

Working document, 11th IACB Colloquium, Georgetown University, June 5-8, 2024: What's Love Got to Do with Bioethical Reflection: Implications for Clinical and Public Health Care

This document is intended as a starting point for discussions during our colloquium, and especially to present focal questions and tasks for group discussions, which will comprise most of the program.

A. Synthesis of key points from the IACB webinar series

1. *Love*, as discussed in this colloquium, refers to unrestricted or unconditional love. In classical Greek, this form of love was referred to as *agape* (ἀγάπη) and in Latin, *caritas*, which is translated into English as *charity*.
2. Most cultures and religions have a word referring to or similar to the notion of unrestricted love. In the fourth IACB webinar, for example, Joseph Mfutso-Bengo presented on the West African notion of *ubuntu* or interdependence and acceptance of others as belonging to one's community. He surmised that *ubuntu* could be "scaled up" to include the idea of the interdependence of all humanity. Xavier Symons in his webinar presentation referred to the classical Greek concept of *xenia* or hospitality towards strangers. Tyler Tate and Joseph Clair discussed a similar Greek term *oikeiosis* and the concept of *humanitas* in Roman Stoic ethics, which denote the disposition to recognize a shared humanity with others and to treat others, especially strangers, as kin. Christine Jamieson noted the importance of love (*zaagidwin*) among the Anishinaabe peoples of North America, which is one of their 'Seven Teachings' (*Niizhwaaswi Gagiikwewin*) or sacred wisdom passed down by the elders.¹ Literature, art, and music in diverse cultures across time have also described and celebrated the deep human longing for love that is unconditional and everlasting, and which, when experienced, can transform and heal individuals and communities.²
3. Christians have a distinctive use of *agape* to express that God is love—*ho theos agape estin* (ὁ Θεὸς ἀγάπη ἐστίν).³ According to Christian Trinitarian teaching, God is both one and a loving communion of persons--Father, Son, and Holy Spirit. The

¹ Other examples include: *karuna* in Hinduism, Buddhism, Sikhism, and Jainism; *jian ai* and *ren* in Chinese thought; *ahabà* in the Hebrew Bible, and *al 'ishq* in Islam. There are nuances to all these notions that are beyond the scope of this Working document to discuss, but all share the idea of a form of love that is not self-centred.

² For example, Dante's *Divine Comedy*. For a good exposition of transcendent love as the central theme of the *Divine Comedy*, see Charles Williams, *The Figure of Beatrice: A Study in Dante*, London: Faber and Faber Ltd., 1943.

³ 1 John 4.16. Although there were several classical Greek terms for love, *agape* is the term used consistently in the Gospels and other parts of the New Testament. The Septuagint too translated the Hebrew *ahabà* אָהַבָה when it referred to God's love for his people as *agape*. See Hosea 11.4, Jeremiah 31.3, Isaiah 63.9, and Zephaniah 3.17.

Holy Spirit is the personal, mutual and eternal, love between God the Father and God the Son. The Son, incarnate in Jesus Christ, reveals God's unrestricted love for humanity, invitation to friendship, and offer of abundant and everlasting life.⁴ Christ is the exemplar of unconditional, self-giving love. The capacity to love in ways that reflect Christ's love is possible for humans only because of the prior gift of God's self, sent through the Holy Spirit, to dwell in us.⁵ Through this gift, we participate in the life of the Trinity and are able, finite and limited creatures though we be, to live according to Christ's 'new commandment': "Just as I have loved you, you also should love one another."⁶ Benedict XVI describes our human openness and response to God's love as a "communion of will, even affecting my feelings. Then I learn to look on this other person not simply with my eyes and my feelings, but from the perspective of Jesus Christ...Going beyond exterior appearances, I perceive in others an interior desire for a sign of love, of concern."⁷ Such mysteries cannot be fully explained conceptually, but the experience of unrestricted love can be indicated through analogical and poetic language and through symbols. The presence and activity of the Holy Spirit in humans is manifested by certain observable fruits (love of God and neighbour, joy, peace, patience, kindness, generosity, faithfulness, gentleness and self-control)⁸ and by the 'gifts of the Holy Spirit' (wisdom, understanding, counsel, fortitude, knowledge, piety, and fear of the Lord).⁹ The Spirit is also the impetus moving all people of good will to promote the common good in 'renewing the face of the earth', building the kingdom of God in history, and fostering a 'civilization of love and peace.'¹⁰ In summary, God's loving presence and activity within humans affects our feeling, knowing, and deciding. It conforms us ever more closely to God and shapes the persons and communities that we are and will become through our free decisions.

