Book Review: "Losing Our Dignity: How Secularized Medicine Is Undermining Fundamental Human Equality"

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Charles C. Camosy is one of the most prolific writers amongst moral theologians today. Since earning his Ph.D. at the University of Notre Dame fifteen years ago, he has published several books and scores of peer-reviewed and popular articles, as well as numerous blog pieces and opinion essays, including for the Washington Post and other national periodicals. Recent books include *Resisting Throwaway Culture: How a Consistent Life Ethic Can Unite a Fractured People* (New City Press, 2019) and, coauthored with Alisha N. Mack, DNP, *Bioethics for Nurses: A Christian Moral Vision* (Eerdmans, 2022). A versatile theological ethicist, Camosy has also published books and articles on ecological and animal ethics, just war theory and nonviolence, politics and civil discourse, and many other contemporary issues. Most of his attention, though, focuses on trends and questions in health care ethics.

At the time he authored and published *Losing Our Dignity: How Secularized Medicine Is Undermining Fundamental Human Equality*, he was Associate Professor of Theological and Social Ethics at Fordham University; now he is Professor of Ethics and Medical Humanities at the Creighton University Health Science Campus in Phoenix, Arizona. Camosy is not content to write solely to fellow scholars; much of his work aims at reaching wider ecclesial and public audiences. In addition to well-known church-related publishers, such as Eerdmans and Liturgical Press, he writes for New City Press, which is connected with the Focolare movement and seeks to provide "books and resources that enrich the lives of people and help all to strive toward the unity of the entire human family."[1] Accordingly, Camosy's audience for *Losing Our Dignity* is not limited to fellow bioethicists, moral theologians, academicians, and health care professionals. This is an accessible and engaging read for students, parishioners, and the wider public.

The book is comprised of seven chapters that are bookended between an introduction and a conclusion. Its main thesis is that "mainstream medical ethics and mainstream medicine" no longer view all human beings as equal "in their very essence" (11-12) and sharing "a common nature that bears the image and likeness of God" (19). Instead, influential medical practitioners and bioethicists increasingly distinguish between "human beings" and "persons," with the latter being associated with certain

abilities such as self-awareness, rationality, communication, productivity, and the like. When someone lacks the wherewithal to be regarded a "person," they then are viewed as deficient in dignity and no longer deemed to be deserving of the health care that most of us take for granted. This is exasperated by limited medical and financial resources, especially as more Americans are aging and on the verge of becoming "a new, large, and growing set of victims: human beings with late-stage dementia" (15).

In the first chapter, Camosy offers a declension narrative, from the origins of medicine and medical ethics within the Church to their secularization in recent decades. Whereas Christian health care and bioethics cared for the sick and disabled, "especially the untouchable sick and disabled discarded by the dominant culture" (23), now the tables have turned so that the dominant culture has gained the upper hand. Camosy highlights recent articles by philosophers and bioethicists as evidence of this shift: Timothy Murphy's "In Defense of Irreligious Bioethics"; Ruth Macklin's "Dignity is a Useless Concept"; and Steven Pinker's "The Stupidity of Dignity." Yet, Camosy claims that "it is impossible to practice a totally secularized medicine" since "theological concepts nevertheless find their way into the design and practice of medicine in various ways" (39). This is a contention that surfaces a number of times throughout the rest of the book: secular health care practitioners and bioethicists, whether they are aware of it or not, still have "their own particular understanding of the good to bear on these questions" (42). The good, for them, is autonomy, and this is what is eclipsing human dignity.

The second chapter considers the case of thirteen-year-old Jahi McMath, a Black girl who reached puberty in 2014 even as the state of California declared her to be brain dead. For Camosy, medical science has failed to stay in its lane in determining death, a question that is instead philosophical and theological (47). He accuses privileged physicians of exhibiting an ableist attitude toward human beings with catastrophic brain injuries. Camosy adds that the problem concerning the determination of death is compounded by the increasing demand for organ donors. I must admit that when I suffered a traumatic brain injury eleven years ago, I shared Camosy's concerns. At the same time, Camosy is not a vitalist (nor am I), holding that everything must be done to keep someone alive regardless of their circumstances. With advance directives or a surrogate decision-maker, Camosy rightly notes here and in subsequent chapters that such treatment may be forgone or withdrawn if deemed extraordinary. However, human beings with catastrophic brain injury and their loved ones should not be pressured or coerced to do so. Furthermore, Camosy recommends a healthy dose of epistemic humility and erring on the side of caution, concerning human beings with catastrophic brain injuries, a point he makes also in subsequent chapters.

In the third chapter, Camosy discusses Terri Schiavo and the so-called persistent, or chronic, vegetative state. He notes that "a good percentage of people thought to be in PVS are, in fact, conscious and aware" (71) and that "many patients thought to be in a vegetative state can and do recover" (73). As in the previous chapter, Camosy makes clear "that, even in circumstances where there is consciousness, there will be times

that life-sustaining treatment can and even should be withdrawn (especially when the patient can communicate wishes for no extraordinary treatment)" (76). Here, too, Camosy prescribes the precautionary principle: since we "now know that about 20 percent of diagnosed patients can be coaxed into varying levels of conscious states," and that we were wrong about that 20 percent "who we now acknowledge should have the moral and legal equality of persons," we should humbly exercise caution about the other 80 percent, since at some point, "with new technologies, we [may] find that another chunk of those 80 percent can also regain consciousness" (87).

