Observations on the Rejection of Physician-Assisted Suicide: A Roman Catholic Perspective

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ABSTRACT

Roman Catholic moral theology follows a centuries-old tradition of moral reflection. Contemporary Roman Catholic moral theology applies these traditional arguments to the realm of medical ethics, including the issues of active euthanasia and physician-assisted suicide. Unavoidable moral limits on licit medical intervention sometimes require that the moral duty to treat, cede to the duty to cease treatment when measures become more harmful than beneficial to the patient. This does not reduce the need for the compassionate use of palliative care in response to suffering. Moreover, it does mean that rather than being excessively committed to maintaining mere biological human life, or actively seeking death, that we learn a sober realism about the limits of human life. Catholic moral analysis examines an act objectively, both in its relation to the agent and as a material event in the world. This allows both the virtuous or vicious intentions of the agent and the effects of the action to be included in its moral evaluation. Thus, Catholic moral analysis is both quasi-deontological and quasi-consequentialist. Objectively, active euthanasia and physician-assisted suicide, as acts of deliberate killing, are seen as repugnant, in that they fail to incarcrate a benign inner intention or to form an agent in virtue. Catholic moral theology is extremely skeptical that an act of intending death directly can be consonant with a sincere compassion for the dying, suffering person and views it as a direct negation of the precious gift of human life.

I. INTRODUCTION

Contemporary Roman Catholic moral theology continues a long tradition of keen interest in issues of medical ethics (Gustafson, 1975). Ecclesiastical authority plays a strong role in the development of this form of religious ethics. Roman Catholic moral theology, however, by no means presents a monolithic response to particular questions about the good and

the right in medical decision making (McCormick, 1984). Nonetheless, there exists large agreement among contemporary U. S. Roman Catholic moralists in rejecting as morally unjustified and socially harmful current proposals for what is euphemistically called "physician-assisted dying" (SHHV Task Force, 1995; Annas, 1994; Alpers and Lo, 1995). Such proposals advocate the moral legitimacy and legal acceptance of a medical care giver's act of inflicting death deliberately by initiating a lethal process. Death is accomplished either by providing the means for suicide or by direct termination of life. The choice for death follows persistent requests by a competent terminally ill person undergoing severe suffering that the care giver has been unable to relieve in any other way.

Because there are unavoidable limits to medical intervention, one's moral duty to intervene with care-oriented treatments to prolong life cedes to a moral right, and sometimes a duty, to stop when these treatments will be more harmful than helpful to the dying patient. One does not, of course, cease to treat, but instead turns to palliative medicine to support the dying person by relieving suffering. Moreover, the act of using adequate pain medication fulfills an exigent moral duty to relieve suffering, even if by this act one risks hastening death as a "second effect." Because one's greater moral duty prevails, one must risk producing death, not as a means to relieve suffering but as an effect immediately produced along with relief of suffering.

Opponents of the Roman Catholic rejection of what I shall call hereafter the "inflicted death option" deny the moral validity of such distinctions. It is important, therefore, to set this Catholic "no" in the context of the Catholic "yes." In what follows, I will examine positive dimensions of the Catholic moral theology that lead to rejection of the inflicted death option in caring for the dying.

II. THE ROMAN CATHOLIC STRUGGLE TO PROVIDE MORALLY APPROPRIATE AND MEDICALLY EFFECTIVE CARE OF THE DYING

Nothing is more central to Catholic belief and practice than seeking, by anticipation, to deal well with one's own dying and with the dying of one's neighbor (Rahner, 1965; Rahner, 1968). In the recent past, Roman Catholic moral theology has carefully discussed several affirmative moral obligations applicable to medical decision making near the end of life. This recent history is the story of conflict on two fronts. The adversaries in this conflict have been, first, "medical vitalism," and second, a mis-
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of using adequate analgesics to relieve suffering in the dying even though we may accelerate the process of dying as an indirect "second effect."

Catholic tradition thus expresses a basic conviction about what it means to live and to die. There are spiritual purposes that can be seriously obstructed by attempting to prolong life; such "higher goals" can be thwarted by medical interventions that undermine a dying person's capacity for consciously expressing loving care for others and appreciating the gift of care that others offer. These spiritual purposes should be sought by emphasizing palliative care and de-emphasizing, or completely foregoing, cure-oriented treatment. This change of goal and of medical means is permitted when the dying person judges that the cure-oriented treatments have become obstacles to living out such spiritual ideals. Indeed, this is the fundamental meaning of the judgment that particular interventions have become "excessively burdensome," "disproportionate," "unreasonable," or in the older but often misleading terminology "extraordinary" (McCormick, 1981, pp. 383-401).

The kinds of affirmative activity in care of the dying urged by the Catholic tradition received a general (but religiously neutral) acceptance in the President’s Commission Reports of 1982 and 1983. There is also growing support outside the Catholic community for the following initiatives characteristic of recent Catholic discussion. First, we are encouraged to take personal moral responsibility for end-of-life medical decisions by employing advance directives. Second, we are urged to accept the appropriate use of "palliative medicine" as an often preferable alternative mode of care for the dying. Third, we are called upon to utilize hospice care of the dying, with its emphasis on neither prolonging nor hastening the moment of death, and its skilled use both of analgesics and personal attention to the psychological, spiritual, and social personal needs of each dying individual (Bresnahan, 1991; Bresnahan, 1993).

B. Resisting Untraditional Limits on the Right to Refuse Medical Treatment

The Catholic moralists who have led the struggle to protect and foster this entirely traditional moral teaching on "letting die" and on fulfilling the moral obligation to relieve suffering of the dying have had to resist the recent appearance of a dissenting opinion within the Catholic community (McCormick, 1992; O'Rourke, 1991). This dissent somewhat resembles the attitude of the medical vitalists. Interpreting a "pro-life" moral stance to include caution in accepting death lest active euthanasia be encouraged, these dissenters focus on the medical provision of nutrition and hydration, for example, tube feeding of persons who have become perma-
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nutrition and hydration can be considered "medical treatment" that can,
under appropriate circumstances, be judged excessively burdensome and
forgone. On their view, tube feeding always constitutes "ordinary care;"
to discontinue feeding is "directly to intend" death. Some claim this is
always the case; others allow an exception when the digestive tract can no
longer tolerate the infusion of fluid and nutrients.
All parties in this dispute admit that one should, as an expression of
morally obligatory ordinary care of the dying, supply food and drink to a
person who wishes to eat and drink and can still be helped to eat and drink
in the normal way, by chewing and swallowing. All admit, as well, that
one has a moral obligation to perform acts of "ordinary care," and by
omitting such care, one becomes the cause of, and so "intends directly,"
the harm such omission causes. Conflict arises, therefore, about the cor-
rect moral description of the act of withholding tube feedings.

The dissenters describe the withholding of tube feedings in light of
what they see as its "symbolism"—one symbolically inflicts on the patient
a death from thirst and starvation. Traditional Catholic moralists, how-
ever, describe tube feedings as treatments that involve considerable medical
expertise, that respond to what is often but one symptom in a complex,
multi-organ process of dying, and that can be deemed excessively bur-
densome when one judges them as prolongations of a dying process that
they cannot reverse.3

It is sufficient here to emphasize that the traditional Catholic moralists
have insisted that Catholic believers can in good faith reject the moral
description of the dissenters and accept the moral description of tube
feeding as a medical intervention subject to traditional canons of propor-
tionality. In doing this, they express a position fully consistent with the
moral emphases, described above, about how to deal affirmatively with the
suffering involved in dying. Similar consistency will be found in the
developing position of traditional Catholic moralists on the disputed question
of "medical futility" (Capron, 1995; Cassem, 1991; Paris, Crone, and
Reardon, 1990). I deem it likely that they will argue for the moral author-
ity that a reasonable assertion of medical futility confers on caregivers
when they confront a demand for futile treatment they view as a challenge
to their professional moral integrity.4

C. Rejection of Inflicting Death as a Morally Justified Expression of
Compassionate Relief of Suffering and Faithful Care of the Dying:
Catholic "Medical Pacifism"
Despite its advocacy of a compassionate response to the needs of the
dying, the Catholic moral theological position I espouse and defend here
also rejects the option of "inflicted death." In rejecting this option, Catho-
lics are accused of being insensitive to the need to relieve the suffering
of the dying and of assuming that all human suffering is inherently re-
demptive. Alternatively, they are accused of intolerance in refusing to
respect the deeply held moral convictions of those who see no moral
wrong in the inflicted death option for suffering dying patients, even as
they insist on tolerance, even hegemony, for their own religiously grounded
moral beliefs.

