approaches these challenges can be found in his article "Individual Good and Common Good: A Communitarian Approach to Bioethics."¹⁵³ This

¹⁵¹ Amitai Etzioni. "On a Communitarian approach to bioethics." *Journal of Theoretical Medicine and Bioethics* (2011) 32:363–374 p.369

¹⁵² Micah Hester. "What Must We Mean by "Community"?" *Theoretical Medicine* 25, (2004) p.431

¹⁵³ Daniel Callahan. "Individual Good and Common Good: An Approach to Bioethics." *Perspectives in Biology and Medicine*, Vol. 46, No.4 Autumn (2003).

article stands out from the pack because it turns the focus of bioethical enquiry on the person *doing* the ethics, rather than trying to work out more methods and theories.

There are two key components to Callahan's strategy: the first is contextual and consists of asking the right set of questions based on knowing what issues are at stake, the second is introspective, and explores analytical virtues needed by the persons "doing" the ethics. The point that Callahan is making by stressing the importance of context, is that it is not wise to go about randomly adopting any new technology – we need to stop and think about where we are going. However, in order to do this thinking, Callahan argues that we need to develop three virtues in particular: rationality, imagination and insight. These three virtues constitute analytical skills, which work synergistically to support a more "comprehensive judgment."¹⁵⁴ However, Callahan leaves it to the social science to flesh out the details of how to incorporate these virtues in bioethical deliberations.

I believe it would be a worthwhile venture to unpack these virtues more fully in the context of ethical deliberation as these are essential skills to bring to moral dialogues that "combine passion with normative arguments and rely on processes of persuasion, education, and leadership."¹⁵⁵ What is interesting about Callahan's exploration of analytical virtues and the common good is that they are remarkably similar to Bernard Lonergan's work, particularly that which is developed in *Method in Theology*.¹⁵⁶ Because of the proximity between the two scholars, Chapter three will explore in detail how the two can work together to develop a hermeneutical approach to framing the common good

¹⁵⁴ Daniel Callahan. "Individual Good and Common Good: An Approach to Bioethics." *Perspectives in Biology and Medicine*, Vol. 46, No.4 Autumn (2003), p.501

¹⁵⁵ Amitai Etzioni. "On a Communitarian approach to bioethics." *Journal of Theoretical Medicine and Bioethics* (2011) 32:363–374 p.369

¹⁵⁶ Bernard Lonergan. *Method in Theology*. New York: Herder and Herder, 1972.

in a concrete context with the objective of facilitating the bridging of communitarianism with principlism.

Chapter 3: Bridging the Principle - Communitarian Divide

So why is it so important to seek a way to bridge communitarianism with principle-based bioethical enquiry? The answer is two-fold: first, as was demonstrated in Chapter one, bioethical enquiry needs a counter-weight to society's focus on individualism and respect for autonomy which strongly privileges principle-based enquiry. Secondly, as we saw in Chapter two, it is only when people come together in community that the collective judgement process might take place, which in turn promotes choices benefitting all members in society. What remains to be unpacked, however, is how in a practical sense, this bridging can be achieved.

This final chapter will first investigate if and how, the communitarian approach might provide a corrective to the pitfalls ascribed to principlism, with particular attention to the stronghold of the concept of autonomy in making bioethical evaluations. The second part of Chapter three will be dedicated to exploring how theological concepts might inform and help bioethics achieve a bridging of communitarianism and principlism. In particular, I will draw from Bernard Lonergan's concept of the structure of the human good to propose a reframing of the meaning and significance of human rights, liberty, individual good and common good, by re-introducing the centrality of transcendence. The chapter will close with a discussion on how Lonergan's structure of the human good might engage with bioethics in practice, by looking at the euthanasia debate in the province of Quebec, Canada.

3.1 Communitarianism as a Corrective to Principlism

James Childress suggests that “correcting” the principles would consist of reframing the principles to consider the intersubjective nature of human beings and the role of community.¹⁵⁷ This implies adding a line of questioning which would include notions of the common good. In more concrete terms, when weighing and balancing the principle of non maleficence, for example, debates would also evaluate the impact of choices such that no harm was done to human welfare, such as the community’s values and institutions. Beneficence would not only seek what is truly good for individuals, but would transcend the good of the individual to include that of the community. Similarly, justice would go beyond questioning the fairness of a particular issue towards an individual’s rights, for instance, but would also question whether an action or policy was fair and responsible towards the good of the society. For example, a communitarian approach would evaluate if making an expensive genetic-screening test available to some who desired it, is a just use of public healthcare money.¹⁵⁸

However, this reframing would have a significant impact on the principle of respect for autonomy. As we saw in Chapter one, Western society’s notion of autonomy is based largely on the concept of freedom of rights which sets the individual good *a priori* over any concerns of the common good. Currently, rules and regulations such as those set by governing boards that oversee clinical and research bioethics, have leaned strongly towards protecting a “severe form of individualism.”¹⁵⁹ Tauber argues that such an emphasis on autonomy leaves very little room for a morality of care and responsibility:

¹⁵⁷James Childress. “Communitarian Bioethics” *Oxford Handbook of Bioethics*. (2007) p.41

¹⁵⁸ Daniel Callahan. “Principlism and Communitarianism.” *Journal of Medical Ethics* (2003); 29: p. 289

¹⁵⁹ Alfred Tauber. “Sick Autonomy.” *Perspectives in Biology and Medicine* 46.4 (2003) p.493

“The sense of responsibility exhibited by physicians and nurses arises from their commitment to care for others, not primarily from a set of rules designed to protect patient autonomy.”¹⁶⁰ On this point, Tauber has made several appeals for medical ethics to re-evaluate patient autonomy by reinstating the notions of personhood supported by an ethic of care and responsibility.

How this translates into a corrective to the principle-based bioethics is a reorientation towards the common good: If this is so, then the goal of bioethical debates is no longer to “fix” a particular problem, but to drive toward promoting the common good such as promoting a fair distribution of health care resources. This can only be achieved through the community’s reflective process. As we saw in Chapter two, the community is “a moral space in which things have a value insofar as the prevailing culture gives them meaning.”¹⁶¹ In other words, the community of enquiry, acting as a litmus test of sorts, may help guide a society towards making fair and responsible choices benefitting the common good.

This reframing also supports, rather than squashes, the principle of respect for autonomy as it situates the individual within which community he/she belongs.¹⁶² Callahan makes a powerful statement regarding the impact of scientific advancements: “the most powerful impact of biomedical change has not been confined just to the body. It has no less left its

¹⁶⁰ Alfred Tauber. “Sick Autonomy.” p.493

¹⁶¹ Antonio Argandoña. “The Common Good.” IESE Business School. *University of Navarra. Working Paper* WP-937. (July 2011). p.6

¹⁶² James Childress. “Communitarian Bioethics” *Oxford Handbook of Bioethics*. (2007) p.41

mark on those individual perspectives and social institutions that change the way people think about themselves and live their lives.”¹⁶³

Thus, communitarianism can help us move bioethics from the current practice of making judgements that are shaped by individual needs and desires to more comprehensive judgments which include “reflecting on the meaning, import, and acceptability” of science and medicine.”¹⁶⁴ Callahan calls for bioethical enquiry that would include a concern for the greater good, the good of society: “Above all, bioethics needs to develop the capacity to help individuals make good moral decisions in their own lives and to do so in the context of that most basic of all moral questions: how ought I to live my life?”¹⁶⁵ Callahan argues, however, that what is currently missing in the bioethical arena is a mechanism enabling us to evaluate how medico-scientific advancements are impacting our lives.

However, there is a caveat: being part of a community and espousing its values and moral standards doesn’t mean mindlessly going along with the crowd. Individuals must somehow retain the ability to be “reflective moral beings.”¹⁶⁶ Ten Have argues that it is this intricate balance between being situated in community and retaining a reflective distance that allows for the possibility of ethical evaluation:

Although human beings are fundamentally dependent on community, man as moral being still has the potential to ethical reflection. Constituted as a self by societal culture, he at the same time can obtain some reflective distance, creating independence

¹⁶³ Daniel Callahan. “Bioethics: Private Choice and Common Good.” *Hastings Center Report*, May-June (1994). P.29

¹⁶⁴ Daniel Callahan. “Bioethics: Private Choice and Common Good.” p.29

¹⁶⁵ Daniel Callahan. “Bioethics: Private Choice and Common Good.” *Hastings Center Report*, May-June 1994. P.28

¹⁶⁶ Ten Have. “A Communitarian Approach to Clinical Bioethics” *C. Viafora (Ed.), Clinical Bioethics. A Search for the Foundations*, p.50

from the particular roles, goals and values that characterize the societal culture. Otherwise, the possibility of ethical reflection should only consist in explicating and articulating the values and goals prevailing in the societal culture, without the opportunity of critical disengagement.”¹⁶⁷

It is this “critical disengagement” that allows one to ask “is this indeed the right thing to do?” This is a critical point especially given the extent to which new scientific advancements have influenced societies’ accepted values, virtues and what it considers the good life.¹⁶⁸ “Scotus argued that the essence of freedom was not merely the capacity to choose but rather adherence to the good that one chooses...A richer concept of freedom would incorporate the value of what is chosen...”¹⁶⁹ In other words, without looking at the goods we choose and the values we uphold, how do we know if the choices we make are ethically viable, or if we are choosing for good or evil? Alasdair MacIntyre, writing from a virtue ethics perspective, argues that:

...only when a group arrives at a commonly shared understanding of what is in fact truly excellent in a particular circumstance can authentic common action proceed... Therefore, persons who are morally and intellectually virtuous are essential to the common good.¹⁷⁰

To recap the chapter so far, some important questions have been raised in the context of the strengths and weaknesses of both principlism and communitarianism. These questions are related to issues around the heightened focus on the principal of autonomy in Western culture, the importance of individual freedom, the difficulty of settling on truth claims in the context of a particular community’s values and the question of what constitutes a virtuous person and how might one foster virtuous living. These questions lead us now to

¹⁶⁷ Ten Have. “A Communitarian Approach to Clinical Bioethics” p.49-50

¹⁶⁸ Daniel Callahan. “Bioethics: Private Choice and Common Good.” p.29

¹⁶⁹ Thomas Shannon. “The Communitarian Perspective.” *Contemporary Issues in Bioethics: A Catholic Perspective*. (2005), p.57

¹⁷⁰ Patrick Byrne. “Jane Jacobs and the Common Good.” *Ethics in Making a Living*.(1989) p.173

the central aim of this thesis and into a consideration of the thought of Bernard Lonergan and what he might contribute to this discussion.

