

Christian Anthropology and Health Care

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An inventory of contributions of the Catholic moral tradition may not include theological anthropology on that list, but it should.¹ Reflection on human persons through a theological lens yields a number of normative insights. In particular, it can nuance Catholic understanding of human dignity—a foundational principle for health care ethics—in a way that yields fruit for health care and health care ethics.

THEOLOGICAL ANTHROPOLOGY

Understood theologically, human persons are creatures, sinners, and adopted children and siblings in the Holy Spirit. As embodied creatures, human beings share physical needs (like a need for water) and experiences (like growth, anger, illness, and play).² Human persons are composite creatures, having bodies but also the stuff of transcendence and agency, like consciousness, freedom, and memory. Moreover, we are formed within social networks—many of which we do not choose—in better and worse ways. We are irreducibly social creatures and our flourishing cannot be had in isolation. Yet we are also ultimately responsible for ourselves. The shared dimensions of human existence are interpreted and actualized in culturally and historically diverse ways, but they provide a basis for a Christian humanism that is important in Catholic ethics.³

Human persons are not only creatures but sinners. Sin designates the disruption of proper relationship with God and others.⁴ Sin disrupts our relationships because it corrupts the agential capacities by which we perceive, think, affectively respond to stimuli, and choose. Sin therefore undermines our ability to perceive and respect others' moral worth and our willingness to make choices that affect others. Importantly, these consequences of sin cannot be corrected simply by stipulating that others have an equal and irreducible moral status. Sin may even operate in the ways we defend others' moral worth, influencing the way we describe what it means to be human, what a good human life looks like, and how we should respond to moral failures.

Grace is a name for the gift of being drawn into dynamics of right relationship with God, self, and others. Put theologically, grace is a share in God's own life. Our capacities as moral agents need to be healed from the corrupting influence of sin. Grace allows us to recognize ourselves and others in light of God, who recognizes our creatureliness as good, who loves us despite our sinfulness, and who is committed to reconciling and sanctifying us. Grace enables us to recognize the moral worth of others in more and more inclusive circles of regard. It empowers us to choose to act in a fashion consistent with that regard. Another way to put this is to say that grace makes us adopted children of God and therefore siblings of one another in God's spirit. To be adopted by God

is to receive God's Spirit (Romans 8:15), and therefore, to receive an interior transformation that makes new things possible for us as creatures and for our social relations. Adoption incorporates us into a new family that is more inclusive and more rightly ordered. And yet we must acknowledge that we are living between the "already and the not yet." The reconciliation that grace will accomplish is not yet complete.

HUMAN DIGNITY

What might the broad features of such a theological anthropology contribute to health care ethics? Let us consider its import for the principle of human dignity, which both founds a right to health care and morally informs the practice of health care.

In Catholic moral tradition one can pick out four inter-related meanings or functions for dignity: inherent dignity, consequent dignity, normative dignity, and emblematic dignity.⁵ First, dignity refers to the inherent worth of human beings.⁶ Inherent dignity is something humans have, regardless of abilities or aptitudes. Yet Catholic tradition also speaks of dignity as though it can be diminished or forsaken. *Gaudium et spes*, for example, says that we attain dignity "through spontaneous choice of what is good."⁷ So, a second sense of dignity is as a mark of human flourishing or fruit of a rightly ordered life. We may call this consequent dignity. Third, human dignity serves as a normative criterion that informs moral judgment. We evaluate the moral quality of choices, relationships, and institutions based on how they align with or violate dignity. Normative dignity also has positive moral force. It entitles human persons to the conditions necessary for a manner of life

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consistent with that dignity, what *Gaudium et spes* calls "a genuinely human life."⁸ Fourth, in Catholic moral tradition, dignity operates as a moral expression of Christian humanism. Dignity is therefore emblematic in meaning. Emblematic dignity assumes human embodiment, sociality, and agency, and thereby resists reductionistic views of humanity.

In Catholic tradition, dignity also takes its meaning from the revelation of humanity in Jesus Christ. Jesus' life and death clarify dignity as a moral criterion, yoking it to inclusivity, mercy, and a preferential option for vulnerable human beings.⁹ Importantly, Jesus' public ministry includes stories in which he challenged prevailing ideas about good and evil and the social caste systems aligned with those judgments. Those moments of critique and subversion are powerful reminders that moral judgments and norms can themselves be tools that contract our regard for the dignity of others.

