

Lessons from Gerald Kelly, S.J., the Father of American Catholic Medical Ethics

Editor's Note: The following essay was submitted as part of the 2014 Graduate Student Essay Contest sponsored by CHA in conjunction with the annual Theology and Ethics Colloquium. It is being published at this time to mark CHA's 100th anniversary, given Gerald Kelly's significant contribution to Catholic health care ethics.

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I. Introduction

At a time when health care and Catholic health care are undergoing such profound changes, it is helpful to reflect on where Catholic health care ethics has been, how this history shapes the present situation, and what lessons this history might impart on Catholic health care ethicists moving forward. The prolific writings of Gerald Andrew Kelly, S.J. (1902-1964) on the intersection of medicine and moral theology position him as the “father of medical ethics.”¹ A Jesuit priest, a close friend of the controversial figure John Ford, S.J. (1902-1989),² the “inventor” of the *Moral Notes*,³ the brain behind the first “Code of Ethical and Religious Directives for Catholic Hospitals,”⁴ the clarifier and promulgator of ordinary and extraordinary means in end-of-life issues,⁵ an avid follower of Pius XII's (1876-1958) many decrees, and a staunch opponent of birth control, Gerald Kelly left a mark on Catholic history and Catholic medical ethics. This paper is an inquiry into the contributions of Gerald Kelly to the beginnings and shaping of modern American Catholic medical ethics and into what Catholic health care ethicists might learn from this complex figure. Through his

groundbreaking work and his influential role in crafting the early iterations of the “Ethical and Religious Directives,” Kelly navigated a path of bioethical reflection that took seriously biology, theology and, when applicable, magisterial decrees. I will assess his differing modes of bioethical reflection through an analysis of three medico-moral topics: end-of-life care, mutilation in light of the principle of totality, and artificial insemination. These cases offer insights about the early stages of Catholic bioethics. From these topics, we see the evolution and refinement of notions of ordinary and extraordinary end-of-life care. We also learn about early approaches to interpreting magisterial decrees. Kelly interpreted magisterial and papal decrees with similar concerns, commitments, and challenges that CHA faces today when interpreting the ERDs and bishops' statements. Re-evaluating Kelly's approaches provides two benefits: knowledge of a part of the Catholic health care ethics tradition, and lessons from a historical figure who provides insights to Catholic health care ethicists for how to (and

how not to) face modern magisterial interpretation challenges.

II. Biography⁶

Gerald Andrew Kelly was born in the “Irish Catholic ghetto”⁷ of Denver, Colorado, to parents Andrew Kelly (from Chicago) and Mary Higgins (originally from London), on September 30, 1902. He was one of five brothers and one sister. After attending a Jesuit high school in Denver, Kelly joined the Jesuit novitiate in Florissant, Missouri, on August 8, 1920. He earned a B.A. at Mount St. Michael’s College in Spokane, Washington in 1927.

Following these studies, from 1927 to 1930, Kelly moved to St. Mary’s Kansas where he was the prefect of a boarding school within St. Mary’s, a Jesuit-run high school and college. This experience was the source of material for his first publications—adventure stories entitled *Terry Donovan* (1930), *The Din of Battle: The Story of Fr. W. Doyle, S.J. (1931)*, *The Four Knights* (1931), and *Peanut the Big Little Man* (1937).

In 1930, Kelly moved to Saint Louis University, only to return that year to Kansas and to St. Mary’s, which, due to financial hardships of the Depression, had been turned into a Jesuit theologate called St. Louis-St. Mary’s, dedicated to education during the latter portion of Jesuit studies. He stayed there until 1933 when he was ordained. From 1933-1935, he studied in Cleveland, Ohio, at St. Stanislaus Novitiate, and he began studies at the Gregorian University in 1935. Kelly’s time in Rome culminated on March 22, 1937, with the publication of his dissertation that would prove informative in his thought.