3.2 Lonergan: Freedom, Objectivity and the Structure of the Human Good

Chapter one explored the principle of autonomy and how, despite it being one of four important principles offered as tools for bioethics, it came to be emphasized to such an extent that there emerged a danger of cutting off the human person from his or her relationship with the community. More precisely, the principle of autonomy became reductionist and, as is argued in Chapter one, created significant problems in deliberating bioethical issues. Chapter two explored the critique of the communitarian perspective against such an overemphasis on the principle of autonomy. For communitarianism, autonomy lacks the scope to take into consideration the impact of an individual's choice on the greater society. While there is recognition on the part of the communitarians that there needs to be more of a balance between principlism and communitarianism, there is no clear path laid out to foster this balance. Thus this next section will focus on four important questions which emerge from this debate.

First, while the principle of autonomy is grounded in respect for the human person, this grounding appears to have been lost with the overemphasis of certain aspects of autonomy such as individualism, the individual and human rights and the privileging of the individual good eclipsing a broader consideration of the common good. How might a consideration of the human person be put forward that begins to correct this imbalance?

Second, while the issue of freedom has never been far from the consideration of autonomy, human rights and the individual good, what exactly is understood by

“freedom” needs to be clarified. For example, is it possible to think about freedom in such a way that it broadens out to take into consideration the good of more than just the individual? Third, a concern for the possibility of “objectivity” in relation to the “common good” has surfaced in this thesis. Yet, how might one negotiate an understanding of “objectivity” in the midst of cultural, religious, ethical pluralism? How might one find a common basis for dialogue? Finally, concern for “virtue” and “virtuous living” is raised. Truly flourishing human communities require virtuous people, yet, what exactly does it mean to be “virtuous” and how does a community foster virtuous persons?

These four questions lay a path that this section on the thought of Bernard Lonergan will begin to address. Lonergan’s contribution is at the level of method. He provides tools of analysis to foster what many are calling for in relation to the rehabilitation of respect for persons, a broader understanding of freedom, a consideration of objectivity that flows out of a person’s capacity to make judgements of fact and judgements of value, a dynamic understanding of the human good that provides important insights into the relation between the individual and the social and how this relationship works toward the promotion of the good at three different levels. Furthermore, Lonergan’s method helps us to grasp the notion of “conversion” that sheds light on how persons grow and develop toward more virtuous forms of living individually and in community. Thus, the contention of this thesis and what this section will attempt to explain is how Lonergan’s tools of analysis might help to bridge the gap between principlism and communitarianism. This will involve three tasks.

The first of these tasks will be to explore Lonergan's explanation of the cognitive structure of the human person. It is here that light is shed on a more complete picture of the principle of autonomy and its connection to respect for (or the dignity of) human persons. Also important is how the cognitional structure is related to the notions of freedom, objectivity and authenticity with its connection to virtue and virtuous living. This sets the stage for the second task, explaining how Lonergan develops an understanding of the human good in such a way that we see the intricate connection between the individual good and the social good and how it is not really possible or beneficial for one to be cut off from the other. From the first two tasks, the way is paved to shift from a language of rights to a language of love. In this third task, the discussion enters the explicitly theological dimension of the thesis and again, Lonergan's contribution is valuable. We revisit the notion of freedom or liberty and the notion of conversion.

Central to Lonergan's methodology are the notions of how we can come to be able to perform these analyses, gain insights and perform evaluations correctly, that it is a manner that directs us towards the good. The key to Lonergan's work is to understand first and foremost, that he is always seeking what is concrete, and not some abstract theory. Most importantly, as Sauer writes, for Lonergan "the good is concrete because it is what benefits, improves and enriches human living. It is what is good for individual persons, natural communities like family, and constructed communities like neighborhoods, nations."¹⁷¹ Lonergan's objective is to help us grasp what is real which he does by mapping out our cognitive processes by which we come to acquire *true*

¹⁷¹ James Sauer. *A Commentary on Lonergan's Method in Theology*. (2001) p.61

knowledge. How we come to grasp reality is through a successive pattern of cognitive operations that lead us to a manifold of discoveries which, interwoven, begin to shape a picture of this reality. This process is premised on the fact that as moral beings, we can undertake cognitive activities with intelligence and reasonableness.¹⁷²

Lonergan's cognitional process is highly complex and involves many sub-discussions which have been amply explored by theologians and philosophers. This section will serve to introduce the main concepts of the process as it underpins any successful attempt by individuals and societies in embodying the human good. This process can only begin with our willingness to engage in thinking introspectively, which in Lonergan's understanding, means to approach our conscious activities *objectively*. As we are intelligent creatures, looking for insights (the quest for discoveries), is innate to us. However, it is only by undertaking this search for insights objectively, that is with detachment, are we then able to discern what is really true, or truly good. Being able to be objective is something that needs to be cultivated through the process of self-awareness which steers us towards seeking out the truth.

Lonergan's method differs from other cognitional theories in that it "transcends" the particular field or subject we are intending to know more about. His method seeks out all possible "opportunities available to the mind," not by the power of sheer intellect, but by elevating our consciousness through the commitment to becoming ever more self-aware.¹⁷³ Through this process Lonergan moves us beyond "what we know - to seek to

¹⁷² William Sullivan, "The role of affect in evaluations according to Bernard Lonergan: Ramifications for the euthanasia." *ProQuest Dissertations and Theses*; (1998) p. 139-140

¹⁷³ Bernard Lonergan. *Method in Theology*. New York: Herder and Herder, (1972), p.14

know what we do not know yet.”¹⁷⁴ What makes this method compelling in the context of this thesis, is its unifying character: because the cognitive process transcends all fields of study, Lonergan argues that it could promote the good of society by bringing together individuals from various disciplines in order to establish common norms and values.

3.2.1 Cognitive Process Structure

As a point of departure, we need to learn what true “knowing” is. For Lonergan, this is not merely looking around, or understanding a concept or making an evaluation. We come to truly know only through a successive and cumulative process. This process consists of cognitive activities which Lonergan describes as levels. This imagery of ‘climbing’ each step reinforces the idea that the process is cumulative and that we can only move forward by successfully completing the objectives of the previous level. In addition to being cumulative, the process must also be progressive. That is to say, as we repeat these cognitive activities in search for what is true, we will make discoveries (or insights) which are the building blocks of authentic cognitive performing.¹⁷⁵

For Lonergan reality is not something we “know” just by looking – it must be apprehended through experience, framed by understanding and reflection. Lonergan synthesizes this process into three levels: Experiencing; understanding; and judging.

Experiencing:

At the first level of the cognitive process we acquire data through our basic senses, such as seeing, touching or hearing. This activity is primarily “receptive” and though it is a

¹⁷⁴ Bernard Lonergan. *Method in Theology*.(1972) p.11

¹⁷⁵ Bernard Lonergan. *Method in Theology*. p.6

conscious act, there is no “mediation by [our] intellect” and it is not yet considered to be “knowledge” in the Lonergan sense.”¹⁷⁶

Understanding:

The second level is the process which engages our intellect as we move from “experiencing,” that is the data we collected with our senses, towards something that is a ‘concrete intelligibility’. We start the process of understanding by asking questions in the form of “what is it (that I am sensing)?”¹⁷⁷ The discovery of what it is we are sensing is what Lonergan describes as an insight, and more specifically, a direct insight.

Judging:

This third level of operations seeks to determine if what we understood is true - yes, or no- which is considered a judgement of fact. In order to make a judgement, solely possessing the facts is not sufficient – we must also have adequate experience and understanding. Through a series of questions we review the first-level sense-data we collected to determine if our understanding was/is accurate. These questions are the basis of what will constitute true knowledge.¹⁷⁸ It is by reflecting on the direct insights we acquired from the previous step, that we are able to judge if these insights are accurate or not. This in turn becomes reflective insights.