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According to Steven Pinker, dignity is a matter of human perception.¹⁰ There is some truth to his claim. Even though all human persons *have* dignity by virtue of being human (the inherent dignity described above), the challenge we confront is that we too often fail to *perceive* their worth and act on it accordingly. Dignity concerns the recognition or misrecognition of human moral worth within social dynamics of vulnerability, power, deception, and truthfulness.¹¹ To be clear, I am not claiming that human persons only have worth if others attribute it to them. That would be a denial of the first sense of dignity. Rather, the argument here is that: 1) the perception or denial of dignity is a social process, and 2) dynamics of sin or grace affect our capacities and our willingness to recognize or reject the moral worth of others. Dignity, then, cannot be reduced to a stipulation or affirmation of human moral worth, or a consequence of a rightly ordered life, or a normative criterion for evaluating choices and structures, or an emblem of a larger Christian humanism. The perceptual character of dignity means that we must also understand dignity as an active form of regard. Claims about dignity are exercises in expanding or contracting the scope of our moral concern. Because sin affects our capacities and willingness to recognize others' moral worth, we may describe dignity as a dynamic practice of "dignifying" others, attributing to them the worth that is their due and converting our hearts and social structures accordingly.

It follows that the dignity of all cannot be fully respected apart from practices of inclusive regard. Moreover, since we are social creatures who therefore depend on one another for our well-being, not only your dignity but my dignity really depends on this practice. That is, my own dignity (as a marker or consequence of human

flourishing) waxes or wanes as I nurture inclusive regard for the inherent dignity of others.¹² The theological anthropology sketched earlier helps us to appreciate that dignity is a commitment to attribute equal moral worth to our fellow human beings. Doing so is a necessary aspect of discerning their inherent value (inherent dignity); a condition for realizing the human good (consequent dignity); and applying dignity as a moral criterion (normative dignity). Attending to dignity as a practice of inclusive regard is also important for emblematic dignity, as a moral expression of Christian humanism. Because sin can operate even in moral accounts of what it means to be human and what a good life looks like, it is essential to engage in self-criticism and to include and attend to critical voices, particularly from vulnerable populations.¹³

IMPLICATIONS FOR HEALTH CARE ETHICS

Christian anthropology and its illumination of human dignity give rise to multiple commitments that are important for health care ethics. Commitments to respect, justice, mercy, and the common good, for example, flow from and also provide an essential context of respect for human dignity. Such commitments translate into practical positions, like advocating for access to quality health care. However, as the discussion of sin makes clear, the meaning and the application of such moral commitments can themselves reflect and contribute to sinful disruption of proper relationships.

If human persons have an inherent worth, yet are subject to social dynamics distorted by sin, we must grapple with the fact that some persons are more vulnerable to the misperception of dignity than others. Vulnerability is not merely a given feature of

human life; it is socially constructed and unjustly distributed.¹⁴ Institutions, policies, cultural practices, and norms can afford some populations a degree of protection from various sorts of harms and render others far more vulnerable.¹⁵ Human beings harm and oppress each other through institutional and cultural mechanisms. They establish and sustain hierarchical relations that unduly limit some persons' access to basic resources, render certain groups vulnerable to direct forms of violence or assault, and obstruct their participation in social, economic, political, and cultural life.¹⁶ Individual and collective choices create and sustain systems that organize access and participation, distribute social status, and engender vulnerability. Importantly, our choices can fashion and sustain structures that correct the maldistribution of vulnerability. Michael Rozier describes "structures of virtue" that can contribute to both the process and the content of public health.¹⁷

Health care can and should partake in the sanctifying and dignifying labor of promoting the human and common good.¹⁸ Patient care should be characterized by attentive compassion for the vulnerability of patients and loved ones.¹⁹ Our consideration of human vulnerability also suggests a high bar for informed consent, ongoing cultivation of cultural competency skills and vigilant critical examination of the ways medical practice may sustain structures of vulnerability and cause harm under the guise of patient care.²⁰ Health care professionals must also serve human dignity by leveraging their expertise in the exercise of civic agency, advocating for better public health conditions and policies that correct conditions which unjustly predispose some populations to specific risks.

Since vulnerability is structured, we must examine health systems to identify and address ways they exacerbate forms of vulnerability. If they inhibit patient contact and care via profit-maximizing structures, underpay employees, contribute to environmental degradation, for example, appropriate reforms should be undertaken. Due concern for the unjust distribution of vulnerability also requires critical attention to health care professions, where issues of equity and justice are important considerations.²¹ In short, once we understand human dignity not only as a stipulation of inherent moral worth but as a practice of inclusive regard, health care ethics, health care practices, and health care systems appear as both culprits in sinful dynamics of misrecognition of dignity and as vehicles for restoring dignity to its full expression.