During this time in Rome, Kelly received extensive training in canon law, met his future friend and colleague, John Ford, S.J. (1902-1989), and furthered his interests and methods in medical ethics. Kelly’s thesis, *The Theologians’ Concept of Venereal Pleasure* was highly influenced by the thought of Francis Hurth, S.J. Interestingly, Hurth was rumored to have been crucial in the formation of Pius XI’s papal encyclical, *Casti Connubii* (1930).⁸ Like much of his later work, Kelly’s dissertation was a robust survey of the various uses of a contentious term (in this case, “venereal pleasure”), demonstrating Kelly’s fluency in historical and contemporary moral theology, as well as in the principles of biology. The survey methodology of his dissertation would influence his approach to moral questions thereafter, and his conclusions would influence his later and very popular 1942 publication, *Modern Youth and Chastity*.

After completing his dissertation in 1937, Kelly returned St. Mary’s College in Kansas for what would be a 27-year tenure as professor of moral theology at, what was then, a Jesuit Seminary. As a scholar, he was quickly recognized for his extensive surveys of moral and medical literature—a broad knowledge base organized and kept straight by the large “card-index” collection of authors and arguments that he was known to keep.⁹ From 1941-1954, with John Ford, Kelly initiated and wrote the “Notes in Moral Theology” in *Theological Studies*.¹⁰ Additionally, his work was distributed through a variety of publications, including *Theological Studies*, *Review for Religious*, *Linacre Quarterly*, and *Hospital Progress*, as well as the books *Medico-Moral Problems*¹¹ and *Contemporary Moral Theology*.¹² Kelly wrote

on controversies as they arose, ensuring that his work was relevant to his time. Kelly wrote prolifically until his death in 1964.¹³

III. Kelly's Work on Medical Ethics

Overview of Kelly's Method

After years of commenting on ethical issues, Kelly clearly articulated his notion of the role of the moral theologian, and the hermeneutics that a moral theologian should use, in his 1956 article, "The Morality of Mutilation: Towards a Revision of the Treatise," in *Theological Studies*.¹⁴ For Kelly, the role of the theologian was tripartite. Kelly stated in the article that the theologian, like the faithful, must "give the required assent" to magisterial teachings, "incorporate them into his teaching and his writing," and then explain and interpret the teachings.¹⁵ His easy acquiescence to the magisterium was reminiscent of the attitudes of his predecessors. It is notable that today's posture towards the magisterium is probably one that is more eager to engage in debate. Kelly also provided "norms for interpretation."¹⁶ He explained that the theologian must study the "verbal formulas" of papal pronouncements, keeping in mind that "the words themselves may fail to express the mind of the Holy See."¹⁷ Second, the theologian must study the "historical setting" of the pronouncement in order to assess the issues the Pope was trying to settle with the pronouncement.¹⁸ In this way, one could determine the scope of the decree. Throughout his work, Kelly was careful to ensure that his interpretation did not exceed or diminish the Pope's intent.¹⁹ Third, Kelly looked at the controversy and the extent to which a papal decree settled a matter. Kelly assumed the Pope was aware of

controversies and so an absence of papal clarity indicated the appropriateness of a diversity of opinions.

Also integral to Kelly's method (but problematic to moderns) was to worry about the conscience of doctors and their "limited" ability to think through moral decisions. Kelly was paternalistic towards doctors as he sought not to burden their consciences with overly complex moral paradigms. Thankfully, at least, he left medical choices to their discretion. Kelly thought extreme ethical positions and rigid ethical guidelines would be more lenient on doctors' consciences because the course of action was clear and thus required less discerning on their part.²⁰

Ordinary and Extraordinary Means

A particularly helpful and enduring insight into medical ethics was Kelly's clarification of the distinction between ordinary and extraordinary means in end-of-life care. As Jim Keenan astutely notes, Kelly's classicism and his strong admonition against killing made space for him to entertain many possibilities in end-of-life care.²¹ Kelly's views on this were clearly articulated in the 1950 article for *Theological Studies*, "The Duty of Using Artificial Means of Preserving Life," wherein he concluded that futile, ordinary procedures are not morally obligatory during end-of-life care. Kelly further clarified the distinction in the 1951 article for *Theological Studies*, "The Duty to Preserve Life," wherein he stated that usefulness is the criterion that should be used to differentiate ordinary from extraordinary means. He also acknowledged the importance of accounting for burden and exercising prudence in end-of-life decisions.