The concept of insights (both direct and reflective) is key to understanding Lonergan’s cognitive process, as it is through accumulated and shared insights that we begin to

¹⁷⁶ William Sullivan, “The role of affect in evaluations according to Bernard Lonergan: Ramifications for the euthanasia.” *ProQuest Dissertations and Theses*; (1998). p.150

¹⁷⁷ William Sullivan, “The role of affect in evaluations according to Bernard Lonergan.” p.152

¹⁷⁸ William Sullivan, “The role of affect in evaluations according to Bernard Lonergan.” p.154

apprehend the world around us. Though the cognitive activities of understanding and judging are to be carried out individually, it is by drawing on the many experiences and insights of others that contribute to a fuller understanding and judgment.¹⁷⁹ Moreover, the role of reflective insights underpins Lonergan's premise that the process of knowing is not intuitive, but demands a deliberate set of activities.¹⁸⁰

Objectivity

Lonergan argues that it is only through objectivity can we come to truly grasp reality. That is to say, that objectivity begins when each of us can affirm our own experience, understanding, judging and choosing by being intelligent, reasonable and responsible—what Lonergan calls self-appropriation. The challenge here is to be willing to engage in the process of self-appropriation which is in itself a life-choice as it is a life-long pursuit. If we so choose to embark on this journey of self-discovery, we will understand that we come with biases (our own as well as those shared by the community) and fears.

Of course in concrete settings when we attempt to make judgments of facts, we are faced with many challenges. For example, during the first level of experiencing, though we might be attentive to the data we are collecting, in real life there will be all sorts of data to sift through, some of which may very well be unimportant or we may be tempted to pick and choose only the data that supports our position. We also have our own personal biases which manifest themselves as fears or desires that also shape what we will be attentive to. The challenge is that bias may be difficult to perceive, especially when the

¹⁷⁹ William Sullivan, "The role of affect in evaluations according to Bernard Lonergan: Ramifications for the euthanasia." *ProQuest Dissertations and Theses*; (1998), p. 171

¹⁸⁰ William Sullivan, "The role of affect in evaluations according to Bernard Lonergan." p.169

“bias springs from the communal flight from understanding and is supported by the whole texture of a civilization?”¹⁸¹

Lonergan’s method guides us to apprehend the dialectical nature of human knowledge that struggles between “bias and truth, inattention or insight, of irresponsibility or responsibility.”¹⁸² The more we become attentive, intelligent, reasonable and responsible, the more we become “authentic” individuals.

Authentic subjectivity

When we consciously perform the cognitive activities, that is, when we experience attentively, understand intelligibly, and come to judgements of facts reasonably, we are closer to authenticity, or what Lonergan refers to as authentic subjectivity. Authentic subjectivity is being aware of our biases, what questions we refuse to ask, what we rationalize in order to steer an outcome. Authentic subjectivity is what makes objectivity possible.¹⁸³ The more we operate authentically, the more confident we can be on our cognitive achievements.

Feelings

We cannot deny the existence of, or the influence of, feelings. Lonergan asserts that these intentional feelings are what drive us to act in response to the knowledge we acquire.

Lonergan distinguishes two basic types of feelings: non-intentional, which arise without

¹⁸¹ Cited in Shawn Copeland. "A Genetic Study of the Idea of the Human Good in the Thought of Bernard Lonergan." *ProQuest Dissertations & Theses* (1991). p.90

¹⁸² Shawn Copeland. "A Genetic Study of the Idea of the Human Good in the Thought of Bernard Lonergan." p.38

¹⁸³ William Sullivan, “The role of affect in evaluations according to Bernard Lonergan: Ramifications for the euthanasia.” *ProQuest Dissertations and Theses*; (1998) p.197

conscious effort, such as hunger, and intentional feelings, which arise consciously. It is this latter type of feeling that I will focus on.

There are intentional feelings that respond to self-interest. These do not lead to the apprehension of value. These feelings relate to what is in a current frame of reference and are limited to apprehending what we find agreeable or not, at a given point of time.

However, what does bring us to the knowledge of values is what Lonergan calls “self-transcending feelings.” Self-interested feelings focus on merely what is pleasurable or satisfying; self-transcending feelings are the conscious realization that something is valuable.¹⁸⁴

William Sullivan states that for Lonergan, “the valuable is discovered, not created,”¹⁸⁵ in a way that self-transcending feelings will apprehend values according to a scale of preference: vital values, social, cultural, personal and religious. Vital values are those that are constitutive our lives, such as health. Social values “condition the vital values of the whole community” and are preferred to vital values, while cultural values define the meaning of our shared lives and are preferred over social values. Personal values are our very self-transcendence.¹⁸⁶ The most desirable set of values are religious, which take shape by a profound relationship with God.

¹⁸⁴ Joseph Cioni. “A Breakdown in the Good of Order: An Analysis of the Subprime Mortgage Crisis Informed by Bernard Lonergan's Notion of the Human Good.” ProQuest (2012), p.63

¹⁸⁵ William Sullivan, “The role of affect in evaluations according to Bernard Lonergan: Ramifications for the euthanasia.” *ProQuest Dissertations and Theses*; 1998 p.235

¹⁸⁶ Joseph Cioni. “A Breakdown in the Good of Order.”p. 66

Evaluating

The fourth level processes “become the object of my question of value”¹⁸⁷ that is, “is it good?” We ask the question “is it good or worthwhile” because we anticipate the presence of value upon which we will decide, or not, to act. Value judgements can also be negative, such as “is it bad?”

Sullivan argues that through this process we come to know what is good by “what [we] intended in [our] questions for deliberations and know through our value judgements.”¹⁸⁸

However, as mentioned previously, values are apprehended in feelings. Sullivan lays out a dualistic nature of apprehending values. On the one hand, our “intended values stem from a restless heart, rather than mind” while at the same time “it is by a responsible (versus rational) compulsion that there follows a judgement of value.”¹⁸⁹ That is to say, values are apprehended in our feelings and confirmed cognitively.

Questions for deliberation can only occur with the undergirding knowledge gained from judging what is real.¹⁹⁰ Sullivan articulates another important aspect of the fourth level activities; in addition to making judgements which determine if an actual fact is indeed a value, we also seek relative judgements by which we compare/weigh among other actual values that may be relevant to a particular issue. This activity of deliberation is what gives way to choices.¹⁹¹ As we progress in the fourth level, our focus towards being authentic moves us beyond being only rational, to seek out what is truly good (i.e. the

¹⁸⁷ William Sullivan, “The role of affect in evaluations according to Bernard Lonergan: Ramifications for the euthanasia.” *ProQuest Dissertations and Theses*; 1998 p.179

¹⁸⁸ William Sullivan, “The role of affect in evaluations according to Bernard Lonergan.” p.257

¹⁸⁹ William Sullivan, “The role of affect in evaluations according to Bernard Lonergan.” p.246-247

¹⁹⁰ William Sullivan, “The role of affect in evaluations according to Bernard Lonergan.” p.248

¹⁹¹ William Sullivan, “The role of affect in evaluations according to Bernard Lonergan.” p.255

value we intended to seek out.) It not surprising then, that fourth level activities have their foundation in our moral and religious backgrounds.¹⁹²

As individuals share their discoveries and insights with others, so there develops knowledge, science and values in common. However, because true knowledge is never 'perfect' or complete, there is bound to be some mis-information or distortions. It is the measure to which each individual is committed to being attentive, intelligent, reasonable and responsible that errors will be corrected, and what is truly good will be grasped, driving societal progress. Essentially, these are the building blocks of the human good: "it is a history, a concrete cumulative process resulting from developing human apprehension and human choices that may be good or evil."¹⁹³

However, Lonergan stresses that conscious intentionality does not automatically lead to the good. The truly good must be freely chosen by us to come about. Freely choosing what is truly good cannot come out of coercion, nor is the process of deliberation sufficient to bring about the good: "the process of deliberation and evaluation is not itself decisive, and so we experience our liberty as the active thrust of the subject terminating the process of deliberation by settling on one of the possible courses of actions."¹⁹⁴ So for Lonergan, fundamentally human beings are free. Being free gives us the capability of becoming authentic. In freedom, we can choose to strive to become authentic which in turn affects how we act within our culture and history. The changes that occur in us, also

¹⁹² William Sullivan, "The role of affect in evaluations according to Bernard Lonergan." p.248

¹⁹³ Joseph Cassidy. "Extending Bernard Lonergan's Ethics: Parallel between the Structures of Cognition and Evaluation." University of Ottawa 1996. *ProQuest* p.187

¹⁹⁴ Bernard Lonergan. *Method in Theology*. 1972. p.50

change the world around us.¹⁹⁵ However, though we make a personal choice to move through each successive cognitive level to apprehend what is truly good, we do not undertake this in a vacuum, but rather situated in community. Therefore, human knowledge is a shared process as we learn from each other.¹⁹⁶

Lonergan's cognitional structure shows us how virtuous living can be achieved through the gift of freedom combined with our conscious intentionality to live authentic lives.

We can now move to the second task of this section that is to explore how Lonergan understands the connection between individual good and social good and how the two work synergistically towards the human good.

3.2.2 The Human Good as a Dynamic Process.

As we saw above, the good is both individual and social. What relates the personal aspect of the good with the social one is the interplay of our individual lives with our social relationships within a cultural context. In other words, "...the good can be interpreted in relation to the reality of the individual, in relation to the reality of the individual in a socio-cultural world, and in relation to the reality of the person as subject intending value."¹⁹⁷ It is helpful here to visualise this as a threefold structure, where the good at each level "refers to a complex insight whose meaning expands as the horizon or interpretation expands."¹⁹⁸ What this means then, is that as we move from the first level towards the third, we achieve a more comprehensive capacity to evaluate morally or ethically which is reflected in the "good" that is attained at each level.