In light of its record of counter cultural leadership in compassionate
care of the dying, Catholicism's rejection of the inflicted death option
should be viewed very differently. The Catholic denial that inflicted death
is morally justified does not manifest a failure either of compassion or of
tolerance. Rather, it strives to express compassionate concern to preserve
efforts to prevent prolonged dying and to relieve suffering. It argues in
favor of doing so in ways that do not threaten to undermine and nullify
the very compassionate concern they seek to express. It expresses, there-
fore, what I would call "Catholic medical pacifism."

A fair appraisal of Catholic medical pacifism and its stance in rejecting
the inflicted death option requires that we explore three aspects of this
moral reasoning. First, how do Catholic theology and spirituality of death
dying and ground and form moral theology? Second, how has Catholic
moral theory, conditioned by pastoral practice, traditionally distinguished
"objective" moral justification or condemnation of an action from the
"subjective" moral status of the agent? Third, how has the troubling his-
torical record of theoretical justifications for violence, under the rubrics of
"just war" and "self-defense," led to renewed interest in the pacifist
tendencies in primitive Christianity, with supportive implications for "med-
ical pacifism" in the care of the dying?

The examination of these considerations widens and deepens the scope
of our discourse about current moral conflicts. It does not, of itself, re-
solve such conflicts at the level either of medical practice or that of law
and public policy. It may, however, prevent resort to the accusatory rhet-
oric that inflames debates about options for the dying.

II. THEOLOGY, SPIRITUALITY, AND MORAL SENSIBILITY

Roman Catholics, along with other Christians, see Christ's dying as the
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human dying and its power to shape the dying of those who believe in Him is contained within theological treatises dealing with “Christ the Redeemer.” Such theological reflection shapes prayer and practice, what Catholics call “spirituality.” This spirituality, in turn, shapes what I shall call “moral sensibility.” The moral sensibility formed by one’s spirituality of “dying in Christ” profoundly influences judgments about how to care well for the dying and about the moral illegitimacy of inflicting death deliberately.

Karl Rahner’s theology of Christ’s dying as redemptive provides what I consider the most modern and comprehensive model of Christ’s dying and changes our ways of dealing with death, through the grace of the Holy Spirit conforming us to Christ (Rahner, 1965). A full examination of this theology and its spiritual expression is not possible here. Nonetheless, I can provide in briefest outline a view of the spiritual challenge of following Jesus in his dying.

In overview, one can discern the basic grounding for a moral sensibility that finds the act of inflicting death morally repugnant because it negates the spiritual ideal of entering into Christ’s dying. This moral repugnance for the act of inflicting death appears throughout Christian history – along with the puzzling moral justification for lethal acts in a just war or self-defense that we must also acknowledge and consider. This basic grounding of a distinctive moral sensibility toward dying derives from Christians from their prayerful consideration of the accounts of Christ’s dying on the Cross in the Gospel passion narratives and the theological reflections on Christ’s death in the Pauline letters. I will highlight three aspects of the actions and words of Jesus that can help to shape the moral sensibility of contemporary Catholics as they confront the alternatives of the inflicted death option versus the practice of hospice type care of the dying.

First, in his agony in the Garden, Jesus struggles with his own human suffering, his sorrow and anticipation of pain and loss, which all human persons find inevitably part of their lives. He comes to terms with this suffering, accepting it in love for God and all human beings for whom he suffers, thus entering into solidarity with the lot of all humankind.

Second, in the course of the Jewish and Roman trials and his subsequent crucifixion, Jesus explicitly refuses to kill those who seek to kill him, and does not kill himself but freely and responsibly surrenders himself to an unjustly imposed death penalty with loving trust that God will make his dying available to be shared by all humans who will accept being conformed to him.

Third, in the midst of his suffering and in his dying, Jesus communicates in caring words with all who are involved, responding compassionately even to his betrayer, to those who seek His death, and to those who inflict death on Him, and then also to those crucified with Him.

Prayer and works of mercy in Catholic spiritual practice focus on these compassionate and non-violent aspects of Christ’s dying in the centuries long quest of disciples to follow Jesus in their own dying and in how they care for others in their dying. From the early period in which Christianity began to spread in the Roman Empire, this spirituality has produced the tradition of caring for the dying even at danger to self (dying in care of the plague-stricken is seen by some as a “white martyrdom”).

This spirituality and its practical expressions in response to the crisis experienced by people injured or ill has produced creative initiatives in the form of institutions of care, initially under Church auspices, eventually as expressions of the faith of members of such secular institutions as medieval guilds and townships. In the Patristic era, we have records of the earliest forms of hospitals for the sick poor, and in the medieval era, the addition of institutions like the “Lazar Houses” for those afflicted with leprosy (McFadden, 1967). This spirituality of active compassion for those who experience illness has contributed to the historical development of Christianity as a dominant European religion. And this spirituality survives even today, though in largely deracinated and secular form within North American health care institutions.

This spirituality has also shaped, at least implicitly, the development of modern hospice care as a morally desirable alternative to endemic medical vitalism’s practices which tortuously prolong dying (Stoddard, 1992; Beresford, 1993). With the ideal of following Christ, who accepts death and cares for others even in His own dying, Roman Catholic spirituality produces a moral sensibility that embraces hospice activity and finds the option of inflicted death repugnant.

It is unfortunate that the moral experience of those dedicated to hospice care seems to count for so little in the debate about the inflicted death option. Hospice experience brings with it a strong awareness of the practical and spiritual difficulties that can be involved in the different situations of each dying patient for whom compassion is practiced. Each person involved learns through personal experience how to stand faithfully with a dying person in the final struggle to come to terms with dying. By dealing more or less successfully with the great variety of deep human needs of the dying and of those who attend them, we learn about pitfalls and possibilities. This moral experience, in turn, leads us to anticipate the dangers that threaten to divert devoted care givers and those for whom they care from courageous fidelity to this Christian moral tradition.
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In general, one can discern the basic grounding for a moral sensibility that finds the act of inflicting death morally repugnant because it negates the spiritual ideal of entering into Christ's dying. This moral repugnance for the act of inflicting death appears throughout Christian history - along with the puzzling moral justification for lethal acts in a just war or self-defense that we must also acknowledge and consider.

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Thus, Catholic moral sensibility includes both a general repugnance for the act of inflicting death, which is so unlike anything in the living and dying of Jesus, and a sensitivity to dangers associated with the ready provision of inflicted death as an option.

IV. CATHOLIC MORAL ANALYSIS OF THE ACT: "OBJECTIVE" VS. "SUBJECTIVE"

One cannot deny that Catholic moral theology has traditionally allowed that the act of inflicting death can be morally justified, "objectively," in one set of circumstances — namely, in reaction to various forms of unjust aggression. These circumstances are included under the rubrics of "just war" against unjust aggression; "just revolution" against tyranny; and "just individual self defense" against unjust attack. These circumstances have, for some, also included, "just infliction of death as a penalty" by public authority on convicted criminals, though this has been more frequently challenged in recent years. Catholic moral theology, therefore, has never claimed that the act of inflicting death on a human being is in all circumstances an "intrinsically evil" act. Nonetheless, apart from the above exceptions, Catholic moral theology denies "objective" moral justification to the act of inflicting death.