In “The Duty of Using Artificial Means of Preserving Life,” Kelly surveyed the varying opinions of moralists on end-of-life treatment and then offered his personal stance. He noted that although moralists used the terms “ordinary” and “extraordinary” means, “they do not always define these terms.”²² Despite the lack of precision, Kelly found that moralists held similar understandings of the terms and so he concluded: “By *ordinary* they mean such things as can be obtained and used without great difficulty. By *extraordinary* they mean everything which involves excessive difficulty by reason of physical pain, repugnance, expense, and so forth.”²³ In this way, fellow theologians provided the basis for his understanding of the issue.

Kelly said that few authors cited what specific procedures were considered ordinary, but if they did, they characterized ordinary as the “use of reasonably available food, drink, medicines, and medical care; the wearing of sufficient clothing; the taking of necessary recreation; and so forth.”²⁴ After this survey he concluded:

[T]he following are commonly accepted principles: *Per se* he is obliged to use the ordinary means of preserving his life. *Per se* he is not obliged to use extraordinary means, though the use of such means is permissible and generally commendable. *Per accidens*, however, he is obliged to use even extraordinary means, if the preservation of his life is required for some greater good such as his own spiritual welfare or the common good.²⁵

So then, extraordinary means were appropriate and even “laudable,” but not

morally obligatory.²⁶ In the case of the terminal coma, Kelly affirmed that “non-use of artificial life-sustainers is not the same as mercy killing” and “the artificial means not only need not but should not be used, once the coma is reasonably diagnosed as terminal.”²⁷ In this way, he affirmed that extraordinary measures are not morally obligatory.

Kelly proceeded to differentiate between artificial ordinary means and non-artificial ordinary means, and concluded that artificial ordinary means may not be obligatory if the efforts are anticipated to be futile or nearly futile.²⁸ Artificial ordinary means were also not obligatory when the goal is short-term and only “to prolong life a short time.”²⁹ As such, “since it is artificial, and since it has practically no remedial value in the circumstances, the patient is not obliged to use it.”³⁰ He said that intravenous feeding in order to extend one’s life for a few weeks is an ordinary means, but it may not be obligatory in light of these criteria.

He then added the virtue of prudence and the quality of burden as factors to consider in this distinction. Kelly worried that ending intravenous feeding may “appear to be a sort of ‘Catholic euthanasia’ to many who cannot appreciate the fine distinction between omitting an ordinary means and omitting a *useless* ordinary means.”³¹ He acknowledged that a doctor might feel compelled to feed the patient in order live up to a professional ideal, but that the expression of the ideal required “prudence.”³² Finally, he added the criterion of burden. He stated that one is not morally obligated to incur or advise “intolerable burdens on patients or relatives.”³³ So then it is up to the doctor and family to assess the

most prudent and least burdensome way to proceed. In this way, Kelly built a case for the distinction and qualified it with the helpful criteria of uselessness, artificiality, and burdensomeness.

While the 1950 *Theological Studies* article stated that artificial ordinary means of end-of-life care were not morally obligatory when they were essentially useless, Kelly simplified his view in the 1951 “Notes.” In the revision, he said that the discriminating factor between ordinary and extraordinary is usefulness. So then, what was considered useless ordinary artificial means in 1950 was considered extraordinary according to the 1951 article (in both cases the procedure would not be morally obligatory). In the 1951 iteration, Kelly stated that “usefulness” is an important criterion of what makes something ordinary. The impetus of the revision was the Sanders case where a physician inserted an air bubble into a cancer patient.³⁴

Kelly’s revised definition is as follows:

Ordinary means are all medicines, treatments, and operations, which offer a reasonable hope of benefit and which can be obtained and used without excessive expense, pain, or other inconvenience.