4. In Western philosophy, influenced by especially Christianity but also by Graeco-Roman, Jewish, and Islamic thought, other-centred love, gift-love, unrestricted love or similar terms to describe *agape* have been proposed as foundational for ethics.¹¹

⁴ John 3.16; John 10.10, and John 15.15.

⁵ Romans 5.5: "...God's love has been poured into our hearts through the Holy Spirit that has been given to us." Cf. John Paul II, "Dominum et vivificantem." Vatican City, May 18, 1986, https://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_18051986_dominum-et-vivificantem.html, 10.

⁶ John 15.34; cf. John 13.12.

⁷ Benedict XVI, "Deus caritas est." Vatican City, Dec. 25, 2005, https://www.vatican.va/content/benedict-xvi/en/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est.html, 18.

⁸ Galatians 5.22-23.

⁹ Vatican City: Libreria Editrice Vaticana, 1997. *Catechism of the Catholic Church: Revised in Accordance with the Official Latin Text Promulgated by Pope John Paul II*, 1831.

¹⁰ Paul VI first coined the phrase '*civiltà dell'amore e della pace*' (civilization of love and peace) in his Angelus address on May 17, 1970 (https://www.vatican.va/content/paul-vi/it/angelus/1970/documents/hf_p-vi_reg_19700517.html) and used this expression many times throughout his pontificate, as have Popes John Paul II and Francis.

¹¹ For example, by Ibn Sina (Avicenna), Aquinas, Kant, Kierkegaard, Levinas, Lonergan, Nussbaum, and Marion. See Eric J. Silverman, *The Supremacy of Love: an Agape-centered Vision of Aristotelian Virtue Ethics*, New York: Lexington Press, 2019; Aaron E. Hinckley, "Kierkegaard's Ethics of Agape, the Secularization of the

Dan Sulmasy and Marta Barcelos noted in their respective webinar presentations that some of the early pioneers of bioethics discussed love as the central or one of several guides for ethical decision making in health care.¹² As Dan Sulmasy observed, however, love today is seldom mentioned in bioethics publications or discussions, even by Christians and Christian healthcare organizations. In those instances when it is adverted to, love is sometimes alleged to cloud ethical judgment and be a source of bias because it can undermine rationality and impartiality. Tyler Tate and Joseph Clair, in their webinar presentation based on their recent paper in the *Hastings Center Report*, proposed that bioethics today, especially in the U.S. and other Western countries, “lacks an understanding of, and commitment to, love.”¹³ In their view, this has given rise to a malaise in health care, with patients increasingly feeling dehumanised and healthcare professionals experiencing moral distress. Bioethics is “left with a hollowed-out and mechanistic mode of ethical reasoning that divorces clinicians from both their patients and themselves.” Tate and Clair attribute this development to various factors but highlight two especially: (a) the implication of “the doctor’s coming to be understood as a scientist and the deemphasis of character and virtue as necessary ingredients for good doctoring—is that physicians became socialized to not see the relationship with their patients as one consisting of two humans sojourning together on a road out of illness and toward holistic healing.”; (b) the promotion of principlism as an approach to ethics in health care in which “goodness is not determined by the intentions or character of the clinician but solely on the basis of the action’s accordance with the universal principles of morality [or “common morality”].¹⁴ Nonetheless, certain notions and terms that could be connected to love, such as virtue, respect for human dignity, beneficence, compassion, care, solidarity, and justice continue to be widely used in both bioethics and health care, without, however, making their connection to love explicit and without differentiating among various senses of *love*.¹⁵