¹⁹⁵ Shawn Copeland. "A genetic study of the idea of the human good in the thought of Bernard Lonergan." *ProQuest Dissertations and Theses*; 1991; ProQuest Dissertations & Theses (PQDT) p.233

¹⁹⁶ Bernard Lonergan. *Method in Theology*. (1972), p.43

¹⁹⁷ James Sauer. *A Commentary on Lonergan's Method in Theology*. (2001) p.75

¹⁹⁸ James Sauer. *A Commentary on Lonergan's Method in Theology*. p.75

Schematic Representation of the Three Levels of the Good

MEANING OF THE WORD "GOOD"	HORIZON OF MEANING	ATTITUDE TOWARD SOCIAL STRUCTURES
The Good as satisfaction	Personal interest	Social structures as means to personal fulfilment
The Good as harmony	Social structure	Commitment to social order
The Good as value	The longer dynamics of historical progress and decline	Commitment to historical progress

The figure above illustrates the three dimensions of the good. The first column, “meaning of the good” describes the good that is sought out at each level. The second column, “horizon” frames which horizon we are grounding our insights of the corresponding good. The final column, “attitude towards social structures” is where we see the interrelationship between personal and social applications of the good. In order to understand this in concrete terms we need to tease out what “good” is sought at each level and what is involved for the individual and the social that brings about this “good” which ultimately ushers in the human good.

Meaning of the Word Good

Level 1: The good as satisfaction. At this level, the good is something that satisfies an individual desire or a personal interest. This level takes its meaning from within the horizon of an individual’s reality. As part of our earthly journey, each of us experiences needs and desires of all kinds such as food, shelter, education and the need for

companionship. These individual needs are satisfied by obtaining what Lonergan calls particular goods.¹⁹⁹ Such goods are attributable to a certain person at a defined point in time (a breakfast, for example).

Level 2: Represents the good as harmony, or what Lonergan terms “good of order.”²⁰⁰

The good of order comes about when we expand our focus, from seeking to satisfy only our individual good(s) towards the good that is found in social order. This good is reflected in our social structures in how well they are able to provide the continuous flow of individual goods. When our institutions, such as our families, the State, or educational systems, work harmoniously, then the good of order is promoted. However, what is especially important to distinguish here, is that the good of order is not an assembly line of particular goods nor is it the formation of institutions. The good of order is itself inherently good or valuable, as Paul Hoyt-O’Connor states that it is the “*regular* and *recurrent* enjoyment and the *ordering* of human action [which] are themselves distinctly valuable.”²⁰¹ As we advance from a focus on individual needs and desires from level 1, the good of order seeks its meaning from the reality of the individual within his or her socio-cultural world. This advances our capacity to evaluate morally and ethically because there is accountability to a wider social order that transcends personal desires from level 1.

Level 3: Good as value: this terminal level transcends the good in the previous two levels, as it moves from seeking the good as “developing object to involve the good as

¹⁹⁹ Bernard Lonergan. *Method in Theology*. 1972

²⁰⁰ Bernard Lonergan. *Method in Theology*. 1972.

²⁰¹ Quoted in Joseph Cioni. “A Breakdown In The Good Of Order: An Analysis Of The Subprime Mortgage Crisis Informed By Bernard Lonergan’s Notion Of The Human Good.” ProQuest.p.105

developing subject.”²⁰² In other words, it is the “good of the substantive personal value by which we judge the good....”²⁰³ That is to say we seek what is truly good, whether it be a social structure, or a particular good. Therefore, the values a society holds in esteem, will be reflected in its social structures as those values will form the “rationale and justification of some one or another system of laws, of education, of economy, of polity.”²⁰⁴ Thus the good as value calls for a critical evaluation of social orders within wider, more universal horizons of historical progress or decline. We obtain a host of concrete insights into instances of progress and decline within historical living and within the ecologies which are our home. We can already see in these brief descriptions of the meaning of the word “good” the interplay between the individual, society and culture. Next I will unpack these intricate relationships and explore how each contributes and works together to bring about the good at each of the three levels.

Referring back to the figure, the good as satisfaction is related to our individual interests or desires. However, in most cases, we need the help of others to obtain these goods. Accordingly, we enter into relationship with others in our society which can help us achieve a particular good. It is within these relationships that our individual capacities enable us to work together, through cooperation, to contribute to the fulfillment of each other’s basic needs. How a group of people choose to cooperate depends on the insights each individual brings and shares in common with the others. As more insights are shared within a community, a pattern of cooperation emerges which is represented by norms,

²⁰²Shawn Copeland. “A genetic study of the idea of the human good in the thought of Bernard Lonergan.” *ProQuest Dissertations and Theses*; 1991; ProQuest Dissertations & Theses (PQDT) p.233

²⁰³ James Sauer. *A Commentary on Lonergan's Method in Theology*. (2001) p.75 p.79

²⁰⁴Shawn Copeland. “A genetic study of the idea of the human good in the thought of Bernard Lonergan.” *ProQuest Dissertations and Theses*; 1991; ProQuest Dissertations & Theses (PQDT) p.195

rules and laws the community chooses to value or abide by.²⁰⁵ These patterns of cooperation evolve into social structures. When these social structures are exploited for personal fulfilment, that is, when they are governed at the first level of good, they become fragile.

A more robust social structure, is one in which there is a healthy pattern of cooperation and commitment between individuals of a society. This is the central concern of the second level. In a cooperating community, people support each other in fulfilling their needs and work towards the good of order. They do this freely, through their roles and tasks they undertake in their community. What makes this possible is that “people are joined by a common experience, common or complementary insights, and by judgments of fact and value.”²⁰⁶ Furthermore, for Lonergan the appeal to values considered worthwhile is central to the formation of social structures, “it is by appealing to value or values that we satisfy some appetites and do not satisfy others, that we approve some systems for achieving the good of order and disapprove of others.”²⁰⁷ This is the reason why each society has many different schemes of the good of order.²⁰⁸ Moreover, the choice of values a society upholds becomes apparent in personal relationships. Patrick Byrne writes that “a group of people reveals the values to which they are collectively committed in the ways they treat each other.”²⁰⁹ Therefore, when individuals work together, with a commitment to social order, social structures become stable. When such

²⁰⁵ Patrick Byrne. *Universal Rights or Personal Relations?* Unpublished paper. Boston College (2005) p.12

²⁰⁶ Bernard Lonergan. *Method in Theology*. (1972). p.50

²⁰⁷ Bernard Lonergan. *The Lonergan Reader*. (2002). p.40

²⁰⁸ James Sauer. *A Commentary on Lonergan's Method in Theology*. (2001),p.77

²⁰⁹ Patrick Byrne, *Universal Rights or Personal Relations?* p.15

a commitment exists, concern for personal welfare becomes inseparable from wider social concerns. Eventually, concern for the social order eclipses individual desires. Again we saw that as we moved from level 1 to level 2, the horizon of meaning moved from a concern of “self”, (first level good), towards a horizon of meaning framed by interpersonal relationships (level 2). Therefore when we move towards considering the good as harmony, we drive towards a more comprehensive understanding of the human good. However, this is still not the full picture. As mentioned above, a society chooses its social structures based on what values that society believes to be worthwhile. This begs the question, how do we choose the truly valuable (or truly a good) and what motivates us to choose the greater good rather than satisfying a personal desire? The answer to this question lies deep within the notions of liberty, self-transcendence, conversion and history which are explored in the context of level 3.

Level 3, moves beyond the first two levels as it explores human development through the perspective of society’s progress and decline. This is not an abstract theory; a society’s progress is the “actual, concrete functioning or malfunctioning of a set of relationships that are constitutive of human living.”²¹⁰ These relationships are determined in part on how individuals come together in a society: to the extent that they enter into relationship as their authentic selves, there can emerge true particular goods, true good of order and a true scale of preferences regarding values and satisfactions within a given society. Over time, members of a given community who remain committed to seeking out the good will make choices that bring about positive changes for the society as a whole. As individuals develop so too do their respective societies. However, human development is not perfect,

²¹⁰ James Sauer. *A Commentary on Lonergan's Method in Theology*. (2001) p.82

just as human growth is not constant nor is guaranteed.²¹¹ Therefore, part of this commitment to historical progress necessitates a willingness to undertake a social critique of social structures with the goal of social renewal, as structures may become exploitive or even destructive with the passage of time.