Extraordinary means are all medicines, treatments, and operations, which cannot be obtained or used without excessive expense, pain, or other inconvenience, or which, if used, would not offer a reasonable hope of benefit.³⁵

With useful as the operative category, ordinary means were obligatory and extraordinary were not. However, Kelly noted the possibility that extraordinary could be

obligatory if the common good or “eternal salvation” was at stake, although he did not elaborate on what that meant.³⁶ From his methodical analysis of the issue, free from constraints of the magisterium, we see how Kelly was able to offer a robust and practical paradigm for end-of-life care.

Principle of Totality

In 1955, Kelly expounded on the principle of totality in his article for *Theological Studies*, “Pope Pius XII and the Principle of Totality,” by unabashedly looking exclusively to Pope Pius XII. In this piece, Kelly investigated the use of the principle of totality regarding modern problems in bioethics—sterilization, transplantation, and experimentation. In the 1956 follow-up article, he refined his stance on mutilation by further explaining blood transfusions, castration, cesarean sections, experimentation, fallocotomy and vasectomy, hysterectomy, lobotomy, and transplantation.

Kelly began his inquiry with an assessment of the major papal uses of the principle. Kelly stated that Pope Pius XII’s September 13, 1952 address to the “First International Congress on the Histopathology of the Nervous System” was the first time Pius used the term “principle of totality.” Kelly noted that the principle was originally worked out in St. Thomas and referred to by Pius XI (1857-1939) in 1930 and Pius XII in 1944.³⁷ Kelly then investigated the principle not via an examination of the evolution of Thomistic thought, but rather by looking to the popes. Kelly first discussed Pius XII’s understanding of the difference between the physical whole and the societal moral whole. Kelly deemed the following as the “best-known formalization” of the principle, articulated by

Pius XI: “And they are not free to destroy or mutilate their members, or in any other way render themselves unfit for their natural functions, except when no other provision can be made for the good of the whole body.”³⁸

He then used papal talks as the basis to answer three questions:

- (1) How does the principle of totality apply to the ordinary problems of medicine as outlined in the Code of Medical Ethics for Catholic Hospitals?
- (2) How does the principle of totality affect medical experimentation on human beings?
- (3) Does the principle of totality exclude organic transplantation?³⁹

In the first talk, Pope Pius XII distinguishes between, what Kelly called, “the physical entity and the moral entity.”⁴⁰ Kelly came to his position from Pius’ assertions that “[o]utside the organism it [an organ] has not, by its very nature, any sense, any finality. It is wholly absorbed by the totality of the organism to which it is attached,” as opposed to how an individual relates to the moral community.⁴¹ As Kelly pointed out, Pius XII was very concerned about the individual being subsumed by the state. Kelly was sure to stress that an organ functions differently than an individual in a community. An individual, unlike an organ, has an end beyond and apart from the community.

Kelly explained that, to the urologists, Pius XII was clear that the principle of totality, in regards to organs, should be evaluated in light of the whole body of the individual so that “[t]he decisive point here is not that the organ which is removed or rendered inoperative be itself diseased, but that its preservation or its functioning entails directly

or indirectly a serious threat to the whole body.”⁴² Pius XII clarified that the principle of totality does not discriminate against the type of organ, only that it can be destroyed if it puts the whole body at risk.

Kelly then identified an ambiguity in the pope’s teaching and used the most reasonable interpretation to rectify the problem. Kelly noted the difficulty in trying to understand Pius XI’s iteration (echoed in its awkward double negative formulation by Pope Pius XII as well, Kelly said) of the principle of totality: “That individuals have not the right to mutilate their bodies ‘except when no other provision can be made for the good of the whole.’”⁴³ Kelly stated that the most “literal” interpretation of this “leads logically to the embarrassing conclusion” that one might treat something like a gall-bladder pathology with a restrictive diet, instead of the more efficacious cholecystectomy.⁴⁴ He concluded that neither pope would have wanted to say that an organ takes priority over the body, and so we must interpret the word “necessity” broadly. He added that hysterectomy was morally permissible in order “to prevent the recurrence of cancer” because it is in-line with “the statement of Pius XII that mutilations are permitted ‘to avoid...serious and lasting damage.’”⁴⁵ Kelly interpreted Pius XII in the way that would make the most sense in light of what Kelly saw as Pius’ objectives.