How, then, does Catholic moral theology, shaped and strongly influenced by a moral sensibility that regards the act of inflicted death with great repugnance, elaborate reasons for rejecting as immoral the inflicted death option for the dying patient who suffers? Why do Catholic moralists argue that neither the problematic circumstances that too often occur under high technology medical care nor the "subjective" motivation of relieving suffering can provide "objective" moral justification for the act of directly inflicting death on self or on another? Does the perception of the act of inflicting death as morally repugnant distort this Catholic ethical reasoning, producing an irrational taboo against performing the act?

To answer these questions (and to respond to their implied criticism) we need to understand more thoroughly the analytic procedures characteristic of Catholic moral theology. Application of Catholic analysis of the morality of an act, here the act of directly inflicting death, proceeds at two distinct levels, and each level involves different concerns and different practical implications. Catholic moral theology first makes its moral analysis of the act "objectively," i.e., of the act abstractly considered. This objective examination focuses on the act, first, in the abstract, in its material, worldly form, and as related to possible circumstances and possible inner intentions, all abstractly considered. Then this theology, embodying a practical, pastoral intention, turns its focus to the actual agent performing this act and seeks to analyze the subject's actual understanding and inner intention. Only after considering how moral good and evil are found in the performing of an act with certain inner dispositions and motivations, with intention in the "subjective" sense, is the traditional task of moral theology complete.10

A. “Objective” Moral Analysis of the Act of Deliberately Infecting Death

Roman Catholic moral analysis examines the quality of an act considered “objectively,” that is, in its external, material form as a worldly event. The quality of the act in its external form includes its relation to a human actor, also considered in the abstract; that is, the moral meaning of the act considered objectively involves taking into account the compatibility of performing this act in its external form with such good or evil intentions as might possibly be entertained by any moral agent abstractly considered. Moreover, the quality of the act in its external form can be affected by the different circumstances in which the agent performs it.

For Catholic moral theology, this first step of analyzing objectively the external form of the act expresses a concern about the relationship of human freedom to the world.11 In a quasi-consequentialist way, one focuses on the consequences one anticipates the act will produce upon this material, historically developing world of which we human agents are part and for which we are made responsible by the endowment of our human freedom.12 The Christian must be concerned about the well-being of this “world” because it is the locus of human prospering or its opposite, not only within time but in the final fulfillment in which Christian faith believes.13

In examining the act of inflicting death at this objective level, Catholic moral theology also focuses, in a quasi-deontological way, on how the act expresses or “incarnates” the inner subjective, virtuous or vicious intention of a reasonably insightful actor (the subjective dimension, but abstractly considered). This focus reflects a Catholic conviction that the external and internal dimensions of human action though distinct are inseparable, and in their unity are mutually conditioning.14 Thus one must ask not only how the act will affect the world but also how the act promises to affect actors as moral beings. Would a reasonable actor, under ordinary conditions, acting calmly, and with reason not distorted by the pressure of truly desperate circumstances, think that the act of inflicting death could appropriately express loving compassion?
Thus, Catholic moral sensibility includes both a general repugnance for the act of inflicting death, which is so unlike anything in the living and dying of Jesus, and a sensitivity to dangers associated with the ready provision of inflicted death as an option.

IV. CATHOLIC MORAL ANALYSIS OF THE ACT: "OBJECTIVE" VS. "SUBJECTIVE"

One cannot deny that Catholic moral theology has traditionally allowed that the act of inflicting death can be morally justified, "objectively," in one set of circumstances—namely, in reaction to various forms of unjust aggression. These circumstances are included under the rubrics of "just war" against unjust aggression; "just revolution" against tyranny; and "just individual self defense" against unjust attack. These circumstances have, for some, also included, "just infliction of death as a penalty" by public authority on convicted criminals, though this has been more frequently challenged in recent years. Catholic moral theology, therefore, has never claimed that the act of inflicting death on a human being is in all circumstances an "intrinsically evil" act. Nonetheless, apart from the above exceptions, Catholic moral theology denies "objective" moral justification to the act of inflicting death.

How, then, does Catholic moral theology, shaped and strongly influenced by a moral sensibility that regards the act of inflicting death with great repugnance, elaborate reasons for rejecting as immoral the inflicted death option for the dying patient who suffers? Why do Catholic moralists argue that neither the problematic circumstances that too often occur under high technology medical care nor the "subjective" motivation of relieving suffering can provide "objective" moral justification for the act of directly inflicting death on self or on another? Does the perception of the act of inflicting death as morally repugnant distort this Catholic ethical reasoning, producing an irrational taboo against performing the act?

To answer these questions (and to respond to their implied criticism) we need to understand more thoroughly the analytic procedures characteristic of Catholic moral theology. Application of Catholic analysis of the morality of an act, here the act of directly inflicting death, proceeds at two distinct levels, and each level involves different concerns and different practical implications. Catholic moral theology first makes its moral analysis of the act "objectively," i.e., of the act abstractly considered. This objective examination focuses on the act, first, in the abstract, in its material, worldly form, and as related to possible circumstances and possible inner intentions, all abstractly considered. Then this theology, embodying a practical, pastoral intention, turns its focus to the actual agent performing this act and seeks to analyze the subject's actual understanding and inner intention. Only after considering how moral good and evil are found in the performing of an act with certain inner dispositions and motivations, with intention in the "subjective" sense, is the traditional task of moral theology complete.10

A. "Objective" Moral Analysis of the Act of Deliberately Inflicting Death

Roman Catholic moral analysis examines the quality of an act considered "objectively," that is, in its external, material form as a worldly event. The quality of the act in its external form includes its relation to a human actor, also considered in the abstract; that is, the moral meaning of the act considered objectively involves taking into account the compatibility of performing this act in its external form with such good or evil intentions as might possibly be entertained by any moral agent abstractly considered. Moreover, the quality of the act in its external form can be affected by the different circumstances in which the agent performs it.

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Considered objectively, an act of deliberate killing of another human being must at the very least always be tragic, because it produces an ultimate and irreversible kind of harm to the one who is killed. A fortiori this is the case when one's perspective is informed by the moral sensibility that sees Christ’s living and dying as a moral ideal, for Jesus killed neither Himself nor others in a situation of extreme injustice and shared suffering. Catholic moral theology thus readily agrees with the predictions of various kinds of harm from authorizing the option of inflicted death. There will likely be harm to vulnerable individuals as well as to society at large. For society will not be able easily to constrain the practice to rare and desperate cases nor to prevent the progressive undermining of the altruistic character of health care.

An act of direct killing, when seen as shaping the moral self of the agent, evokes Catholic moral repugnance; such an act, so uncharacteristic of Jesus’ example, fails to incarnate a benign inner intention or form an agent in virtue. Catholic moral theology is extremely skeptical that an act inflicting death can readily express an intention to foster human well being. The act of inflicting death "of itself" produces, and so appears to express, a negation of the precious gift of human life. The act appears not to be consonant with a sincere compassion for the dying person who suffers, a compassion founded and grounded in love of God and love of neighbor, especially as this love was exemplified by Jesus in His dying.15

B. Dealing with "Subjective" Good Faith Performance by a Concrete Individual Person of an "Objectively" Morally Evil Act

At a second level of this Catholic moral analysis, the focus of moral theory shifts from the act considered abstractly to the act performed by an actual person exercising freedom in the world. We begin our examination of how Catholic moral theology of the "subjective" functions by focusing on the practice of the sacrament of penance. In the course of the penitent’s "examination of conscience," doubt may arise and need to be resolved concerning the extent of the penitent’s knowledge and the character of his or her intention when the act was performed. It is this issue that bears on how a moral analysis of the subjective will respond to an act of killing. In order for the penitent to discuss with the confessor doubts about adequacy of knowledge or the character of intent, the penitent seeks to "objectify" the subjective experience, to express in words not just what was done but how and why it was done. Catholic pastoral theology recognizes that no person can achieve complete certainty in this objectifying of subjectivity. What one really meant to do in a particular act, one’s "fundamental option" expressed through a particular act, can be grasped fully only after one’s earthly pilgrimage. Nonetheless, it is fundamental to Christian belief "that man is both able and obliged to judge his moral state objectively and to arrive at a well-founded opinion about the way he uses his freedom" (Rahner, 1969, pp. 221-224). Thus, moral theological analysis helps penitent and confessor consider what this person is able, in good faith, to make objective about her/his subjectivity, and what the confessor can acknowledge reasonably to have been objectified in good faith by the penitent.