The process of social critique begins with the individual but is contextualized within one's culture and society. As individual members share their discoveries and insights with others, so there develops knowledge, science and values in common. Furthermore, to the extent that each individual is committed to being attentive, intelligent, reasonable and responsible, errors will be corrected and values will be grasped. However, because true knowledge is never perfect or complete, there is bound to be some distortions:

“...there is sin, the failure to obey reason, the rationalization of sin in the social field.”²¹²

Hence, development is not only conditioned by the apprehension of value(s) but is also “...correlative [to the] moral and ethical practice which oppose bias and sin in the social process at every point.”²¹³ However, we recall from the previous section that conscious intentionality to becoming authentic leads to the good when in freedom, the individuals choose to do what is truly good. Kenneth Melchin frames Lonergan's notion of freedom as central to the process of deliberation and moral growth:

This positive understanding of freedom as self-determination begins to connect with our account of moral foundations. Clearly, the central feature of this idea of freedom is

²¹¹ James Sauer. *A Commentary on Lonergan's Method in Theology*. (2001) p.82

²¹² Shawn Copeland. “A genetic study of the idea of the human good in the thought of Bernard Lonergan.” *ProQuest Dissertations and Theses*; 1991; ProQuest Dissertations & Theses (PQDT) p.16

²¹³ Shawn Copeland. “A genetic study of the idea of the human good in the thought of Bernard Lonergan.” p.190

our capacity to perform acts of moral meaning in which we size up situations, devise and evaluate courses of action, and begin to act on them.²¹⁴

Loneragan understands freedom as an innate attribute of all human. We exercise our liberty by “choosing our orientation in life and to become self-transcending.”²¹⁵ In other words, deliberation and moral growth take place within a certain horizon (self-interest, social structure or historical progress), which Lonergan names “horizontal” liberty: “Horizontal liberty is the exercise of liberty within a determinate horizon and from the bias of a corresponding existential stance.”²¹⁶ However, as we move from one level to the next we exercise vertical liberty in choosing to move towards a more comprehensive horizon of meaning. Vertical movement brings us closer to a more complete authenticity and is where our judgments of value are grounded.²¹⁷ However, as mentioned previously, to the extent that we enter into relationships as authentic selves, and remain committed to working together, there can emerge what is truly good. The choice to remain committed to cooperation within our community is done in freedom: “They [people] are related to the commitments that they have freely undertaken and by the expectations aroused in others by the commitments, by roles they have assumed and the tasks that they meet to perform.”²¹⁸

Though we are free and have the potential to develop morally and ethically, what gives us the impetus, or desire, to advance from one horizon of meaning to the next - to move beyond our comfort zone? For Lonergan, this willingness to move from a horizon of self-

²¹⁴ Kenneth Melchin. *Living with other People*.(1998), p.74

²¹⁵Concordia University Lonergan Website Glossary available at http://lonergan.concordia.ca/glossary/glossary_e-l.htm

²¹⁶ Bernard Lonergan. *Method in Theology*. 1972. P.40

²¹⁷ Bernard Lonergan. *Method in Theology*. p.40

²¹⁸ Bernard Lonergan. *Method in Theology*. p.50

interest to one of concern for humanity can only come from the dramatic thrust of conversion.²¹⁹ As was discussed previously, our horizon is comprised of objective data of sense and data of consciousness on the one hand, and a subjective component, that of self-appropriation, on the other.²²⁰ It is reflected in human development and conversion. We move “horizontally” within a particular frame of reference propelled by interests and concerns we already have. Depending on our orientation, we will be open to certain types of questions or insights. As we develop, our orientation changes and we become aware of new possibilities. What propels us towards a new horizon is the “powerful experience of conversion”²²¹ which develops out of the potentialities of the former horizon. The process of conversion changes our frame of reference (or horizon.)

Conversion begins with the freely chosen quest to move “from a self-regarding to a self-transcending orientation”²²² – if there is no will to seek self-transcendence then no conversion can take place. Conversion is what allows to us to begin our journey towards self-transcendence by becoming ever more authentic individuals. Authenticity is expressed when we let go of unhealthy satisfactions, ideologies, biases, and begin to apprehend values.²²³ Lonergan distinguishes three types of conversions: intellectual, moral and religious. Though they are presented as separate entities, in actual fact, each

²¹⁹ Bernard Lonergan. *Method in Theology*. (1972), p.50

²²⁰ Shawn Copeland. “A genetic study of the idea of the human good in the thought of Bernard Lonergan.” *ProQuest Dissertations and Theses*; 1991; ProQuest Dissertations & Theses (PQDT) p.240

²²¹ Quoted in Joseph Cioni, “A Breakdown In The Good Of Order: An Analysis Of The Subprime Mortgage Crisis Informed By Bernard Lonergan’s Notion Of The Human Good.” ProQuest. p.112

²²² Joseph Cioni. “A Breakdown In The Good Of Order” p.114

²²³ Bernard Lonergan. *Method in Theology*. p.50

type of conversion participates in the development of the other as a “modality of self-transcendence.”²²⁴

Intellectual conversion, as we discussed previously, is when we come to accept that “knowing” is not just looking and that objectivity is not defined by seeing what’s “out there” to be seen. Such a conversion happens through the intermediary of our appropriating the operations of conscious intentionality. Thus our reality is apprehended in the conscious effort to be attentive, intelligent, reasonable and responsible.

Moral conversion happens when we make a conscious decision to move from making choices based simply on satisfaction towards choosing what is truly good. In the case of conflict between a value and a satisfaction, our moral conversion will direct us towards choosing the good.²²⁵ How we come to be able to choose the good over human satisfaction is through grasping the reality of our lives by being attentive, intelligible, reasonable and responsible. Through this conscious intentionality we become aware of our own potentialities as well as failings, and thus direct our choices towards the truly good. Copeland states that through individual moral conversion “real solutions to complex problems emerge and genuine progress, which is the coincidence of true value and practical intelligent activity, is made more probable.”²²⁶

²²⁴ Bernard Lonergan. *The Lonergan Reader*. Eds. M. Morelli and E Morelli. (2002). p.524

²²⁵ Shawn Copeland. “A genetic study of the idea of the human good in the thought of Bernard Lonergan.” *ProQuest Dissertations and Theses*; 1991; ProQuest Dissertations & Theses (PQDT) p.241

²²⁶ Shawn Copeland. “A genetic study of the idea of the human good in the thought of Bernard Lonergan.” p.241

Religious conversion is for Lonergan “being grasped by ultimate concern. It is otherworldly falling in love.”²²⁷ It is a dynamic process through which we seek holiness. From a Christian perspective, it is our acceptance to receiving the gift of grace through the Holy Spirit. There are two key elements of how grace works in our conversion. The first is what Lonergan calls operative grace. This is what propels us to move towards Love, which is to move us beyond the horizon of a “heart of stone” to the horizon of a “heart of flesh.”²²⁸ However, conversion is more than falling in Love, it is also what we choose to do about it. Cooperative grace is the measure of how we live our conversion in our situatedness. In other words, from the perspective of the human good, cooperative grace is expressed in our human freedom through choosing good actions in our daily lives. Ultimately, Lonergan says it is the “complete transformation of the whole of one’s living and feeling, one’s thoughts, words, deeds and omissions.”²²⁹

This three-fold structure can lead us to a fuller understanding of the human good and the nature of human transcendence. As we move from seeking the good as satisfaction, to good as harmony to ultimately seeking good as value, we move beyond a commonsense understanding of the world around us, towards a truly authentic presence. This structure also illustrates how our personal choices and life-journeys shape our interactions with others in our communities and ultimately impact our societies.

Lonergan’s structure of the human good lays the ground work for the third task of this section, that is, to explore the explicitly theological dimension of this discussion. This

²²⁷ Bernard Lonergan. *Method in Theology*. (1972) p.240

²²⁸ Bernard Lonergan. *Method in Theology*. p.241

²²⁹ Bernard Lonergan. *Method in Theology*. p.241

next section will show how Lonergan's structure of the human good can help answer the questions I set out to answer. Copeland states that a theology analyzes "horizons...in which questions arise...it reflects upon human practice; and it seeks ways to foster and to collaborate in solutions for creating and healing in history."²³⁰ To recap, in seeking to bridge principle-based bioethics with the communitarian approach, four issues emerged as central: the need to rehabilitate the notion of respect for persons, include a broader notion of freedom, the need for objectivity and how to foster virtuous living in community.

3.2.3 The Theological Aspect of the Human Good

From the Language of Rights to one of Love

Let us take as a point of departure the language of liberty in association with human rights which underpins principlism. The commonsense understanding of liberty, in general, does share some parallels with Lonergan's notion of liberty and freedom. Both understand liberty as the potential for self-determination and as "the active thrust of the subject terminating the process of deliberation."²³¹ But that is where the similarities end. For Lonergan, individual liberty is behaving freely and responsibly in our social matrix, while the commonsense understanding of freedom is one of entitlement (where one believes to be entitled to choose for him or herself without outside influences.)²³²

Lonergan's structure of the human good helps to move us from the commonsense understanding of liberty towards a fuller one of responsibility. This is achieved when we

²³⁰ Shawn Copeland. "A genetic study of the idea of the human good in the thought of Bernard Lonergan." *ProQuest Dissertations and Theses*; 1991; ProQuest Dissertations & Theses (PQDT) p.8

²³¹ Frederick Lawrence. "The Human Good and Christian Conversion." *Communication and Lonergan: Common Ground for Forging the New Age*. (1993), p.260

²³² Frederick Lawrence. "The Human Good and Christian Conversion." p.254.

change our language of rights to a language of love that comes about as we embrace God's love for us and begin to live by the Gospel message. A first step in achieving this is by taking stock of what defines our frame of reference. Are we attentive, intelligent, reasonable and responsible when faced with making decisions or do we just go along with everybody else? Do we ask questions from a self-interest perspective or are we considering the impact of our choices on others in our community? It is through the impetus of God that we can come to the realization how the language of liberalism dominates our society and how it influences our individual and group choices, the values we choose to uphold and ultimately how we choose to live together as a society.²³³ When we orient our choice in values based on the highest good, God, we are then in a position to be authentically critical of the choices presented to us and our own course of actions.²³⁴

William Sullivan stresses that the role of value judgment is pivotal in bioethics. He argues that the aim of bioethical deliberation is to find "some value that is a concrete actuality or a real possibility, rather than an abstract or unrealizable good."²³⁵ Currently, the ideology of liberal individualism, through the legitimacy of the principle of autonomy, is often called upon to support our cultural aversion to sacrifice and suffering. Frederick Lawrence believes that this blocks us from being able to strive for the ultimate good: "when the ultimate good gets replaced by fear of death, the psychology of orientation gets replaced by a psychology of motivations...and so comfortable self-

²³³ Frederick Lawrence. "The Human Good and Christian Conversion." *Communication and Lonergan: Common Ground for Forging the New Age*. (1993) p.261

²³⁴ Frederick Lawrence. "The Human Good and Christian Conversion." p.260

²³⁵ William Sullivan, "The role of affect in evaluations according to Bernard Lonergan: Ramifications for the euthanasia." *ProQuest Dissertations and Theses*; (1998), p.5

preservation becomes the primary ends of human beings.”²³⁶ However, as we set out on the road to conversion, we become attentive to our orientation through the apprehension of a shifting scale of values; our contentment for “mere life” underpinned by vital values becomes a desire for the good life shaped by religious values.²³⁷ As we commit to this process we gain a different understanding of the world around us and gradually let go of untruths that we hitherto clung to out of habit.