Kelly then briefly noted that the principle of totality was not applicable when a pregnant woman’s life was at risk because the fetus is not one part of a whole, but rather its own whole. Kelly suggested using the principle of double effect in such a scenario, noting two salient issues that ought to be considered when making this decision: “(a) whether the

treatment helps the mother without directly harming the fetus; and (b) whether there is a proportionate reason for using the treatment before the child can be safely delivered.”⁴⁶

On the issue of human experimentation, Kelly set out to clarify the “obscure” statements within Pius XII’s remarks against experiments.⁴⁷ As tools for interpretation, Kelly used the Pope’s clear declarations on the issue, the context of the papal statements, and the “actual practice of clinical investigators and research workers in the field of medicine.”⁴⁸ He first acknowledged the historical problems that influenced the Pope’s teaching. As such, Kelly described the problems of totalitarianism and individualism that the Pope would have been thinking about. He said that it was “unsound” to overly extend what Pius meant by experimentation.⁴⁹ Kelly concluded that Pius XII might allow for the possibility that minimally risky experimentation was permissible. Kelly took the moderate view that the Pope was not speaking against all types of human experimentation, but rather that he was against experimentation when the risk was disproportionate to the outcome.

Artificial Insemination

Kelly was supportive of artificial insemination and articulated his view in 1939 and in 1947. Despite his positive view towards the treatment, he retracted his position in 1949 after Pope Pius XII declared it morally impermissible. In 1939, in “The Morality of Artificial Fecundation” published in the *American Ecclesiastical Review*, Kelly surveyed the debate on artificial insemination, citing the Vatican’s 1897 condemnation of masturbation and insemination that relied on

masturbation, and over 30 moralists’ varying opinions.⁵⁰ In this article, Kelly clearly supported artificial insemination within the bounds of marriage. He justified his position with the following logic, as described by scholar Edwin Lisson, S.J.: “the basic marital right to the use of the body which was parallel to the basic right of self-preservation.”⁵¹ Kelly asserted that there was nothing confining procreation to, as Lisson describes, “normal sexual intercourse.”⁵² As evidence, he used the notion that semen extraction for the purposes of health examination was permissible. Kelly admitted that the Holy See was vague regarding whether married couples “do not possess in common a right to propagate which allows them, by mutual consent, to have recourse to some extra-ordinary means of propagating which is not in itself sinful.”⁵³ In light of the ambiguity, Kelly saw a space to formulate a personal conclusion and acted accordingly.

Kelly reaffirmed his position in the 1947 article, “Moral Aspects of Artificial Insemination” for the *Linacre Quarterly*. He was aware that there was a myriad of opinions on this issue and he stated that until the Vatican clearly banned artificial insemination, it was a licit act. Both Kelly’s stance on the issue and his deference to the Vatican were made clear in the following statement: “In practice, until the dispute is settled [by the Holy See], Catholic doctors may follow the opinion that artificial insemination between husband and wife is permissible if the husband’s sperm can be obtained in a morally unobjectionable manner.”⁵⁴ Regarding the appropriate manner of sperm donation, Kelly added that masturbation is not permissible. In this way, Kelly both affirmed his position

and made it clear that the pope has final authority.

After Pius XII clarified his stance, Kelly quickly changed his opinion to match Pius XII's. On September 29, 1949, at the Fourth International Congress of Catholic Doctors, Pius XII stated that extracting semen was permissible for medical sterility exams, but not for artificial insemination. Within a year, Kelly acknowledged the change and publicly revised his stance in the "Notes on Moral Theology" in 1949. In the "Notes," he referred to Pius XII's September 29, address and said that, at that time, "Pius XII gave a general outline of the correct moral teaching on artificial insemination."⁵⁵ As Lisson notes, the new position was reflected in all of Kelly's writings thereafter. Rather than critically assess the Pope's position and its relationship to Kelly's prior positions, Kelly submitted to the new position.