5. In contrast, agapeic love has always been held to be the basis of Christian engagement in health care. The *Catechism of the Catholic Church* states: “all the works of perfect Christian virtue spring from love and have no other objective than

Public Square, and Bioethics,” *Christian Bioethics*, 17(1), 54–63, 2011 doi:10.1093/cb/cbr009; Jeremy W. Blackwood, *And Hope Does Not Disappoint: Love, Grace, and Subjectivity in the Work of Bernard J.F. Lonergan S.J.*, Milwaukee: Marquette University Press, 2017.

¹² For example, Joseph Fletcher, Gene Outka, Edmund Pellegrino, Tom Beauchamp and James Childress. They did not all mean the same thing by *love*.

¹³ Tyler Tate and Joseph Clair, “Love Your Patient as Yourself: On Reviving the Broken Heart of American Medical Ethics,” *Hastings Center Report* 53, no. 2 (2023): 12-25. DOI: 10.1002/hast.1470

¹⁴ Tyler Tate and Joseph Clair, *op. cit.*, 13-14. Marta Barcelos commented in her webinar presentation that, when principles conflict when applied to concrete cases, principlism tends to resort to consequences as the main consideration for resolving those conflicts.

¹⁵ For example, writers proposing an ‘ethics of care’ or ‘caritative ethics’, e.g., Rosmarie Garland-Thomson in disability ethics and Katie Erikson in nursing ethics.

to arrive at love.”¹⁶ *Samaritanus bonus* describes the specific contribution of the Christian faith to the care of the sick in terms of remaining with the sick, so that “in times of suffering, the human person should be able to experience a solidarity and a love that takes on the suffering, offering a sense of life that extends beyond death.”¹⁷ Ann Sirek proposed that the mission in health care for Christians and non-Christians is “to companion a sufferer’s movements in response to suffering and in pursuit of healing,” which she describes as a renewed vitality and sense of well-being and completion. Alex Martins used a similar expression for health care as “companionship through compassion.” Stories told by Anne Dalle Ave, Claudia Sotomayor, and Fr Columba Thomas OP throughout the webinar series illustrated possibilities for transformation and healing of individuals, families, and communities when loving concern is shown to people facing difficult and distressing ethical decisions in health care. Xavier Symons added that providers of health care can mediate God’s love to others not only through loving attention and care, but also organizationally, through promoting environments and arrangements of care that are hospitable. Alex Martins linked love with justice in public health care, stating that “each needs the other.” On the other hand, Marta Barcelos wondered whether an ethic of love focusing on the development of clinicians’ virtues has much to contribute to addressing questions in public health care ethics.

6. A further question raised during the IACB webinars concerns the relation among love, faith, and reason in bioethics. Ann Sirek proposed that attending to shared human experiences of suffering and love as “visceral” movements seeking well-being can be an alternative to ‘top down’ reasoning approaches in bioethics that employ abstract concepts and principles. Like Tate and Clair’s allusion to *humanitas*, and Joseph Mfutso-Bengo who spoke about love as a “universal human aspiration”, Sirek believes that by attending to such shared human experiences, and personal narratives informed by them, one can “bridge” religious and non-religious bioethics.
7. On the other hand, in proposing discussion questions for the first IACB webinar, Dan Sulmasy asked whether love introduces considerations *above and beyond* those guiding secular bioethics and introduces duties that are obligatory for Christians and other religious believers but “supererogatory” and optional for nonbelievers. In a book chapter written in 1989, Edmund Pellegrino anticipated a similar question: “For Catholics, the central question is how to reconcile an ethics based in reason, principles, and precepts with the fact that the fullness of the Christian ethos of charitable love is somehow beyond ethics.” Pellegrino argued that Christian bioethics, based on love, “entails more than fulfilling duty in response to a reasoned argument about what ought to be done. Instead, the encounter with God in moral

¹⁶ *Catechism of the Catholic Church*, 25.