How, then, would Catholic moral theology deal with a doctor who in good faith has responded to the plight of a desperate dying patient by knowingly administering an overdosage of analgesics? In all likelihood, it would recognize diminished subjective responsibility for such an act, and therefore "excuse" (though not "objectively" justify) the act. This moral/pastoral response to a person who performs in good faith an objectively immoral act is reflected in the current practice of the Church when it grants Christian burial to the suicide. Moral guilt for performing the objectively evil act is no longer assumed, and the rites of a faithful Christian are celebrated for one who has died tragically. A similarly mild moral judgment might well be made of the agent who inflicted death on another under extremely stressful circumstances, who now recognizes that the act was wrong but done without malicious intent.

The mild response to persons acting badly but with good faith is demanded because this moral theology has recognized, at least since the time of St. Thomas Aquinas, that each person is morally obliged to act according to his or her conscientious conviction -- even if that conviction, objectively considered, is erroneous (D’Arcy, 1961). This implies that an external objectively evil act being performed in good faith produces in some way less harmful effects in the world than does the same objectively evil act when performed with subjective malice. Indeed, because of this, although normally a confessor has a moral obligation to correct a penitent’s mistaken conscience, there are recognized situations when pastoral theology permits, even obliges, a confessor not to "disturb" the erroneous conscience of a penitent who, in good faith, is doing objective evil -- at least until the penitent will likely accept correction.16

Karl Rahner has pointed out that the Church, which as a community is obliged to teach and practice what is objectively morally good, has tolerated, as a matter of historical fact, certain objectively immoral practices within particular cultures for long periods (Rahner, 1966, II/II, pp. 152-63). This tolerance was not necessarily the result of a moral failure of duty by Church leaders and theologians. Rahner points, instead, to an inevitable historical development in moral awareness at the subjective
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level. This process of growth in moral awareness, in turn, affects moral sensibility and so brings about change in "objective" moral analysis. Historical development of moral awareness must be taken into account and lived with, not only as it affects individuals but also as it shapes the Church as a moral community.  

Rahner's view here reflects the fundamental conviction of Catholic moral theology that inner intention and outward action must not be understood or dealt with as if they were only "accidentally" related to one another. Rahner is saying that objective evil done with good faith conscience can be "tolerated" because it has a different, lesser impact on the sum of human goodness in the world than that same objective evil when it is done with malicious intent. The former is an event of nature, though produced physically by a human being; the latter is the achieved malice of a morally depraved person. But, though merely objective evil can be tolerated in ways that maliciously intended evil cannot, it also follows that there is a moral obligation to strive over time to correct, both in the individual and in society, such moral insensitivity to humanly harmful activity. And, that leads to the task not only of individual correction but of objective social ethical criticism of culture and social arrangements that contribute to good faith error of conscience in individuals and even whole societies.

C. Roman Catholic Social Ethics

Catholic moral analysis is concerned with the presence of merely physical evil (i.e., the harm in the world resulting from human acts not done with malice), but also with the ontological reality present in the intentional actions of persons who act in good or bad conscience. Thus, as a social ethic, Catholic moral theology must oppose those public policies which encourage a prevailing state of moral insensitivity to objective evil, even if such evil is subjectively pursued with good faith conviction. It must do so in keeping with its duty to to oppose the eventual development of malicious harm to human beings.

In urging practical social response to harm caused by human action done in good faith, the well known dictum applies: "Hard cases make bad law." Although Catholic moral analysis may deal mildly with individuals who have acted badly but in good faith, as a social ethic it will continue to oppose public policy (e.g., in the form of a law permitting the inflicted death option) that encourages people to judge that option as simply a morally acceptable alternative. From a social ethical perspective, this Catholic analysis may find it practically necessary to tolerate the legalization of inflicted death as an objective moral evil (within the context of historical moral development in a pluralistic society). However, the Catholic perspective must oppose all laws that simply authorize the inflicted death option. As a social ethic, this perspective must insist that such tolerated evil activity be hedged with the strictest constraints designed to minimize likely harm. More importantly, this social ethic will insist that public policy must encourage and expand palliative medicine as an affirmative corrective to the objective moral evil of inflicting death to relieve suffering.

In my opinion, this moral theology should focus its efforts on the affirmative practice of good care of the dying as in fact the best way to limit the harm caused by practice of the inflicted death option. In a morally pluralistic and politically free society, effective persuasion rather than coercion by threat of criminal penalty is required in order to change public opinion and public policy. The best way to persuade those who, in good faith, practice the inflicted death option will be to exemplify in practice that a better way exists to care for the dying.

V. THE PROBLEMATIC EXPERIENCE: CATHOLIC "MEDICAL PACIFISM" VIS-A-VIS "JUST WAR" AND "SELF-DEFENSE" JUSTIFICATIONS OF KILLING

I noted above a possible objection against Catholic moral theory's rejection of the inflicted death option — that it is internally inconsistent with this theory's acceptance of killing done in the circumstances recognized under the rubric of just war/self defense. Why is the previously discussed Catholic moral sensibility which finds killing so repugnant apparently not operative in just war moral theory? Jesus Christ may have refused to kill his unjust aggressors but Catholic warriors throughout history have not! What consistent reasoning grounds the intransigent moral stance against the inflicted death option which I have called Catholic medical pacifism?

A full response to this criticism would require a complete examination of both just war/self defense moral theory and the moral theory of pacifist response to threatened injustice as these have been present, indeed strangely linked to one another, from the beginning and throughout the developing history of the Catholic moral tradition. Only a few comments are possible here, which call for fuller treatment elsewhere.

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In any case, there has been a process of historical development in Catholic moral thinking about this defensive use of killing based on sobering moral experience of the abusive moral rationalizations which have constantly, indeed increasingly in modern times, been used to “justify” undeniable violations of the stringent constraining conditions of both the *jus ad bellum* and the *jus in bello*. The mournful moral experiences of twentieth century warfare have led to reexamination of the theory (Walzer, 1977).

It is undeniable that just war/self-defense moral theory has often been misused to enable leaders of nations to mobilize their populations for wars claimed by both sides to be just that were, in all likelihood, unjustly begun and unjustly conducted. This mournful experience has led to a rethinking of the inner thrust of this theory granting moral justification to killing under these conditions. In its more persuasive forms, this moral criticism no longer allows an implied celebration of justified killing as a morally desirable event. Rather, if the “last resort” condition is really taken seriously, this criticism accepts such killing as, at best, a tragic necessity, given humanity’s sinful plight. A demand for peace making through international organizations and law to forestall war is increasingly imposed as an affirmative duty.

