

## Living with Ethical Bewilderment

Moral theologians love certainty. Nothing is more satisfying than being able to develop a new distinction that clears up a dilemma, or applying a venerable old principle to a new problem. It's even more satisfying if this principle is something you came across in Latin, in an old manual or monograph!

Unfortunately ethics often lives in the gray areas of uncertainty. I was recently thinking about the case of Jodie and Mary, the conjoined twins born in England in 2000. They could not survive conjoined, so any attempt to save one would result in the death of the other. Fr. Brian Johnstone, my dissertation director, said that sometimes with cases like these moral reasoning can only go so far, then we have to invoke the Holy Spirit to lead us beyond mere reason.

Other more recent cases present similar if less dramatic situations. Think for example of the mom who arrives at the emergency room fourteen weeks pregnant. Her amniotic sac is ruptured and she is at risk for chorioamnionitis. The principle of double effect is often used to resolve difficult cases, but it doesn't work too well here. Indeed, it may lead us to wait until signs of an infection before we take action. Yet such a conclusion violates common

sense since all we are doing is placing the patient at greater risk as we wait for the inevitable outcome.

Swiss philosopher Rev. Martin Rhonheimer explores similar cases of "vital conflict" in his excellent book, *Vital Conflicts in Medical Ethics: A Virtue Approach to Craniotomy and Tubal Pregnancies*. He shows the subtlety, complexity and inadequacy of the principle. Speaking of vital conflict and double effect in the case of "fallopian gravidity" he says, "One who waits to operate until the fallopian tube is seriously pathological and represents an immediate danger to the mother's life – and does so only so that the operation becomes an 'indirect killing' of the embryo – acts in a morally absurd and contradictory way."<sup>1</sup> The principle of double effect is not as useful as it once was because today we know too much about conditions we are dealing with. We can predict complex outcomes so well that it is difficult to say that we intend one effect but not the other.

Genomics presents us with another set of dilemmas. The mapping of the human genome has provided us with a previously unimaginable description of what it means to be human. Just as we gradually discovered the heart, the circulatory system, the ovum, the structure of the brain, we are now able to map the tiniest elements of human existence. Our rapidly growing ability to link specific human traits – including the propensity to illnesses – to specific

genetic markers and treat these illnesses with personalized medicine is easily the biggest scientific advance since antibiotics. As I write this, in fact, I am listening to a report of a baby created from the genetic information of three persons: her mother, father and a third person who donated mitochondria. Doctors “cut and pasted” the healthy mitochondria into the child’s genetic information to eliminate a horrible genetic disease that had killed two previous children.

Transgenderism is another new frontier. The realization that transgender persons are not aberrations of nature but a variant of human sexuality resulting from complex prenatal influences on the brain fundamentally alters our understanding of personhood and human sexuality. The certainty we had about the binary character of human sexuality is now in question. Do we now have three or four sexes instead of two? What does this significant bit of scientific information mean for ethics?

Both of these issues cut close to the bone because Catholic moral theology is based largely upon natural law – not nature in general, and not the laws of nature, but a rational participation in the eternal law, in which we gradually discover something of God’s plan for us by reasonable reflection on human experience. When we discover something basic about human nature as the genome or the fact of

discrepancy between “brain sex” and “body sex,” our understanding of human nature is permanently altered. So we must take these medical discoveries seriously and pay close attention as their meaning unfolds before us. This means tolerating a lot of uncertainty.

“New” natural law theorists, like their neo-scholastic predecessors, have tried to create a watertight set of human goods that cannot be compared or balanced. But I don’t think we can take refuge there as long as we allow that God’s revelatory activity is not yet complete. This is the basic message of Luke Timothy Johnson’s book, *The Revelatory Body*. Speaking of the central mystery of our faith he says, “The incarnation raises to the most explicit level possible the conviction implicit in creation, prophecy and covenant: the human body not only can reveal God, it is the privileged medium of divine self-disclosure.” (57)

Academic ethicists can sometimes control their worlds so they dwell in the pure realm of principle, but those of us in clinical ethics – especially in ministerial settings where there is also a need for pastoral prudence -- often do not have that luxury. Whatever certainty we have at the level of principle must be tempered with an awareness that we are dealing with finite human beings -- both patients and physicians who struggle to understand and personally appropriate difficult moral truths.

James and Evelyn Whitehead recently wrote an article on the transgender experience in which they invoke the notion of ethical bewilderment. They describe it as a “distressing and valuable emotion” that “disarms us of long-cherished convictions and biases.” Bewilderment – which is both an intellectual and spiritual phenomenon – arises from the awareness that “much of what we are or can aspire to be arises from circumstances beyond our control.” It also arises from the fact that we don’t know nearly as much as we would like to about creation, nor even about human life. As Rev. James Keenan, S.J. of Boston College said, “Nature is a complex and unfolding system whose finality, development and ways of interacting are grasped only partially –but not arbitrarily – by human insight.”<sup>2</sup>

Bewilderment is not where ethicists want to be. We’re supposed to know these things, right? But it seems that bewilderment is a necessary step toward both spiritual and ethical maturity. This is why we develop the discipline of discernment, which we would not need if everything was obvious, or at least available to us through logic. When we discern, we start with what we don’t know, and we embrace the virtue of humility.

Still, all is not lost. Bewilderment may be uncomfortable at times, but it is also a grace and even a virtue. It “corrects the inclination to

unwarranted certainty,”<sup>3</sup> and it is, as the Whiteheads say, a door to God’s extravagance, to learning that we are “so fearfully and wonderfully made” that we are never fully aware of what God has done.

There will always be new questions and new information that have to be incorporated into our ethical reflection. But we should accept moments of bewilderment confidently because we have a rich theological tradition which is packed full of human experience enlightened by prayer, study and the Spirit’s guidance. We may not have all the answers, but we do have the tools to find them.

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<sup>1</sup> *Vital Conflicts in Medical Ethics: A Virtue Approach to Craniotomy and Tubal Pregnancies*. Washington, Catholic University of America Press (2009) 98

<sup>2</sup> “Transgender Lives: From Bewilderment to God’s Extravagance.” *Pastoral Psychology* 63(2014): 171-84, at 172-3. The quote from James Keenan appears on p.173, and was taken from his book *A History of Catholic Moral Theology in the Twentieth Century*. They are using the work of Lee H. Yearley, “Ethics of Bewilderment” *Journal of Religious Ethics* 38(2010): 436-460. They note the connection between bewilderment and Charles Taylor’s writing on enchantment. I was aware of how similar bewilderment is to the period of confusion that precedes emergence of a new scientific paradigm. This was described in the classic work by Thomas Kuhn, *The Structure of Scientific Revolutions*.

<sup>3</sup> Yearly, p. 441.