¹⁷ Vatican City: Congregation for the Doctrine of the Faith. 2020. Letter *Samaritanus bonus* on the care of persons in the critical and terminal phases of life, V.4.

choice demands that the end of our reasoned judgment must be a right attitude of mind and heart. The virtue of Charity, therefore, consists in disposing moral judgments to their right end. It fuses the qualities of both mind and heart, of reason and faith - a fusion without meaning in a non-agapeistic ethic.”¹⁸

8. In certain forms of Protestant bioethics, the demands of a Christian bioethics based on love and a secular bioethics based on reason are radically juxtaposed and held to be incommensurable and unreconcilable. For example, drawing on the work of Kierkegaard on *agape*, Aaron E. Hinkley argues that “not only are Christian and secular bioethics distinct de facto, but they in essence must be.”¹⁹ In contrast, the natural law tradition within Catholic bioethics, whether in its scholastic, ‘new natural law’ or revisionist (‘proportionalist’) forms, holds that faith informs, complements, and sublates reason. There are, however, disagreements among Catholics regarding the methods to be employed for drawing on reason and faith as sources for bioethics, and for their integration.²⁰
9. In his webinar presentation, Bill Sullivan explored insights from Bernard Lonergan, Fred Crowe, and Michael Vertin on love, applying these to method in bioethics. Sullivan urged bioethicists to attend to ‘data of consciousness’ or the conscious operations involved in knowing, deciding, and doing, and ‘data of religious consciousness’ (being in love unrestrictedly). These data are considered in human and religious studies respectively and complement and sublate the ‘data of sense’ (e.g., results of randomized-control and observational studies) which the natural sciences rely on primarily for evidence. A method in bioethics that considers the contributions of all three areas of study and their respective specialized methods could help to integrate love, reason, and faith.
10. In elaborating what such a method would look like in bioethics, Sullivan discussed a model integrating the basic human dynamisms and operations of loving, knowing, and deciding. This model is based, purportedly, not on abstract concepts or theories, but on dynamisms and operations that individuals can become aware of and affirm in their concrete loving, knowing, and deciding. The basic dynamisms in the life of every human, regardless of level of cognitive functioning, are interactions between two psycho-affective and spiritual states: the state of being-in-love unrestrictedly, which is characterized by a sense of fullness, security, peace, and joy; and the state of being-in-need, which manifests as emptiness and non-specific longing, insecurity, fear or anxiety, and a sense of scarcity. Human development unfolds, ideally, *first* through experiences of unrestricted love (mediately and

¹⁸ Edmund D. Pellegrino, “Agape and Ethics: Some Reflections on Medical Morals from a Catholic Christian Perspective” in Edmund D. Pellegrino et al. (eds.), *Catholic Perspectives on Medical Morals*. Amsterdam: Kluwer Academic Publishers, 1989, 277-300, on pp. 282; 288.

¹⁹ Aaron E. Hinkley, *op. cit.* (note 11 above), 55.

²⁰ See Todd A. Salzman, ed. *Method and Catholic Moral Theology: the Ongoing Reconstruction*, Omaha, NE: Creighton University Press, 1999.

imperfectly in human and other social relationships; directly and perfectly through God's gift of love). Trusting in the meaning and values that we discover through interacting with loved ones, we inherit a framework or 'world' for wondering and asking questions about the concrete realities we experience (data of sense or data of consciousness—the latter are often overlooked). Our questions elicit sequentially the conscious operations of understanding, judging fact, and judging value (what is it? is it so? Is it good, and what ought I to do?). Such questions intend adequate answers or else more questions arise. Learning is an iterative, self-correcting process that goes on until all relevant questions with respect to the data we have experienced are answered adequately. We learn to varying degrees with the support of others whom we come to trust. Each level of learning builds on the next: judgments of fact upon understanding; judgments of value upon judgments of fact. Decisions move us from judgments of value to action, and our decisions shape who we are and will become, as well as the things, persons, and systems affected by those decisions. Beyond deciding is doing, and a subsequent set of operations is necessary for doing well (e.g., planning, monitoring impact, reviewing, and adapting). The persistence of our questions and the degree to which we engage in our operations of experiencing, knowing, and deciding well (e.g., attentively, intelligently, reasonably, responsibly) will impact the adequacy of our answers. We might regard these capacities for excellence in knowing and deciding as 'intellectual virtues', and our capacities for excellence in carrying out what we have decided as 'moral virtues'. These basic human dynamisms and basic conscious operations are present regardless of whether a person is a religious believer or not.