There is also the stance of Christian pacifism that has been historically a constant and inseparable companion of just war thinking. Christian pacifism has many forms (Regamey, 1966; Finn, 1967). Typically, it embraces a refusal to meet unjust violent aggression with violence, by killing. In its more complete modern forms, inspired by the practical example of such persons as Mohandas Gandhi and Martin Luther King, it also includes a commitment to active nonviolent resistance to injustice even at the cost of heroic self-sacrifice. Within Catholic moral theory, pacifism has traditionally had moral standing not as morally obligatory on all (a component of “essential ethics”) but as a supererogatory calling that individuals may come to recognize as personally obliging. But, pacifism as renunciation of killing even in just self defense is inculcated by Church law and custom as a desired stance for clerics and members of religious communities. Its adoption in international law of war as the accepted status of medical personnel and military chaplains is thoroughly approved, too, by Catholic moral theology.

Catholic moralists and many Church leaders today have insisted on the moral right of all believers, including lay persons, to assert “conscientious objection” to all war in response to laws demanding universal military service (in what critics call the “garrison state”). Such conscientious objection was in fact extended to Catholic conscientious objectors under the selective service law during the Vietnam war. These, supported by pastors and some American Bishops, claimed to act out of a sincere discernment of a personal moral calling inspired by their Catholic faith not to kill even in a just war. The spiritual inspiration of Christ, who kills neither himself nor others, begins to take precedence in the life of such individual believers over the moral approval of killing in just war/self-defense moral theory.

The pacifist moral stance has always at least tacitly balanced the moral claims that use of lethal violence can be justified morally when used in self-defense. Renunciation of killing and engagement in killing thus stand in a strangely symbiotic relationship to one another throughout the history of Christian moral theology, and the modern formulation of moral theory increasingly accepts this. The pacifism that includes nonviolent resistance to injustice even at cost of great self-sacrifice is increasingly seen to fit the moral sensibility that must also be the virtuous inspiration of the truly just warrior who kills.

The qualifying of just war/self-defense moral theory by acknowledgement of the moral standing of non-violent pacifism is evident in other developments. The Catholic Bishops of the United States have recently challenged the outlook which would make war simply the practice of politics in another form and have urged the obligation to foster peace-making (Castelli, 1983). Though continuing to accept just war theory, Pope John Paul II has recently endorsed the position, already expressed by the Catholic Bishops of the United States, that, though theoretically defensible, the actual use of the death penalty as punishment for crime (killing justified as a species of self-defense of the civil society from internal aggressors) can no longer be justified in practice in the conditions of the modern world (John Paul II, 1995).
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At the very least, developments such as these in ways Catholics (and other Christian faiths) think about the morality of inflicting death in a violent world give support to my way of speaking about the rejection of the inflict death option by Catholic moral theology as "Catholic medical pacifism." Medical pacifism calls attention to the sad experience of catastrophic moral degeneration of killing in war despite the just war/self defense theory's supposed function moderating and restraining such killing; it warns against this being repeated in care of the dying. Medical pacifism calls attention, as well, to the need for ever greater recourse to alternative ways of opposing unjust violence by other means, often self-sacrificial and demanding; it also encourages these virtues in the care of the dying.

Medical pacifism's rejection of the inflicted death option in medical care of the dying thus becomes more plausible as a consistent stance within Catholic moral theology, with enormous practical importance for our time. The moral option of medical pacifism expresses a will to resist the many dangers foreseen if another species of killing comes to be allowed. But, by opposing the inflicted death option, Catholic medical pacifism would not simply echo a moral theory from the dead past. Rather, it seeks to respond affirmatively to a real contemporary opportunity — to practice a truly effective care of the dying by means other than inflicting death. This medical pacifism seeks to promote new ways to achieve effective pain control and to prepare both dying persons and those involved with them to be able to respond to the psychological and spiritual needs they experience within the high technology environment of contemporary medicine.

Medical pacifism does not express a narrowly self-agrandizing, sectarian religious imperialism. Opposition to the inflicted death option expresses the desire of Catholic medical pacifism to preserve from impairment the attitude of compassion that still characterizes the people and institutions that make up the health care sector of our society. I believe that this health care sector is the principal social carrier and "legitimatory" of compassion in our American society and culture. It is presently already under severe pressure to achieve economic efficiencies by sacrificing precisely those practices that express this compassion for persons in crisis. These practices expressing compassion are regarded as "functionally useless" and are claimed to impose superfluous costs that must be eliminated. Catholic medical pacifism as a form of social ethics must always be preoccupied with protecting this health care sector from harm to its spirit of compassion. It will do this for the benefit of our larger society, so threatened today by coarse egoism and so tolerant of violence and cruelty.

VI. CONCLUSION

What, practically speaking, does this position of Catholic medical pacifism demand when confronted, within a morally pluralistic society, by individual cases of medical killing of the dying or by advocacy of the inflicted death option that seeks to make it explicitly permitted by law? In cases of inflicted death being prosecuted under present law, an individual defendant may make a claim of subjectively benign, good faith conscientious motivation, exercised in (purportedly rare) circumstances of extraordinary suffering and at the urgent request of an unquestionably mentally competent dying person. Those strict restraints that, under present criminal law, we impose on any justification or excuse (e.g., self defense or insanity) made by defendants who are accused of criminal homicide should be imposed. Such restraints help the judge and jury reach reasonable conclusions about the real subjective knowledge and intentions of the defendant. If, however, the excuse is verified, mild treatment of the person who killed but did so with a good faith conscience should be considered appropriate.

The social ethical principle of protecting the common good of society from harm is better reinforced by the mild treatment of good persons who unwittingly do harm than by a harshness supposedly demanded by the need to deter others from doing evil acts. According to the Catholic moral theology outlined above, an objectively evil act done in good faith is really different, ontologically and ethically, than one done maliciously; in the former there persists the human moral goodness of the good faith conscience.

What does Catholic medical pacifism demand when recognition of the inflicted death option is proposed as a legislative or policy option? Our considerations above suggest that some forms of legal toleration must be accorded to those who sincerely believe that self-killing is a morally justified (indeed perhaps morally obligatory) way for them to deal with the dying process, and who claim the right to help from like-minded persons. As already noted, Catholic moral theology cannot simply deny coercively the practice of equivalently religious conviction by proponents of the inflicted death option. Thus, when such measures as the recently enacted Oregon statute are passed by majority vote, Catholic moral theology may be able to tolerate the result. But, Catholic medical pacifism must qualify such toleration by demanding that, in order to prevent predictable social harm, effective restraints must be imposed on such legally permitted practice of the inflicted death option.

The obvious harm directly threatening conscientious Catholic practice
At the very least, developments such as these in ways Catholics (and other Christian faiths) think about the morality of inflicting death in a violent world give support to my way of speaking about the rejection of the inflicted death option by Catholic moral theology as “Catholic medical pacifism.” Medical pacifism calls attention to the sad experience of catastrophic moral degeneration of killing in war despite the just war/self defense theory’s supposed function moderating and restraining such killing; it warns against this being repeated in care of the dying. Medical pacifism calls attention, as well, to the need for ever greater recourse to alternative ways of opposing unjust violence by other means, often self-sacrificial and demanding; it also encourages these virtues in the care of the dying.

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The obvious harm directly threatening conscientious Catholic practice
of care of the dying must first be dealt with. The change in law to permit the inflicted death option must not be misunderstood to confer a favorable moral status on that option. The inflicted death option must be understood to remain a matter that is morally disputed although legally permitted. What is even less acceptable, from the perspective of Catholic medical pacifism, is the prospect, in this new climate, of diminishing social and economic support for the hospice alternative. Already in Oregon, the success of the referendum which permits physician assistance of suicide of a terminally ill patient suffering greatly has triggered dissension among and within hospice programs about whether such assisted suicide will be accommodated (Campbell, Hare, and Matthews, 1995). Impairment of dedication to the hospice tradition heralds a diminishing, perhaps even rapidly disappearing, space for freedom to practice this form of good care of the dying.

Catholic medical pacifism will also seek to express its social ethical responsibility to prevent harm to the wider society. Impairment of the hospice alternative would herald a diminishing influence of the hospice approach on medical practice and hospital practice generally, especially on efforts to find more effective means of pain control for the dying. With greater acceptance of the inflicted death option, covert, or even overt, coercion of the most vulnerable dying persons to accept it as socially necessary might pose severe dangers.