Liberty and the Good of Order

The language of liberal individualism affects not only our personal choices but also what the collectivity chooses to be an acceptable way of life. The exercise of liberty, through an individual choice is not private. Throughout Lonergan’s structure of the human good it becomes evident to what extent the language of liberalism influences our society. It affects our personal relations, drives how we choose to live together and is made manifest in how we set up our institutions.²³⁸ The current North American notion of liberty has promoted a concept of the public good as something that should enable individuals to pursue their private goods. This has had a profound influence on the public policies that frame our health care institutions.

The second level of the structure lets us analyze the social aspect of the human good. In particular, this is where we see the concrete effects of our personal relations by evaluating the measure to which our institutions contribute to the good of order. As was demonstrated in Chapter two, a collection of individual goods does not equal the common

²³⁶ Frederick Lawrence. “The Human Good and Christian Conversion.” *Communication and Lonergan: Common Ground for Forging the New Age*. (1993) p.254

²³⁷ Frederick Lawrence. “The Human Good and Christian Conversion.” p.254

²³⁸ Frederick Lawrence. “The Human Good and Christian Conversion.” p.261

good. Lonergan's concept of the good of order shows us why this is so and how we can move towards a truly good, common good. The collection of particular goods that merely seek to satisfy our needs and desires does not lead us towards the good life. Rather, it is in the "rational choice correlative with the human capacity for intellectual development"²³⁹ that will lead us to cooperate in the creation of a truly good, common good (good of order.)

For example, the good of order which supports our healthcare institutions is underpinned by a rights-based ideology which steers our social policies, laws, and the technologies towards satisfying individual wants, and the social sciences have replaced the notions of value judgment with fact collecting. In such a scenario, judgments of fact and value, as Lonergan understands them, are summarily dismissed.²⁴⁰ Together, these two conditions create an environment whereby bias sets in on the part of individuals, groups and institutions which leads to the denial that terminal values exist or are attainable. These challenges create a narrow frame of reference which reduces our collective ability to ask the right set of questions which in turn reduces the "horizon of meaning and value."²⁴¹ What this means is that when we attempt to evaluate alternate courses of action (for example, do we allow the use of a new medical technology, or not) we will not be able to do so with a common attentiveness, common understanding, or a common judgment. We will be attentive to what supports our own desires framed by individual and group bias. This is what David Callahan suggests in that "we" (in North America) are plunging

²³⁹ Frederick Lawrence. "The Human Good and Christian Conversion." *Communication and Lonergan: Common Ground for Forging the New Age*. (1993) p.254

²⁴⁰ Frederick Lawrence. "The Human Good and Christian Conversion." p.258.

²⁴¹ Frederick Lawrence. "The Human Good and Christian Conversion." p.258

headfirst in adopting new medico-scientific technologies as they become available without any reflection on where these options are taking us. In particular, his concern is directed towards cultural changes which happen quietly, but pervasively, to such an extent that they become societal norms without anyone noticing the change. A counter measure to this is found in conversion. The structure of the human good demonstrates that it is only through the intermediary of religion can we grasp what is truly the right way to live.

Will We Ever Agree on the Right Way to Live?

Lonergan's structure of the human good lets us take a step back and take stock of our culture and society. This process begins by intending value, that is, we embark on a journey of knowing because we are seeking what is truly good, as opposed to mere satisfactions. Insights will come about through understanding and judging. The questions we ask as we move between the levels helps us evaluate the impact of medical science on ourselves as subjects, on our families and on our communities. Lastly, as we become committed to living according to the Gospel message, with the thrust and courage that come from grasping the divine love for His creatures, we inevitably find challenges to our personal and communal lives in such a way that will bring about the human good. The right way to live begins when we use our capacity for development to reach out to the vulnerable in our society, when we make sound judgments about the state of our institutions, when we choose our actions responsibly.

To summarize, the three levels of Lonergan's structure of the human good illustrate very clearly how the good hinges on the degree to which individuals are willing to be

authentic in their lives, and how a lack of self-appropriation at any one of the three levels impacts the achievements of the human good. When individuals come together in commitment and understanding, this then becomes true common good. Human good is the “concrete functioning...of a set of relationships that are constitutive of human living.”²⁴²

Loneragan’s structure of the human good helps to move us from the commonsense understanding of liberty towards a fuller one of responsibility. This is achieved when we change our language of rights to a language of love that comes about as we embrace God’s love for us and begin to live by the Gospel message.

Thus, the objective of this chapter was to explore how Lonergan’s tools of analysis might help to bridge the gap between principlism and communitarianism. The lines of exploration focused on responding to four issues that emerged as central to bioethical enquiry - the need to reintroduce the notion of respect for persons, to have a broader understanding of the concept of liberty to reconcile individual good with the social good, to develop a consideration of objectivity to counter bias and foster good judgements of value, and what steps can be taken in order to develop more virtuous forms of living individually and in community.

Loneragan’s cognitive structure helps us to develop a more inclusive understanding of the principle of autonomy by reframing it to include an expanded notion of freedom and objectivity. A key element of Lonergan’s cognitive structure is that it guides us from the commonsense understanding of liberty towards a fuller one of responsibility. We move

²⁴²James Sauer. *A Commentary on Lonergan's Method in Theology*. (2001), p.82

towards this new understanding when we change from the language of rights to a language of love as we begin to live by the Gospel message. Embarking on this journey may begin to transform bioethics into a responsive bioethics, able to go beyond partisan advocacy and foster authentic collaboration. Through the notion of “objectivity” Lonergan provides a tool which helps us to dialogue in the midst of cultural, religious, ethical pluralism by guiding us to apprehend the dialectical nature of human knowledge that struggles between “bias and truth, inattention or insight, of irresponsibility or responsibility”²⁴³ Thus, as members of an ethical community, we can enter more fully into dialogue with one another. Practically speaking, Copeland calls on social scientists to that “by putting our intellectual efforts to the service of the progress of the common good, [we] assume responsibility for creative and healing solutions.” Such creativity and healing, I believe, could be invaluable first steps in bringing people to dialogue about bioethical issues. Building on these first steps, a commitment to collaboration and open dialogue become the groundwork for countering ideological conflict fuelled by liberal individualism and human rights ideologies and promote a reawakening of the true essence of the principle of respect for persons.

Bridging the gap between individual good and the common good in bioethical debates begins with a reformulation of what exactly is meant by the “good” and advocating for the good in such a way that individual good and common good are not pitted against each other. One of the ways in which Lonergan does this is by introducing the notion of the *human* good. The human good enfolds both individual good and the common good

²⁴³ Shawn Copeland, S. “A genetic study of the idea of the human good in the thought of Bernard Lonergan.” *ProQuest Dissertations and Theses*; 1991; ProQuest Dissertations & Theses (PQDT) p. 38

thereby bringing the two closer together. Through the three levels of the human good, Lonergan leads us towards the apprehension that bioethical enquiry takes place within a matrix of individuals, society and culture. This framework may help bioethicists to think concretely about this matrix, since the “structure is the form of society.”²⁴⁴ The very real and personal aspect of others in our society leads us to engage in bioethical dialogue with a renewed respect for persons. Starting with our own commitment to authenticity we begin to see others in our communities as “...concrete men and women as persons – flawed, struggling, created and yearning for God, capable of understanding, of conscious and intentional decision making, of transformed and responsible living, of converted relationships.”²⁴⁵ This reminds us that ethical decision making is being made by imperfect beings, for imperfect beings, in an imperfect world and through Lonergan we see to what extent that bridging the gap between principlism and communitarianism necessitates an effort on our part to apprehend, understand and diagnose ethical dilemmas. Lonergan’s contribution provides a counterbalance to arguments that say that values are too subjective or abstract to be of any use to bioethics. In fact, Sullivan puts values at the centre of ethical dialogue: “Value judgments underpin bioethical issues...what we are aiming at in ethical deliberations is some value that is a concrete actuality or a real possibility.”²⁴⁶ From Lonergan we see how individual good and common good shape the human good which is determined by how we, as knowing subjects, are the originator of values when we choose to lead authentic lives.

²⁴⁴ Shawn Copeland. “A genetic study of the idea of the human good in the thought of Bernard Lonergan.” p.290

²⁴⁵ Shawn Copeland. “A genetic study of the idea of the human good in the thought of Bernard Lonergan.” p.290

²⁴⁶ William Sullivan, “The role of affect in evaluations according to Bernard Lonergan: Ramifications for the euthanasia.” *ProQuest Dissertations and Theses*; 1998 p.5

Loneragan further contributes to bioethics by giving theology a contemporary voice.