IV. Reception

During his time, amongst lay people and where guidance was needed, such as in areas of education and hospital ethics, Kelly's thought was very influential. He made a huge impact in medical ethics through his work with the Catholic Hospital Association. Kelly began writing on moral medical dilemmas in 1947 for the *Hospital Progress*, a journal of the Catholic Hospital Association.⁵⁶ Twelve of these articles were compiled and published in 1949 as the pamphlet, "Medical-Moral Problems (Volume 1)." In 1954, five pamphlets made from Kelly's work in *Hospital Progress* and *Linacre Quarterly* were published as the book, *Medical Moral Problems*.⁵⁷ In 1949, the Catholic Hospital Association released the nine-page pamphlet, "The Code

of Ethical and Religious Directives for Catholic Hospitals," and it offered a much more comprehensive list of directives than anything that had been published previously. Lisson surmises that the document was "composed" from Kelly's work, as 26 of the 28 footnotes are references to his articles.⁵⁸ Kelly commented on many of the directives in the 1958 edition of *Medical-Moral Problems*.

Also very popular was his pamphlet, *Modern Youth and Chastity*, that he began writing in 1940 and published in 1944 (although it went through many revisions afterwards).⁵⁹ The pamphlet and book sought to explain Catholic teachings on chastity and to advise young people on how to engage in healthy friendships and relationships.⁶⁰ Originally intended for Catholics, it was later revised to be more inclusive. The pamphlet was printed until 1963, by which time it had been translated into five languages and reproduced into over one million copies.⁶¹ In these ways, Kelly's writings were quickly integrated into the lives of many people.

Despite these successes, Kelly was not well received by all of his contemporary theologians. In his 1964 *Commonweal* article "Authority and the Theologian," Daniel Callahan commented on Ford and Kelly's book⁶² and acknowledged, "on the whole they have steered a middle course between the arch-reactionaries and the pioneers."⁶³ However, Callahan criticized them for their conclusions against artificial contraception. He summarized their method and then berated them for focusing primarily on papal documents, scholastic philosophy, and canon law. Callahan noted their sensitivity to couples faced with hardships in relation to contraception. Perhaps precisely because of

their sensitivity to this struggle, Callahan found Ford and Kelly's conclusions unfitting. He stated that their work "is years behind the revolution now in progress."⁶⁴ Also egregious to Callahan was what Kelly and Ford's method revealed about their understanding of the role of the theologian. Callahan likened them to "civil servants."⁶⁵ His strong criticisms were not lost on Kelly. According to Lisson, Ford claimed that Kelly suffered from very low-blood pressure in the days following the heart attack that would precipitate his death. When no medications could help him, the only thing that would raise Kelly's blood pressure was to say Callahan's name.⁶⁶

Looking back at Kelly's legacy, some modern historians agree with Callahan. As Keenan notes: "In a significant study of Catholic medical ethics in the United States in the 20th century, David Kelly identifies the period from 1940-1968 as 'ecclesiastical positivism.'"⁶⁷ Keenan remarks that Ford and Kelly easily capitulated to *Humane Vitae*, turning a blind eye to conscience formation and progress made in theology up until that point.

V. Conclusion

Regardless of one's opinion of him, Gerald Kelly was a complex figure who left an indelible mark on Catholic medical ethics. Kelly's lessons are relevant to modern Catholic health care ethics, which not only shares a history with Kelly, but also shares with Kelly a commitment to creating efficacious and well-founded health care policies that are in dialogue with magisterial teachings. In the issue of end-of-life care, Kelly displayed great medical, analytic, pastoral, and theological

acumen. He was critical to clarifying the understanding of ordinary and extraordinary means in end-of-life care. His understanding of the distinction shapes how we understand the concepts today.