Given these considerations, prudence dictates that Catholic medical pacifism should oppose allowing the legalization of inflicted death as merely another option available within standard medical practice and within presently constituted medical institutions (such as hospitals and nursing homes). Catholic medical pacifism, therefore, should demand that the practice of the inflicted death option be restricted by law to a new institution not directly connected with health care as we have known it. (It is ironic, perhaps, that such a status was often imposed, without help of law, by medical vitalist physicians on many early hospice programs!) Further experience may indicate that other constraints on the practice of the inflicted death option may also become necessary to forestall harm both to the common good and to the freedom of Catholic medical pacifism to practice its traditional conception of good care of the dying.

In summary, the demands of Catholic medical pacifism for protection from the harms anticipated by widening the practice of inflicted death are of equal validity to the claims of those who advocate the inflicted death option as their moral and legal right. It remains to be seen whether advocates of the inflicted death option will accord civil tolerance to the continued practice of Catholic medical pacifism. For them to do so will, I believe, involve their acceptance of greater moral and legal constraints on the exercise of that option than many of its advocates currently find acceptable.

NOTES

1. In line with well-known Catholic moral reasoning on care of the dying, I distinguish inflicted death from other kinds of actions that are accepted as morally justifiable. These positions are reiterated in the March 1995 Encyclical Letter of John Paul II, *Evangelium Vitae*, at #55, *Origina* 24 (42), pp. 690-730, at 712.

2. Opponents who take an empiricist view of the morality of acts such as those that affect a dying person (a contemporary form of what has been pejoratively called "act morality") argue that one does, finally, produce an event, death, whether one stops a "life prolonging" treatment, one uses analgesics that hasten death, or one inflicts death as a treatment. These human activities, they urge, should not really be considered to differ morally as long as one has a benign motive and the person, already terminal, requests this help. Thus, they affirm that one willing to stop treatment or use the double effect intervention to relieve suffering logically should not refuse to accept the moral validity of inflicting death as a directly intended means of ending suffering of the dying. For a more succinct statement of the argument which rejects the distinction between killing and letting die by refusing continued treatment, and which advocates legislation authorizing "physician assisted dying," and which cites the most important recent ethical and legal literature as of its publication date, see Editor’s Note, 1992. These opponents find no need for moral concern, in one’s search to maintain one’s moral integrity, about the different means employed. Dealing with our human need eventually to recognize the limits of our capacity to postpone inevitable human dying, or dealing with ways to resolve the ever recurring human predicament of having to act in situations where both good and evil are unavoidably produced by one’s action—these concerns of Catholic moral theology that are not shared.

Catholic moral theology strongly asserts that always in making judgments about medical interventions, one must face the problem of balancing inevitable harm against hoped-for benefit, and face, as a matter of moral responsibility, what duties are most urgent when undesired events are inevitably entailed both by action and non-action. For an account of the moral significance of Catholic "double effect" reasoning (which seeks to identify situations in which one may morally tolerate, but not "subjectively intend," the causing of a second, evil effect [death] because one has proportionally grave reasons for causing a first, good effect [relief of suffering by use of dangerous analgesics],) see (McCormick and Ramsey (eds.), 1978).

3. The argument which I would make against the restrictive moral interpretation of tube feedings involves, in my view, realism about what is involved in medical condition of the severely demented who stop eating and persons in a permanent vegetative state. What is really involved in medical efforts to deal with their condition? But this detailed argument is not directly relevant here, except for what it implicitly includes. That is, in my view, an affirmation that death is a normal moment of life, that death is
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not always to be resisted but rather should be accepted when it is at hand. I believe that what is really in dispute are fundamental differences in attitude toward death and dying which arise out of markedly different views concerning what we need to do to resist the pressing moral claims in our culture that abortion does not really present a serious moral problem. But, an examination of this dispute cannot be elaborated here.

4. I believe that Catholic moralists will insist that medical fertility is often a reality confronted in prudent medical decision making, however difficult or impossible it may be to describe it satisfactorily in categories of probabilities based on statistical probabilities. And I believe they will follow the lead of Pellegiro and Thommasa in insisting on the continuing importance of care-giver beneficence in the making of reasonable medical decisions—thus resisting a totalitarianism of patient autonomy in the enactment of the therapeutic alliance between patient and care givers. See Pellegiro and Thommasa, 1988. Furthermore, I believe that "outcome studies" (especially that involved in the development of APACHE scoring system for prognosis in intensive care medicine) can materially help parties to dialogue effectively about when futile treatments should be stopped, and so help them in coming to agreement on what fertility means at least for a particular patient undergoing a particular treatment regime. See Nau, 1993.

5. Of course, Catholic moral theology is not alone in rejecting the option of inflicted death. For a variety of arguments against the inflicted death option, see Miles, 1994; Miles, 1995; Hendin, 1995; Berger, 1994; Conwell and Caine, 1991; Cuniff, 1992; Callahan, 1993; Amass, 1994; Kass, 1989.

6. In overview, Rahner takes up and further interprets St. Thomas Aquinas' view (in Part Two of the Summa Theologiae) of the "instrumental efficient causality of grace" of Christ's humanity affecting each and every human being, and so also Aquinas' view of "grace of headship" possessed by Christ and participated in by all through the uncreated grace of the Holy Spirit sent by Christ from the Father. Christ's death effects by grace the dying of each of us who receives it, shaping it in such uniquely in a likeness to His own dying. So we receive, enter into, participate in, this dying of Jesus and what is linked inseparably to it, Christ's resurrection. In his well-known theology of "anonymous Christianity," Rahner sees this grace of Christ appropriated by all human beings who, outside of Christian community, live their lives according to their good faith conscience, in whom according to the Second Vatican Council the Holy Spirit is at work. See also Rahner, 1978, especially Chapter VI, "Jesus Christ," #2 "On the Phenomenology of Our Relationship to Jesus Christ," pp. 203-6; #5 "On the Theological Understanding of the History of the Life and Death of Jesus of Nazareth," pp. 212-18; #9 "The Personal Relationship of a Christian to Jesus Christ," pp. 305-11. Concerning Rahner's theological understanding of "grace" as God's offer and the God-empowered acceptance of a likeness to Jesus shaped uniquely in each human person, enacted in self-shaping human freedom, see Rahner, 1978, Chapter III, "Man as Being Threatened Radically by Guilt," and Chapter IV, "Man as the Event of God's Free and Forgiving Self-Communication." Concerning the practical expression in spirituality of this theology, see Rahner, 1965, especially Chapter 13, "The Following of Christ," and Chapter 27 "Our Lord's Death on the Cross," pp. 334-43. For one view of how these theological positions of Rahner provide the ground for a renewed Catholic moral theology, a view which shapes this essay, see Bresnahan, 1972; Bresnahan, 1976; Bresnahan, in O'Donovan (ed.), 1987.

7. That this moral repugnance has failed to prevent Catholic moral theology from including "objective" moral justification for acts of inflicting death in "just war/self-defense" (and in the disputed issue of death penalty) will be dealt with in Section V below. As will be indicated there, that objective moral justification, however, has been accompanied in varying ways throughout all of Christian history by a superegoary motivation, meaning, and moral status of "justifying" morally as opposed to "excusing" the deeply felt human need to employ acts of inflicted death in defense of nation or self against unjust aggression has become increasingly problematic for some Catholic moral theologians, myself included. See Bresnahan, in Bockle and Pohier (eds.), 1979.

8. For a complete exegetical account of the gospel texts, see Brown, 1994. The echoes of the dispute are very present in the Pauline letters and in Acts are discussed by Brown at different places in these two volumes. He provides, as well, an extensive bibliography that leads to accounts of the Pauline theology of the Cross.