Though theology has a long history of countering attitudes and actions that devalue the human person,²⁴⁷ Lonergan's tools of analysis encourages a dynamic understanding of morals and ethics through the lens of personal and communal horizons in which we seek answers to fundamental questions about life and seek "ways to foster and to collaborate in solutions for creating and healing in history."²⁴⁸ Pope Benedict XVI made a statement that supports the relevance and legitimacy of Lonergan's theory: "To be authentic, the defense of rights must instead consider human beings integrally, in their personal and communitarian dimensions."²⁴⁹

So far I have explored the pattern in the history of individuals and of societies that Lonergan speaks of as progress, decline and redemption. From the perspective of bioethics, where life and death are often at the centre of debates, this explicitly Christian paradigm allows for death and suffering not to be the final word. Rather, as we saw, Lonergan provides a way of thinking that may bring the messages of hope and redemption emerging through the very experience of suffering and death. This message of hope has never been more needed than in the context of euthanasia and physician-assisted suicide debates. In the final section of this chapter, I will re-frame a discussion on euthanasia that is taking place in the province of Quebec through the lens of Lonergan's structure of the human good. The objective of this case study is to illustrate that it may be possible to find a common basis for dialogue, not only between principlism

²⁴⁷ Shawn Copeland. "A genetic study of the idea of the human good in the thought of Bernard Lonergan." *ProQuest Dissertations and Theses*; 1991;

²⁴⁸ Shawn Copeland. "A genetic study of the idea of the human good in the thought of Bernard Lonergan." p.8

²⁴⁹ John Bingham. "Pope Attacks Human Rights Culture." *The Telegraph*. January 7, 2013

and communitarianism, but between all members of our Western society regardless of cultural, religious or ethical pluralism.

3.3 Case Study: Legalizing Euthanasia in Quebec

To illustrate more concretely how we can engage Lonergan's structure of the human good as a bridge between principlism and the communitarianism, I will explore the debate on euthanasia that took place in Quebec in 2009-2012. The exploration will situate Lonergan's cognitional theory and the three levels of the human good particularly in the context of helping us to understand the impact of the principle of autonomy and the human rights ideology on the euthanasia debate.

3.3.1 Euthanasia Debate in Quebec

The province of Quebec recently concluded a four year investigation of the subject of euthanasia.²⁵⁰ A Commission was set up to conduct an initial feasibility study, which culminated with the final report entitled *Mourir dans la dignité*²⁵¹ (dying with dignity), which will be referred to from this point as the Report.

The Commission prefaced their deliberations by framing the current context of end-of-life experience for Quebecers in response to medico-scientific advancements that have led us to live longer, however in certain cases, to the detriment to the quality of life. The Commission stated that compassion, solidarity towards the suffering and that the respect for their autonomy as well as the protection of the vulnerable in our society, are cornerstone values that underpin our communal lives and are the guiding principles for

²⁵⁰ The Commission was initiated in 2009 and presented its final report in 2012. Commission Spéciale Mourir dans la dignité.

²⁵¹ Assemblée nationale du Québec. *Mourir dans la dignité* –. Mars 2012. www.assnat.qc.ca/fr/document/54787.html

decision making and action. Moreover, the Commission's efforts were further propelled by a possible legal loophole allowing Quebec to bypass the Civil Code, which prohibits euthanasia, under the auspices that health is a provincial matter.

Thus, keeping in mind the stated values, the Commission began its work by putting forth three questions which would direct their efforts:

- 1) How do we, as a society, respond to the suffering expressed by some terminally ill people?
- 2) How do we react to requests for help to end life?
- 3) How do we ensure that all members of our society die with dignity?

As a first step the Commission began collecting data they would use to evaluate these questions and make recommendations to the Quebec Parliament. Data collected consisted of empirical data, life-stories, key informant interviews, online surveys and a review of the Legal system as it applies to end-of-life care.

Building the Case: Respect for Autonomy and Human Rights

In 1994 the Civil Code of Quebec enacted the principle of respect for autonomy and the obligation to obtain free and informed consent from individuals. From this decision, individuals obtained the right to refuse or to terminate life-sustaining treatments. One of the supporting arguments brought forth by the Commission was that euthanasia, by virtue of informed consent, is simply an extension of the right to refuse end-of-life treatment.²⁵²

The Commission held that human dignity is both intrinsic and subjective. Even when a person has lost their independence or the ability to interact with others, they still retain

²⁵² Assemblée national du Québec. *Mourir dans la dignité* –. p.59

their dignity which is a fundamental principle that is innate to being human.

Furthermore, the Commission argued that since human dignity is directly linked to autonomy it can be inferred that individuals are in the best position to evaluate when their lives are no longer worth living.²⁵³

When asked if euthanasia could have a negative impact on the common good, the Commission argued that the common good is always being redefined by the changing mentalities and values of the community, and thus it can have many aspects, which includes the promotion of individual rights such as autonomy and that the values of compassion and solidarity towards those who are suffering is also contained therein.²⁵⁴

Furthermore, by virtue of the obligation to respect individual rights, the Commission felt that it was in the best interest of the Government to acquiesce to the demands for euthanasia even though it would only affect a small minority of Quebecers.²⁵⁵

Final Arguments in support of physician-assisted suicide

The Commission extrapolated that since persons in the end-of-life stage are deemed capable of consenting and requesting terminating life-support or for palliative sedation, then “logically” a patient should be deemed capable of consenting to and requesting physician-assisted suicide at that time. The Commission further concluded that medical help to precipitate death in end-of-life situations was compatible with Quebec society values and should be legalized with the condition of being framed by strict rules and guidelines.

²⁵³ Assemblée nationale du Québec. *Mourir dans la dignité* –. Mars 2012. www.assnat.qc.ca/fr/document/54787.html p.63

²⁵⁴ Assemblée nationale du Québec. *Mourir dans la dignité* –. p.74

²⁵⁵ Assemblée nationale du Québec. *Mourir dans la dignité* –. p.58

The Commission offered further justification for moving forward with legalizing euthanasia based on the College of Physicians' belief that euthanasia is within the spirit of the deontological code of medical practice and that the principle of autonomy has become a fundamental principle in medical ethics.²⁵⁶

3.3.2 Discussion: Lonergan's Structure of the Human Good as a Bridge between Principlism and the Communitarianism in the debate on euthanasia.

As Copeland observes "political thought about the meaning of the good, the meaning of justice, the meaning of the right way to live, has reached an impasse,"²⁵⁷ this is especially true for discussions on euthanasia. From the details of the Report, it becomes apparent that the Commission relied almost exclusively on the principle of respect for autonomy and the ideology of human rights in their recommendation to the Province it should proceed with allowing euthanasia. However, there is an inherent weakness in relying on the principle of autonomy as the sole measure of the appropriateness of a particular action; by saying that individuals *have a right* to choose euthanasia the Commission bypasses the need to make any ethical evaluation on the decision to decriminalize euthanasia. Therefore, the principle of autonomy trumps the need to ask questions regarding any impact of someone's choice for euthanasia on the common good. However, as was demonstrated in Chapter three, both individual good and the common good are irreducible component of a good society.

Taking into consideration the discussion on Lonergan's structure of the human good, a more beneficial way of deliberating about euthanasia would be to move away from

²⁵⁶ Assemblée national du Québec. *Mourir dans la dignité* –. Mars 2012. www.assnat.qc.ca/fr/document/54787.html p.61

²⁵⁷ Shawn Copeland. "A genetic study of the idea of the human good in the thought of Bernard Lonergan." *ProQuest Dissertations and Theses*; 1991; p.7

relying on science, public policy or law in order to justify a particular stance and begin the process of evaluating euthanasia from the standpoint of care, compassion and actions promoting the human good. The following is by no means an extensive analysis of the euthanasia debate, but only an illustration of how Lonergan's methodology might inform this debate.

Euthanasia as a Particular Good

Many of the human rights debates take place within the confines of the first level of Lonergan's Structure of the human good.²⁵⁸ At this level choices are personal and there is no moral evaluation on the choice of particular goods. If we end our ethical deliberations here, which is what happens when we invoke "the right to choose" as justification for a particular good, we leave out questions regarding value, i.e. what is truly good for me and my community? What is happening, in essence, is the subordination of the second and third levels of the human good (Good of harmony and the Good as value) to the first.²⁵⁹

Euthanasia and the Good of Order

The second level of the human good situates the euthanasia debate within the social context. Medical care is an institution that may or may not give rise to a good of order. If the medical community fails to assume their responsibility, fails to cooperate there will follow a breakdown in the good of order. Human rights can only be actualized within the institutional patterns of the good of order. Patrick Byrne argues that when we do not see God in the other, this is reflected in institutions that are impersonal and bureaucratic.²⁶⁰

²⁵⁸ Patrick Byrne. *Universal Rights or Personal Relations?* (2005), p.6

²⁵⁹ Frederick Lawrence. "The Human Good and Christian Conversion." *Communication and Lonergan: Common Ground for Forging the New Age*. (1993) . p.254

²⁶⁰ Patrick Byrne. *Universal Rights or Personal Relations?* (2005), p. 22

There is clear evidence of this in the Report. In many instances the Commission justified euthanasia by referring back to the set of governing laws, rules, regulations and their supporting institutions.

Euthanasia and Terminal values

The third level frames the euthanasia debate within the cultural context. The principle of autonomy and the human rights ideology are so pervasive that they have permeated our cultural mindset and have played a large role in shaping the orientation of our society.