Many of Kelly's methods are also relevant today. His emphasis on surveying a bioethical controversy reminds us to generously read and assess the range of views on bioethical issues. Kelly took seriously the debates on an issue and he investigated what issues were at the heart of a controversy. He also offers some useful insights for Catholic health care ethicists today who take seriously the ERDs, bishops' statements, and magisterial decrees. When interpreting magisterial documents, Kelly was careful not to exaggerate the point of the decree. He paid close attention to the history informing the pope's articulation of the problem and its subsequent solution. Acknowledging what historical event or issue the pope was responding to allowed Kelly to confine the scope of a decree. Kelly also sought to find the most reasonable interpretation of the pope's teaching. For instance, when interpreting the principle of totality, Kelly interpreted the word "necessity" broadly because the alternative was nonsensical. Kelly also assumed the pope was aware of controversies and so an absence of papal clarity indicated the appropriateness of a diversity of opinions.

Problematically, though, Kelly shied away from educating others when it was difficult. For instance, Callahan reminds us that Kelly simply reiterated the papal stance on birth control and artificial insemination rather than explaining them. Kelly's own method of investigating the controversy and looking at the historical context would have served him

well in those areas, as it would have given him an opportunity to explain teachings that were poorly understood and poorly received. Kelly also opted to limit doctors' moral choices, rather than engage in training and teaching doctors. He sought to rescue physicians from personal discernment and instead offered them a clear course of action. As an alternative to this approach, Catholic health care ethics should empower health care professionals with training in ethics. Ethics boards are also ways to encourage thoughtful ethical decision-making done on a group level. Kelly's missteps are good reminders for health professionals today to face difficult questions with rigorous engagement and education.

Despite these shortcomings, Kelly leaves us with an efficacious method for bioethical engagement — survey the controversy and interpret church documents reasonably and within their historical context. He also refined the lasting distinction between ordinary and extraordinary means. Finally, Kelly reminds us that morality and medicine are intertwined. He asserted, “Good medicine is good morality” and “only good morality is good medicine.”⁶⁸

This is the complex legacy of the father of modern American Catholic medical ethics, Gerald Kelly, S.J.

¹ James F. Keenan, *A History of Catholic Moral Theology in the Twentieth Century: From Confessing Sins to Liberating Consciences*, 1st ed. (Continuum, 2010), 115.

² Ibid.

³ See Eric Marcelo O. Genilo, *John Cuthbert Ford, SJ: Moral Theologian at the End of the Manualist Era* (Georgetown University Press, 2007), 1.

⁴ Albert R. Jonsen, *A Short History of Medical Ethics* (Oxford University Press, 2000), 93.

⁵ Aaron L. Mackler, *Introduction to Jewish and Catholic Bioethics: A Comparative Analysis* (Georgetown University Press, 2003), 88.

⁶ The following information is gathered from Edwin L. Lisson, S.J., *The Historical Context and Sources of Moral Theology in the Writings of Gerald A. Kelly, S.J.* (PhD diss, Pontifica Universitas Gregoriana Facultas Theologiae, 1975). 141-215. See also Figure 1: Lisson, "A Chronological Bibliography of the Writings of Gerald A. Kelly, S.J: Books and Articles."

⁷ Ibid. 142. "Irish ghetto" is the phrase Kelly used to describe his hometown to Lisson in a Sept 10, 1974 interview..

⁸ Ibid. 205.

⁹ Ibid. 157.

¹⁰ Genilo, *John Cuthbert Ford, SJ*, 1. See also Keenan, 115.

¹¹ Lisson, S.J., *The Historical Context and Sources of Moral Theology in the Writings of Gerald A. Kelly, S.J.*, 471. *Medico-Moral Problems* was first released as pamphlet editions in 1949, 1950, 1951, 1952, 1954; the book version was published in 1958. See also Figure 1, Lisson "A Chronological Bibliography of the Writings of Gerald A. Kelly, S.J: Books and Articles."

¹² Ibid. This was written with Ford. Volume 1 was published in 1958 and Volume 2 was published in 1963.

¹³ Ibid., 209.

¹⁴ These ideas would be reiterated two years later in Volume I of his co-authored book with Ford, *Contemporary Moral Theology: Questions in Fundamental Moral Theology*.