9. On what is meant historically by "martyr," see Murphy, 1967. "Witnessing" to Christ is expressed in (1) submitting to death, (2) in testimony of faith or virtue, (3) freely done by the person. "Red martyrdom," "of blood," was an acronym for human extirpation giving primary meaning to enduring of death in the likeness of Christ. But, enduring death risked in caring for the dying is close to it and called by some "white martyrdom." Rahner eloquently exposes how the close imitation of Jesus' own dying, his enduring of unjust imposition of the death penalty because of his messianic words and deeds is expressed in the martyr's "witnessing" in her own dying to the meaning of Christ's dying for Christian behavior in life and in dying. But the idea of real liberty, there is love for death and courage for death. But this real liberty in the courage to die has, secondly, to be a submissive liberty, that is a liberty which says "yes" not only to death itself, but also to its meaning, the meaning of human existence. Man should not hurry towards his death as towards the finite end of his existence, but as towards an infinite end. Not towards a death which is the consumption of vanity, a final emptying of life into meaninglessness, but towards a death which is the valid fulfillment of his existence. This, however, can be done only in faith.

Death is a fall, and only by faith can this fall be interpreted as a falling into the hands of the living God who is called Father. Since this affirmative interpretation of man's mortal life in a disposal over the whole of life can only take place, as we Christians know, by the grace of Christ, because in the present order of sinful darkness the whole of life can be mastered in a morally right way only by the grace of God, then the act performed in virtue of the grace of Christ, whereby man positively accepts the comprehensive sense of his human existence in face of the sinner appearance of meaninglessness, can and must necessarily be called an act of faith; the surrender of the whole man in the inaccessibility and impenetrability of human existence to the incomprehensible God,...[A] man is dying the death of Christ, for only Christ's death gained this grace for us and only his death freed our death into the life of God himself" Rahner, 1965, pp. 87-88.

10. This characteristic way of analysis derives from the practical service this moral theology has been shaped to perform over the course of its history. This theology has developed not primarily to support preaching of the word but rather to serve the needs of penitent and confessor in celebrating the sacrament of reconciliation with its confession of sins and request for absolution. For an insightful account of this history, see Häring, 1964, Vol. 1, Chapter I, "Historical Survey of Moral Theology." For a classic account of the role of the confessor in the practice of penance, see Kelly, 1951. The celebration of penance begins with the self-acquittal of the penitent, and that implies help from the theological and pastoral learning and experience.
REJECTION OF PHYSICIAN-ASSISTED SUICIDE

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9. On what is meant historically by "martyr," see Murphy, 1967. "Witnessing" to Christ is expressed in (1) submitting to death, (2) in testimony of faith or virtue, (3) freely done by the person. "Red martyrs," "of blood," was a penitential form giving primary meaning to enduring of death in the likeness of Christ. But, enduring death risked in caring for the dying is close to it and called by some "white martyrdom." Rahner eloquently exposes how the close imitation of Jesus' own dying, his enduring of unjust imposition of the death penalty because of his messianic words and deeds is expressed in the martyr's "witnessing" in her own dying to the meaning of Christ's dying for Christian behavior in life and in dying. But over there is real liberty, there is love for death and courage for death. But this real liberty in the courage to die has, secondly, to be a submissive liberty, that is a liberty which says "yes" only not to death itself, but also to its meaning, to the meaning of human existence. Man should not hurry towards his death as towards the finite end of his existence, but as towards an infinite end. Not towards a death which is the consummation of vacuity, a final emptying of life into meaninglessness, but towards a death which is the valid fulfillment of his existence. This, however, can be done only in faith.

Death is a fail, and only by faith can this fail be interpreted as a falling into the hands of the living God who is called Father. Since this affirmative interpretation of man's mortal life in a disposal over the whole of life can only take place, as we Christians know, by the grace of Christ, because in the present order of sinful darkness the whole of life can be mastered in a morally right way only by the grace of God, then the act performed in virtue of the grace of Christ, whereby man positively accepts the comprehensive sense of his human existence in face of the sinner appearance of meaninglessness, can and must necessarily be called an act of faith; the surrender of the whole man in the inescapability and impenetrability of human existence to the incomprehensible God ...[A] man is dying the death of Christ, for only Christ's death gained this grace for us and only his death freed our death into the life of God himself" Rahner, 1965, pp. 87-88.

10. This characteristic way of analysis derives from the practical service this moral theology has been shaped to perform over the course of its history. This theology has developed not primarily to support preaching of the word but rather to serve the needs of penitent and confessor in celebrating the sacrament of reconciliation with its confession of sins and request for absolution. For an insightful account of this history, see Häring, 1964, Vol. 1, Chapter I, "Historical Survey of Moral Theology." For a classic account of the role of the confessor in the practice of penance, see Kelly, 1951. The celebration of penance begins with the self-accusation of the penitent, and that implies help from the theological and pastoral learning and experience
of the priest confessor who is to help the penitent's own effort to grasp both the moral seriousness of external acts performed and also the state of the penitent's inner, conscientious intention and motive in particular acts. Thus, both on past actions which the penitent is being helped now to confess and on foreseeable future conduct with respect to which the penitent seeks help to have a sincere purpose of amendment of life. Thus, in the appropriate use of this moral analysis, the parties do not focus on external acts as if ruled by taboo, but they try to grasp the meaning of these external acts as outer expression of inner conscientious intention and motive. About what is true of these acts, that, this moral analysis doubts, or may recognize either malicious or benign intention and motivation. It is, finally, on the basis of the penitent's self-analysis that the confessor assigns a burden of penitential expiation of guilt and advises about reform of life.

11. This, of course raises a major question that exercised Martin Luther and his followers in attacking first the way indulgences were presented, then eventually also the entire spectrum of Catholic moral analysis, principally because its starting with analysis of the external form of action seemed to lead to a religious practice devoid of concern about inner subjective intention. Today, however, both Catholics and Lutherans can agree that moral analysis can neglect neither externals of action nor inner conscientious intention of the agent. See Gustafson, 1978, especially Chapter I, "Historic Divergences," and Chapter 2, "Theological Frame," and Chapter 4, "Practical Moral Reasoning." On Catholic understanding of a basic issue underlying this question, see also Rahner, 1969, Volume VI, "Justified and Sinner at the Same Time," pp. 218-30.

12. The creative, or co-creative power of freedom, means that in one's exercise of decision which most fundamentally produces a shaping of the self by choices one makes, one also, and inseparably, engages in shaping one's world, and for this one is morally responsible, i.e., answerable for it. Equality and difference in the shaping activity. Concerning the meaning of freedom, see Rahner, 1969, Chapter VIII, "True Freedom," and Rahner, 1969, Volume VI, "Theology of Freedom." Catholic moral theology's emphasis on this analysis of the act in its worldly, material, historical form derives from its theology of creation and redemption. Karl Rahner gives the name 'esotericism' to a "false attitude towards the world ... in which what is secular is regarded as a matter of indifference for the Christian, a life directed towards salvation and therefore towards God's absolute future." Here a Christian considers flight from the world as the only genuinely Christian attitude, and therefore regards affirmation of the world, its values, enjoyment, achievement and success as in principle suspect from a Christian point of view, unless it is already directly and explicitly inspired and commanded by a 'supernatural,' 'religious' intention. "Such esotericism can be based on the view that what is genuinely moral and valid in God's sight is absolutely meta-historical, beyond any concrete material determinable action; that it is purely a disposition, inwardness (faith, a 'commitment' which remains purely formal in character); that there is no Christian ethics with positive Christian content; that the 'secular' is totally inaccessible to a Christian attitude, resulting indifferent to, or even hostile to, all its shapes and forms; that it stands only in the law, not under the gospel which redeems and sanctifies the world itself." Rahner, 1968, Vol. 1, "Church and World," pp. 150-51. Rahner further develops in this place the reasons for Catholic theology's rejection both of 'esotericism' and its opposite, 'integralism' — a topic beyond fuller explanation here. See Bresnan, 1978. Catholic concern with and sense of responsibility for the world and its material, historical reality also finds strong expression in the spirituality of Pierre Teilhard de Chardin and his ideal for Christians of "building the earth." See Chardin, 1957.