11. Method in bioethics is concerned with the operations of judging values and deciding. What we are doing through these operations is a composite involving: exercising agency (with supports for realizing and developing capacities as needed) by apprehending what is good and selecting those options that are likely to promote or protect conditions in our specific life systems (health conditions, environments, and systems of support) that best approximate our desired good. Sullivan proposed that the mnemonic acronym G-O-A-LS (good, option, agent, life systems) for this method might be useful. Similarly to what Ann Sirek described in her webinar presentation, Sullivan proposed that apprehending good is by means of *feeling or movement towards the good, and not by discursive reasoning*. Sullivan quoted Pascal: "The heart has its reasons, which reason does not know..."²¹ He added to this, however, the qualification found in Aristotle and Aquinas: 'as a person is, so does the good appear.' Apprehending good depends in a crucial way on psycho-affective, moral, and spiritual *development*-- that is, on the extent of our receptiveness and free response to God's constant gift of love which works (directly or through others) to transform and heal our being-in-need (filling our emptiness and overcoming our insecurities, fears, anxieties, and sense of scarcity). Also, the method in bioethics described above operates both on questions relating to clinical

²¹ Pascal, *Pensées*, 177.

ethics (where agent, goods, life systems, and options pertain to individuals) and public health ethics (where agents, good, life systems, and options pertain to groups).

12. With this awareness of the method of bioethics and its place in the overall scheme of basic dynamisms and basic operations of human consciousness, Sullivan indicated where being-in-love could potentially affect, impact, and influence knowing, deciding, and doing:
 - a. Intellectual and moral virtues are fostered and strengthened; we become more attentive in experiencing; intelligent in understanding; reasonable in judging facts; responsible in judging values and consistent in carrying out what we decide in the measure of our receptiveness and responsiveness to God's unrestricted love.
 - b. We learn to attend not only to data of sense but also to data of consciousness and especially data of religious consciousness in ourselves and in others;
 - c. We thereby become attuned to the presence of meaning, value, and love in our world, our lives, and the lives of others;
 - d. In apprehending good we develop gradually the feelings and volitions that approximate ever more God's unrestricted love;
 - e. The range of goods we apprehend is expanded from basic vital goods to relational goods (e.g., social, cultural, existential, and spiritual goods);
 - f. We take responsibility for promoting and protecting the goods we discover, even if some effort and sacrifice is entailed.

13. Fr. Columba Thomas OP, the last presenter in the IACB webinar series, summarized succinctly the above: "In bioethics, love can add perspectives and priorities that otherwise might be lacking." To which could be added: Love can transform the method by which we engage in bioethics.

14. Some practical recommendations based on the above considerations were proposed by various presenters during the webinar series to initiate discussions at the colloquium:
 - a. Promote spiritual care; spiritual practices (Dalle Ave; Sottong);
 - b. Listen/attend to/companion better those who suffer; Christian healthcare organizations should be exemplary in committing to this (Sottong; Sirek; Symons; Tate/Clair; Martins);
 - c. Promote healthcare environments that put people at ease and at home (Symons);
 - d. Advocate to change structures and systems that impede flourishing and the integral development of all humans, locally and globally (Symons; Sullivan; Mfutso-Bengo; Martins);
 - e. Change the ways in which bioethics is currently taught and modelled (Tate/Clair; Sottong; Sullivan).