For example, it is through the lens of human rights that the Commission understands the concepts human dignity, compassion and solidarity: to be compassionate, is to give in to an individual's choice to die, to ensure human dignity is to protect an individual freedom of choice and to be in solidarity with the suffering, is to acquiesce to their request for euthanasia.

Furthermore, the human rights ideology also limits the scope and scale of questions asked by the Commission. Individuals can only enquire about what is in their horizon of interest. For example, the Commission only sought answers to questions that would support the autonomy of individuals to choose euthanasia; it was never asked whether or not euthanasia is indeed a proper response to suffering.

The Commission gave significant weight to popular opinion surveys which indicated a strong majority of citizens in favour of euthanasia. From a *commonsense* point of view, the option of euthanasia that is putting people out of their intolerable suffering seems like a compassionate thing to do. Almost anyone can relate to how difficult it is to stand by while a loved one suffers. However, when this commonsense understanding is combined

with the general bias that each individual should decide for themselves when their lives are no longer worth living, it effectively shuts down the deliberative process and the search for value.

For example, given that all Commission members were elected officials to the Quebec General Assembly, representing both the Parti Québécois and the Liberal Party, they were no doubt operating within the horizon of politics. Within such a horizon, it is plausible that Commission members could have been swayed on the one hand by the “popular” vote, as well as the general bias of the culture of individual liberalism and human rights ideology. From the Report it seems apparent that this bias impeded the Commission from conducting objective deliberations. For example, the Commission was selective as to what data they “believed” to be true as they disregarded other data that did not fit with their objectives. More specifically, in the Report, the Commission clearly states that they were aware of some reports signaling cases of abuses involving euthanasia in the Netherlands and Belgium, but they found reasons to discredit their sources instead of investigating further.

Therefore, we might ask ourselves, how such bias on the part of the Commission members could be mitigated. Part of the answer lies in changing the horizon, or frame of reference in which the members are operating. As we saw previously, Lonergan argues that we can only change our horizon through conversion (intellectual, moral and religious.) However, in a practical sense, one does not “convert” instantaneously: it is often a life-long process and is only possible if one actively seeks to be converted.

Therein lies another challenge, from the Report we get a sense of the strong antipathy of the Commission members for anything resembling religion or spirituality. For example,

the Report clearly states that religious values have no bearing on the State's decision making process, given that Quebec is a secular state. How can such group bias fueled by hatred for the Gospel message be overcome? It begins with the each individual making a conscious choice to initiate the process of healing and creating the human good. We create the human good when we, as members of the human community, begin to move towards attentive experience to intelligent understanding to reasoned judgment to responsible choice of actions. These individual choices begin to shape a new society, as each new situation builds upon the next, with further insights and more meaningful courses of actions, leading towards progress. However, it is only through the redemptive Love of the Gospel message that can heal the destructive impact of bias.

It would be a challenge to engage a discussion on redemption and God's love with the Commission, unless some common ground can be found. It is interesting to note that the Report was built on the central themes of compassion, solidarity towards the suffering and the protection of the vulnerable in the society – also cornerstone values found in the Gospel message. Perhaps in speaking to the shared experience of human vulnerability and suffering could be an invitation to dialogue.

The Process of Decline

Clinging to the general bias of the human rights ideology will continue to distort any further deliberative efforts by the Commission, or other Provincial institutions. It is only a matter of time when this general bias, if it goes unchecked, will become the new norm for society. In fact Cioni argues that this will become “the way that things are done, the only way that one can live, indeed the way that all successful and respectable people live.

One can swim against the current for a while but sooner or later one gives up.”²⁶¹ If this trend is not reversed it will continue to lead Quebec society towards a cycle of decline. One of the strongest criticisms of euthanasia is the very real apprehension of what happens when a society enters this cycle of decline. Without moral grounds to defend human dignity, the weak and the vulnerable become easily expendable. This point was brought to the Commission’s attention in a brief submitted by Dennis Stimpson,²⁶² where he quotes Wesley J. Smith, a Senior Fellow in Human Rights and Bioethics at the Discovery Institute. Smith attests to the fact that once a rational argument for euthanasia as an option for relieving suffering has been accepted, this rationalisation becomes applicable more generally:

Euthanasia has been around long enough and practiced sufficiently enough for us to detect a pattern. Killing is sold to the public as a last resort justified only in cases where nothing else can be done to alleviate suffering. But once the reaper is allowed through the door, the categories of killable people expand steadily toward the acceptance of death on demand.²⁶³

This last observation is crucial and should sound the alarm. The Commission’s deliberations were inconclusive towards euthanasia requests for individuals suffering severe handicaps as a result of traumatic injuries or for people wanting to request anticipatory euthanasia in the case of Alzheimer’s or dementia. We can see how this is not far off from the above scenario. Now is the time for conversion of hearts and minds:

²⁶¹ Quoted in Joseph Cioni. “A Breakdown In The Good Of Order: An Analysis Of The Subprime Mortgage Crisis Informed By Bernard Lonergan’s Notion Of The Human Good.” *ProQuest*. p.128

²⁶² Dennis Stimpson, *Autonomy, Euthanasia and the Common Good. A Brief submitted to the Select Committee on Dying with Dignity*. Assemblée Nationale. CSMD- 104m May 3, 2010.

²⁶³ Wesley Smith. “Continent Death: Euthanasia in Europe”. *National Review On Line*. December 23, 2003, 1:01 a.m. July 2010 <<http://old.nationalreview.com/comment/smith200312230101.asp>> . Cited in Dennis Stimpson. *Autonomy, Euthanasia and the Common Good*. p.10

Lonergan's appeal to the concrete universal relation of humanity offers legislators a higher viewpoint from which to amend and regulate not only unjust laws, but to lay the groundwork for a society's permanent change – the change of human hearts.²⁶⁴

²⁶⁴ Shawn Copeland. "A genetic study of the idea of the human good in the thought of Bernard Lonergan." *ProQuest Dissertations and Theses*; 1991; ProQuest Dissertations & Theses (PQDT) p.15

Conclusion

What difference does knowing this make to my question?

To go back to the original question of this thesis: can Lonergan's concept of the human good bridge the impasse between principle-based and communitarian bioethics - I would argue that yes, it can.

As I demonstrated in Chapter one, individual rights and liberty are at the core of principle-based bioethical debates. This greatly influences the questions we ask and the choices we make as we grapple with the many new scientific advances available to us and the shift in the underlying values that our culture supports in response to these advances. Though many have called for the inclusion of the common good in the bioethical debates in response to these challenges, there has been no consensus on how this can be achieved in our current culture, thus it has not gained much support in clinical settings. I would argue that Lonergan's structure of the human good may provide a new viewpoint from which to enter into dialogue, as a starting point to bridging the gap between the two bioethical approaches.

Lonergan in Dialogue with the Principle of Respect for Autonomy:

We can see even more clearly why the concept of autonomy as linked to liberal individualism and secondly as a measure of consent, is a hollow understanding of the principle of respect for persons. In proposing a communitarian approach to bioethics, we saw that some emphasized two key issues: the need to ask relevant questions about the impact of the choices we make and the skills needed to develop in order to ask the right set of questions and evaluate them. The three skills according to Callahan are rationality,

insight and virtue. In a very similar pattern we saw how Lonergan also argues that before we can make decisions, we must also be rational, gain insights, search for value, and strive to become virtuous.

Community Versus the Individual:

Much of the literature presented arguments that pit individual choices against the benefit to the greater community (i.e. the common good). Lonergan clearly demonstrates that the community is not some alien body interfering with our rights to make our own choices, but is a natural and integral part of who we are as individuals. Therefore, any serious attempts at evaluating scientific advancements in terms of its value must engage the community, since the community and the individual mutually express certain values in common. Together, both the community and the individual must seek out the common good. In order to engage the community, each member would need to look at the frame reference from which they are evaluating situations – for it is only through the personal relationship of truly authentic individuals will a community come together and make choices that will lead towards progress. The human good, with its patterns of cooperation must be something that each member of a community commits to over time. Authenticity, conversion, and the search for the true good, all take a life time of commitment. A society will make choices ushering it towards progress based on the cumulative insights within the historical context.

Should We Use this New Technology?

Another important question that bioethics attempts to answer is whether or not we can, or even should, use a particular new technology as it becomes available to us. However, before we can attempt to answer this question, Lonergan invites us to take a step back

and unpack how a new technology may affect us both individually and communally.

Some questions for reflections may be: What should we do with this new science?

Should we indeed use it? Is this technology worthwhile?

However, the quality of these reflections as well as the choices we will opt for will depend in large-part on the measure to which we participate as authentic individuals. By taking responsibility for our own self-appropriation, we become the originators of values and through our participation in society we can influence it in choosing what is truly worthwhile. So when Callahan asks “what kind of future we envision,” Lonergan’s structure of the human good gives us a heuristic pointing us in a direction that we can follow together. Most importantly, Lonergan’s work moves us away from rigid, abstract and thin ethical methodologies towards an understanding of what builds, or destroys, the human good in the concrete setting of our communities. Lonergan’s structure of the human good guides us on how to take a step back and ask ourselves if what we are choosing, as individuals and members of a society, is indeed the right thing to do; will it lead to the kind of society we envision, one where our common values support each one of us to achieve our full potential and where respect for persons, justice and freedom are not determined by the courts, but by the guidance of our hearts.

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