14. Karl Rahner emphasizes that relating one's realistically understood inner intention to the realistically understood external shape and form of an action — to avoid self-deluding tendencies and naive inner intention alone can or does shape our worldly action into what the actor wants to imagine it is — is an expression of a basic Catholic theological denial that matter and spirit are merely juxtaposed elements of the unified human reality. They are rather to be seen as inseparably united and always mutually conditioning. See Rahner, 1969, Volume III, "Some Thoughts on a 'Good Intention,'" pp. 105-28; Rahner, 1969, Volume VI, "Guilt — Responsibility — Punishment within the View of Catholic Theology," pp. 197-217; Rahner, 1969, Volume VI, "Guilt and Its Remission: The Borderland between Theology and Psychotherapy," pp. 265-81. This goes to the fundamental assertion of the entire Thomist tradition that the human being is a unity of matter and spirit. See Rahner, 1965, and Rahner, 1978, "Jesus Christ," #1, "Christology within an Evolutionary View of the World," pp. 178-203.

15. The ultimately critical question for the analysis of an act by Catholic moral theology is this: how does the act, as an expression of some particular virtue or value, really express, incarnate, make present in the world, a self transcending love of neighbor (either distinct but also inseparable from and always supported by love of the incomprehensible holy mystery we call "God")? See Rahner, 1969, Volume V, "The Commandment of Love in Relation to the Other Commandments," pp. 439-57; Volume VI, "The Ethics of the Love of Neighbor and the Love of God," pp. 231-49; Rahner, 1978, Chapter VIII, "Remarks on Christian Life," pp. 402-30; and especially Rahner, 1972, Chapter 5, "Morality without Moralizing," pp. 64-70. For the background foundational understanding of this moral theology of love as it derives from St. Thomas Aquinas, see Gillemen, 1961. This author, like Rahner, belongs to the "transcendental Thomist" thinkers influenced by Joseph Marfchl, concerning whom see Doncel, 1970. Concerning this school, see Dych, 1992, Chapter 1, "The Man and His work," pp. 1-17.

16. There are also limits to the right and sometimes duty of a confessor to withhold temporarily correction of an erroneous but good faith conscience: when grave harm is being done to persons which the confessor must not tolerate even for the time being, the confessor cannot wait until the penitent has been helped to be ready for a conversion of mind and heart; rather the confessor is required to challenge the good faith error of the penitent even at risk that the harm will still be done but now maliciously.

17. One example of this may be the long, painful history of theoretical and practical enlightenment concerning the vicious social practice of slavery. See Maxwell, 1975. Karl Rahner suggests other pertinent examples here (Rahner, 1966, pp. 154-53): "To take a very arbitrary example, one can surely say that the struggle against the collective opinion that war may constitute simply the continuation of politics by other means has not, in any notably intensive way, occupied the teaching and pastoral authority of the Church during the first nineteen hundred years of the history of the Church. On the contrary, one can perhaps opine that the reaction of the pastoral office of the Church in the twentieth century to the danger of error in relatively secondary questions, for example with respect to sexual morality, has been unusually intense — especially if one compares it with the reaction to problems of society, of economics and of international relations. The Catholic capitalist in South America has certainly not been made to feel himself as oppressed and disturbed by the practice of the Church as has the Christian spouse in the matter of birth control."
of the priest confessor who is to help the penitent's own effort to grasp both the moral seriousness of external acts performed and also the state of the penitent's inner, consciousness intent and motive in penitential act. Therefore, both on past actions which the penitent is being helped now to confess and on foreseeable future conduct with respect to which the penitent seeks help to have a sincere purpose of amendment of life. Thus, in the appropriate use of this moral analysis, the parties do not focus on external acts as if ruled by taboo, but they try to grasp the meaning of these external acts as outer expression of inner consciousness intention and motive. About what was said above, this analysis doubts or may recognize either malicious or benign intention and motivation. It is, finally, on the basis of the penitent's self-analysis that the confessor assigns a burden of penitential expiation of guilt and advises about reform of life.

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of moral experience, aided perhaps by some special sensitivity in prophetic individuals or groups to a neglected value issue, can overcome these cultural obstacles. This leads Rahner to make an important point about subjective moral awareness in relation to objective moral analysis of an act — a point crucial to our understanding of the importance this theology gives to the state of subjective conscience. He asserts a "reflex formal principle" that justifies patience with subjective moral development both on the individual and social levels. With regard to the difference between merely objective "guilt" (an act done with a conscientious subjective good faith) and real "guilt" that is existentially realized by the subject, he asserts (Rahner, 1966, p. 158): "The thesis must at least be advanced here, without fuller development of justification, that what is really represented by a merely 'objective guilt' as distinguished from 'subjective,' i.e. real guilt, is not merely a lack of freedom to realize real guilt, a freedom which is merely external to the 'objective guilt' [of the act]. Rather, merely 'objective guilt' is different in itself, i.e., it is ontologically and ethically less than that objective expression of subjective guilt, because this latter penetrates into its objective content into the personal center of the spiritual person. Thus it is different in itself (and not merely in its exterior cause) from merely objective guilt."


19. The theory declares objectively justified only killing that one does to protect self or others:
   (a) from the real threat of truly grave and harmful unjust aggression; (b) when resort to killing is truly a last resort made absolutely necessary because all other reasonably feasible means of warding off the threatened injustice have been truly exhausted; (c) with reasonable hope of success in defending the innocent by the killing required for defense (these three are the objective constraining conditions of jus ad bellum, the law/right governing the engaging in war); and (d) when one does the killing (and other destructive acts) while strictly observing proportionality in one’s use of violence, i.e., only as absolutely unavoidable to repel the combat forces of the unjust aggressors and while strictly observing non-combat immunity from direct (as opposed to "double effect") attack (these are the objective constraining conditions of jus in bello, the law/right governing warlike acts, including killing).

20. As Second Vatican Council began, a new formulation by beloved Pope John XXIII in his 1963 Encyclical Letter, Pacem in Terris, expressed the affirmative moral demand for international peace making in a uniquely appealing way "to all men of good will," and is, in my opinion, the most valuable papal expression of the Roman Catholic moral theological tradition to have appeared in this century.

21. Concerning the issue of discernment (using "formal existential ethics") of a person’s unique, individual calling that is religiously inviting and so obliging (though not in the way the norms of "essential ethics" oblige all because of their shared humanity), see Rahner, 1969, Vol. II, pp. 217-34; Rahner, 1964; and especially Rahner, 1972, Vol. IX, pp. 205-24.

22. It is important to observe that moral justification of the inflicting of death as a penalty, even if not de facto but only de jure, is the more distressing for one who lives in the United States, because it is one of the few remaining developed nations in the world to employ this barbarity. Furthermore, the infliction of death as a penalty, usually justified in the U.S. primarily as a deterrent to the most vicious criminal acts, has in almost all jurisdictions where it is in use been "humanized" by being "medicalized." A parody of medical treatment is enacted in which an overdose of anesthesia is administered to the convict who is often dressed in a hospital gown and strapped to a hospital cart. Death is inflicted, ambiguously shaped to express the intention of the society to punish, but inflicted in approximately the same way the inflicted death option would be carried out on a dying person, supposedly with the benign intention of relieving suffering of this dying person (or by a dying person inflicting death on self with the supposed intention of expressing moral responsibility somewhat in the manner of the ancient stoics). The dissonances between the shape of the external act and the variety of contradictory intentions and motives are here multiplied.

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