The fourth chapter concentrates on the status of prenatal human beings, abortion, and Roe v. Wade. Camosy argues that paternalism rather than feminism fueled that Supreme Court decision. In contrast, he urges respect for the fundamental human equality of pregnant women (109). At the time he was writing, before the Dobbs decision in 2022, Camosy expressed his hope that "US practices and law will be pushed to be consistent" (108). But, post-Dobbs, there seems to me that there is a lack of careful, consistent thinking amongst many politicians about the dignity of both the unborn and women, especially those women who are experiencing life-threatening circumstances during their pregnancies. I agree with Camosy that "we must absolutely refuse to think of dignity and equality as a zero-sum game where one population can be treated equally only at the expense of another" (111); however, at times there are tragic circumstances in which difficult decisions must be made. Just as in other chapters note when forgoing or withdrawing extraordinary treatment can be morally justified, this one might have at least acknowledged when an indirect abortion might be, too.

In the fifth chapter Camosy deals opens with the 2018 case of newborn Alfie Evans and neurodegenerative disease.[2] In Camosy's view, although the medical professionals claimed that they acted in Alfie's "best interests," their assumptions about "quality of life" were the main driving force. As in other chapters, there were conflicting visions of the good (125) in this case, as well as other social factors such as paternalism and classism. Again, Camosy invokes the precautionary principle: "Here's the bottom line: we just aren't sure about a lot of things related to what we think we know about the brain and how what we think we know relates to the (current and/or future) consciousness of a patient with a devastating neurological disease or injury" (119). He also resumes noting that the removal of life-sustaining treatment is sometimes justifiable, but "in this case there are multiple reasons to think this is not what was going on" (121).

The sixth chapter turns to human beings with late-stage dementia and neurodegenerative diseases such as Alzheimer's, Parkinson's, multiple sclerosis (MS) and amyotrophic lateral sclerosis (ALS). Camosy worries that philosopher Dan W. Brock's view, that human beings with severe dementia have no claim to life-sustaining health care, will become more prevalent (150). Writing during the early months of the COVID-19 pandemic, Camosy observes that persons with dementia were especially vulnerable and received inadequate care, evidence again of the "powerful ableist forces" that "determine who is in and who is out,…which lives are part of a community of equals and which are outside that community"

(154-155), a "deadly medical ableism" (158).

In the seventh chapter, Camosy attempts to engage secular progressives by appealing to their sense of social justice and equality. His medium-term strategy here is to try to "find an overlapping consensus" (173) with those who "may not follow a general commitment to fundamental equality consistently, but they do have one" (174). They are, like many of my undergraduate students who are culturally if not practicing Christians, disquieted about ableism, classism, racism, and consumerism. They vehemently denounce any hint of discrimination or injustice, especially toward the vulnerable. For students and readers who rightly excoriated US police for killing unarmed Black men such as George Floyd, Camosy tries to make plain that "the fundamental value during this racial justice moment is also the fundamental value at the heart of this book" (175). In my experience, such a strategy can be persuasive. Put differently, just as police and the wider public often exhibit an implicit bias toward persons of color, so too perhaps do medical practitioners and bioethicists have an implicit bias of ableism and "quality of life" that unjustly colors their treatment of (or lack of treatment of) human beings who lack certain abilities. In addition, Camosy hopes that those who adhere to Aristotelian or similar philosophical perspectives should be amenable to what he is advocating. He thinks that genuine dialogue about "first principles, chief loves, transcendental values, visions of the good, and ultimate concerns" is possible (178, 181).

In the short-term, Camosy invites fellow Christians to be "a counterculture of responsibility, encounter, and hospitality" in contrast to "a throwaway culture which discards or otherwise marginalizes human non-persons as having lost their fundamental dignity" (163). He encourages more volunteering in nursing homes, encounters between younger and older generations, making decisions that allow us to care for aging parents and other family members, and other practices that will build and reinforce such a counterculture.

In the conclusion, Camosy asks, "And what if we fail?" And he answers, "If cultural change isn't on the way, I propose that religious organizations and institutions mobilize for a massive, all-hands-on-deck response of our own" (185). Religious orders, such as the Sisters of Life and Little Sisters of the Poor, as he notes, had such an impact in the past. I would add that something similar has been occurring to address the climate crisis, with women religious leading the way. Maybe they, or comparable groups of Christian laypersons and health care professionals, can establish and operate in the long-term new hospitals, clinics, and nursing homes. Of course, doing so will require a lot of will as well as effort and money. Camosy suggests, though, that such a countercultural witness might be attractive to new converts.

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ENDNOTES

1. For more on New City Press and the Focolare movement, see https://www.focolaremedia.com/about.
2. See "Moral Lessons from the Life of Alfie Evans: Two Ethical Perspectives," Health Care Ethics USA (July 2, 2018) for reflections from Tobias Winright, Jason Eberl, and Gerald Coleman, https://www.chausa.org/publications/health-care-ethics-usa/archives/issues/summer-2018/moral-lessons-from-the-life-of-alfie-evans-two-ethical-perspectives.