CONCLUSION

Principles and practices in Catholic health care ethics presuppose the robust theological anthropology of Catholic moral tradition. Ethical analysis of particular issues in health care—for example, reproductive issues—start with Catholic views of the person, but they can also unfold with limited reference to personhood beyond appeals to the first meaning of human dignity, the inherent worth of persons. There is value in grappling with the human person as a creature and agent set within dynamics of sin and grace. I argue that Catholic accounts of human dignity need to reckon better with the perceptual and, therefore, dynamic character of dignity in order to foster more inclusive regard for persons and to sustain critical attention to broader structures have the ability to increase or limit vulnerability.



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Creating Dialogue

1. What are some ways that sin interferes with our ability to view the dignity of others and make moral decisions?
2. What does “*inclusive regard*” add to the idea of human dignity?
3. Name some specific areas of Catholic health care that are directly affected by our understanding of Christian anthropology and human dignity.

ENDNOTES

¹ Benedict M. Ashley, OP, *Health Care Ethics: A Catholic Theological Analysis*, Fifth Edition (Washington, DC: Georgetown University Press, 2006), 19.

² Kevin O'Rourke, OP, *A Primer for Health Care Ethics: Essays for a Pluralistic Society* (Washington, DC: Georgetown University Press, 2000), 37.

³ See Lisa Sowle Cahill's discussion of the value of an Aristotelian-Thomistic understanding of our common humanity in *Sex, Gender and Christian Ethics* (Cambridge: Cambridge University Press, 1996), 108-120.

⁴ Darlene Fozard Weaver, *The Acting Person and Christian and Christian Moral Life* (Washington, DC: Georgetown University Press, 2011), p. 52.

⁵ Darlene Fozard Weaver "Human Dignity in Catholic Tradition," in Jonathan Rothchild and Matthew Petrusek, Eds. *Dignity and Conflict: Contemporary Interfaith Dialogue on the Value and Vulnerability of Human Life* South Bend, IN: University of Notre Dame, forthcoming.

⁶ David F. Kelly, Gerry Magill, Henk ten Have, *Contemporary Catholic Health Care Ethics*, Second edition (Washington, DC: Georgetown University Press, 2013), 14.

⁷ *Pastoral Constitution on the Church in the Modern World Gaudium et spes*, promulgated by Pope Paul VI (Vatican City: 1965), no. 17.

⁸ *Gaudium et spes*, no. 1.

⁹ See the discussion of Jesus as a model in Ashley, *Health Care Ethics*, 6-8. Ashley, however, goes on to criticize liberation theology as "one-sided," 19.

¹⁰ Steven Pinker, "The Stupidity of Dignity," *The New Republic*, May 28, 2008, available online at

<https://newrepublic.com/article/64674/the-stupidity-dignity>.

¹¹ Weaver, "Human Dignity in Catholic Tradition."

¹² The interdependence of our flourishing is a core meaning of the Catholic notion of the common good. See David Hollenbach, SJ, *The Common Good and Christian Ethics* (Cambridge: Cambridge University Press, 2002).

¹³ One example is Florencia Luna, *Bioethics and Vulnerability: A Latin American View*, Ed. Peter Herissone-Kelly, Trans. Laura Pakter (Amsterdam: Rodopi, 2006). Luna argues that

the dominance of religious (particularly Catholic) perspectives in bioethics restricts the discipline. See 9-10.

¹⁴ See the excellent collection of essays in Mary Jo Iozzio, Mary M. Doyle Roche, and Elsie M. Miranda *Calling for Justice Throughout the World: Catholic Women Theologians on the HIV/AIDS Pandemic* (New York: Continuum: 2008).

¹⁵ Consider the practice of separating immigrant children from their parents or adult companions at border crossings under the Trump administration. Salvador Rizzo, "The Facts About Trump's Policy of Separating Families at the Border," *The Washington Post*, June 19, 2018, available at https://www.washingtonpost.com/news/fact-checker/wp/2018/06/19/the-facts-about-trumps-policy-of-separating-families-at-the-border/?utm_term=.f09538a15f18.

¹⁶ For a discussion of social determinants of health see Norman Daniels, Bruce P. Kennedy, Ichiro Kawachi, "Why Justice is Good for Our Health: The Social Determinants of

Health Inequalities," *Daedalus* 128.4 Bioethics and Beyond (Fall, 1999): 215-251.

¹⁷ Michael D. Rozier, "Structures of Virtue as a Framework for Public Health Ethics," *Public Health Ethics* 9.1 (April 2016):37-45.

¹⁸ United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services* (Washington, DC, 1995), Directive 3.

¹⁹ Edmund D. Pellegrino MD, David C. Thomasma, *Helping and Healing: Religious Commitment in Health Care* (Washington, DC: Georgetown University Press, 2007), 54-66.

²⁰ See Paul Farmer, *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (Berkeley, University of California Press, 2005).

²¹ United States Conference of Catholic Bishops, *Ethical and Religious Directives*, Directive 7.