¹⁵ Gerald Kelly, S.J., "The Morality of Mutilation: Towards a Revision of the Treatise," *Theological Studies* 17, no.3 (1956), 324.

¹⁶ Ibid., 325.

¹⁷ Kelly, S.J., "The Morality of Mutilation: Towards a Revision of the Treatise," 325-326.

¹⁸ Ibid., 326.

¹⁹ Note the exception in the controversy of contraception wherein Ford and Kelly advocated for a consistent stance on the issue, whilst the church did not possess such a stance. This is regarded as an instance when they went beyond what the Magisterium had said (Keenan, 115).

²⁰ Gerald Kelly, S.J., "Notes: The Duty to Preserve Life," *Theological Studies* 12, no.4 (1951): 555.

²¹ Keenan, *A History of Catholic Moral Theology in the Twentieth Century*, 115.

²² Kelly, S.J., "The Duty of Using Artificial Means of Preserving Life," 204.

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid., 206.

²⁶ Ibid., 207.

²⁷ Ibid., 220.

²⁸ Ibid., 216.

²⁹ Ibid., 218.

³⁰ Ibid., 218. Note that Kelly juxtaposes his conclusion with that of Fr. McFadden who concludes that the stimulant is not obligatory because it is an extraordinary means (218).

³¹ Ibid., 219.

³² Ibid.

³³ Ibid.

³⁴ Lisson, S.J., *The Historical Context and Sources of Moral Theology in the Writings of Gerald A. Kelly, S.J.*, 172.

³⁵ Kelly, S.J., "Notes: The Duty to Preserve Life," 550.

³⁶ Ibid.

³⁷ Kelly, S.J., "Pope Pius XII and the Principle of Totality," 373-374.

³⁸ Ibid., 374.

³⁹ Ibid., 377.

⁴⁰ Ibid., 375.

⁴¹ Ibid.

⁴² Ibid., 376.

⁴³ Ibid., 380.

⁴⁴ Ibid.

⁴⁵ Ibid., 382.

⁴⁶ Ibid., 385.

⁴⁷ Ibid., 386.

⁴⁸ Ibid., 386.

⁴⁹ Ibid., 388.

⁵⁰ Lisson, S.J., *The Historical Context and Sources of Moral Theology in the Writings of Gerald A. Kelly, S.J.*, 154. Note that I have access only to the *TS* article. I

do not have access to the other articles cited in this section and so the following information is taken from the description of the articles offered by Lisson.

⁵¹ Ibid., 155.

⁵² Ibid.

⁵³ Ibid., 156 (Lisson cites that this is taken from a quote on page 113 of the article in *American Ecclesiastical Review*).

⁵⁴ Ibid., 167. (Lisson cites that he is quoting from page 45 of Kelly's article).

⁵⁵ Gerald Kelly, S.J., "Notes on Moral Theology, 1949," *Theological Studies* 11, no.1 (1950): 67.

⁵⁶ Lisson, S.J., *The Historical Context and Sources of Moral Theology in the Writings of Gerald A. Kelly, S.J.*, 167.

⁵⁷ Ibid., 168.

⁵⁸ Ibid., 169.

⁵⁹ Ibid., 162.

⁶⁰ Gerald Andrew Kelly, *Modern Youth and Chastity: A Book for College Men and Women* (The Queen's Work, 1941).

⁶¹ Ibid., 165.

⁶² The book: *Contemporary Moral Theology, Volume 2: Marriage Questions*.

⁶³ Daniel Callahan, "Authority and the Theologian," *Commonweal* 30, no. 11 (June 1964): 320.

⁶⁴ Ibid., 321.

⁶⁵ Ibid.

⁶⁶ Lisson, S.J., *The Historical Context and Sources of Moral Theology in the Writings of Gerald A. Kelly, S.J.*, 202.

⁶⁷ Keenan, "Vatican II and Theological Ethics," 17.

⁶⁸ Kelly, S.J., "The Morality of Mutilation: Towards a Revision of the Treatise," 334, footnote 33.

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