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On the Appropriateness of a Christian Bioethics

In this paper I consider *The Foundations of Christian Bioethics* with the intent of indicating the unique relation that obtains between Christianity and Bioethics such that it makes sense to have a work so entitled. In our pluralistic age, adjectival modifications abound. Thus, initially, few would remark upon the reasonableness of entitling a volume *Christian Bioethics*. Somewhat similarly, one would take little note of volumes entitled *Islamic, Japanese, or _____ Bioethics*.¹ One observes, however, the paucity of titles such as *Christian Geometry* or *Buddhist Astronomy*. This calls for explanation. At the very least, our ready acceptance of the plausibility of a Christian Bioethics deserves attention when contrasted with our initial skepticism of a Christian Mathematics. In what follows, I argue two claims. First, that Bioethics occupies a relatively unique position amongst practical disciplines insofar as its subject matter, the human being as patient, would not exist and cannot adequately be known absent

¹For example, consider *Japanese and Western Bioethics: Studies in Moral Diversity (Philosophy and Medicine, Vol. 54)*, Kazumasa Hoshino, editor.

revelation of the Fall. Second, and following from this first claim, I argue that Bioethics absent revelation apprehends the fallen human condition as basic. Thus, Bioethics cannot understand disease as a symptom of *the* human problem, namely, sin. Accordingly, a Christian Bioethics is a sound endeavor.

I.1 *Differentiating Disciplines*

In his Commentary on Boethius's *De Trinitate* (in Questions V and VI) Saint Thomas Aquinas addresses the division and the methods of the different sciences.² Saint Thomas follows and elaborates upon Aristotle's abbreviated discussion of the bases for differentiating Arithmetic, Physics, and Metaphysics. Aquinas proposes that one differentiates these speculative disciplines (concerned with knowledge ordered towards understanding in contrast to practical sciences ordered towards doing or making) from one another in terms of two aspects. The first concerns the role of matter in the existence of the thing known. The second concerns the role of matter in knowing the thing. Physics studies material being in motion. Mobile being requires matter for its existence. Moreover, one may not abstract from matter in one's knowledge of mobile being. Thus, matter plays a crucial role both in the existence of the thing Physics studies and in knowing that object.

In Arithmetic, one studies being insofar as it admits of quantity. While

²*The Division and Methods of the Sciences*, Questions V and VI of Thomas Aquinas's *Commentary on the De Trinitate of Boethius*, Armand Maurer, translator, (1963) Toronto: Pontifical Institute of Mediaeval Studies.

being would not admit of quantity were it not material – that is, there would not be three of something nor the concept three absent stuff – one need not introduce matter or stuff into one’s mathematical knowledge. Indeed, one tends to abstract from matter even in one’s geometrical representations. Thus, for example, in a geometrical argument a triangle is not of a specific size. Rather, one attends to the properties that any sized triangle of certain proportions could have – such as a right-angled isosceles triangle. While mathematical phenomena cannot exist apart from stuff, they can be understood apart from matter.

Metaphysics concerns being insofar as it exists, simply. Because some beings – immaterial beings – exist independently of matter, one need not abstract from matter in order to understand them. Indeed, immaterial beings – such as the one who moves all things by being loved to whose existence Aristotle argues in the *Metaphysics* – cannot be known if one incorporates matter into one’s understanding of them. Accordingly, the subject matter of Metaphysics exists independently of matter. Therefore it can – indeed must – be so understood.

Thus, Aquinas differentiates the speculative sciences one from another to the extent to which matter plays (or lacks) a role both in the existence of the objects they study and in the very act of knowing them. He does so because he – again, following Aristotle – holds knowledge to differ from sensation insofar as knowledge abstracts from matter while sensation remains immersed in the features of stuff. Sensation, therefore, does not get beyond the particular while

knowledge moves towards the general and away from the individual by means of abstraction. Accordingly, Aristotle and Aquinas offer a philosophical division of the sciences. They do so by attending to matter's role in knowledge as a further articulation of the original difference between sensation and knowledge.

Analogously, I propose a theological and Christian division of disciplines in terms of their subject matter's relation to divinely revealed truths such as The Fall and Christ's Incarnation, Suffering, and Death. Following Aquinas's division of the sciences, I note the relation between these revealed truths, on the one hand, and the existence of certain disciplines' subject matters and knowledge of those subject matters, on the other. I contend that Bioethics is relatively unique amongst practical disciplines insofar as the subject matter with which it deals, namely, agents and actions bearing on patients – i.e., humans as sick, in pain, and dying – would not exist absent the Fall. Moreover, only a Christian Bioethics can fully understand how to act with respect to patients as patients. For a Christian Bioethics can distinguish pain, suffering, and death as symptoms from the underlying disease, sin. In contrast, secular Bioethics – at least typically – mis-apprehends the patient's diseased condition as fundamental. Thus, Bioethics has only a superficial knowledge of the patient's relation to suffering, sickness, pain, and death. Accordingly, as I will now argue, Christian Bioethics correctly apprehends the patient as a patient by distinguishing sin as a disease from sickness as a symptom. In making this claim, I first contrast Bioethics from other practical disciplines.

I.2 *Differentiating Politics, Economics, Ethics, and Bioethics*

In his discussion of the division of the sciences, St. Thomas discusses speculative disciplines ordered towards knowledge for its own sake. In contrast to speculative sciences, there are practical disciplines such as Politics, Economics, and Ethics ordered towards acting and making. Bioethics is a practical discipline ordered towards acting well in the forum defined by medicine. Bioethics considers matters as diverse as research into the causes of and cures for disease, caring for sick persons, the conduct of patients, and myriad other acts bearing upon human sickness. At the center of Bioethics one finds the patient.

Patient comes from the Latin *patior - pati - passus* meaning to bear, undergo, suffer, or endure. One defines a patient as one who suffers, bears, undergoes, endures, or is subject to sickness. Sometimes well-intentioned thinkers – in the hope of empowering a patient – propose to refer to him as a *client*. Similarly, occasionally some institutions of health-care ask their employees to refer to the patient as a *customer*. Of course, by doing so one loses the connotations associated with being a patient: of being sick, of bearing with something involuntarily, of being in need, of being dependent, of being vulnerable – from the Latin *vulnus* meaning naked – and so on. As I will shortly argue, one cannot eliminate sickness, suffering, and death from Bioethics. Insofar as the venerable term *patient* captures these ineliminable phenomena definitive of Bioethics, we must retain it in our vocabulary.

Since Bioethics concerns practical knowledge, in order to understand the

unique relation of Bioethics to Christianity and thereby to understand the appropriateness of a Christian Bioethics, one must consider other practical disciplines. I will consider Politics, Economics, and Ethics (understanding Politics to include Law) as prominent and important disciplines that nicely contrast with Bioethics and illustrate the uniqueness and appropriateness of a Christian Bioethics.

Politics addresses how to govern men as social animals. Famously, James Madison asserts that Government would not exist were men not fallen: But what is government itself but the greatest of all reflections on human nature? If men were angels, no government would be necessary. If angels were to govern men, neither external nor internal controls on government would be necessary. In framing a government which is to be administered by men over men, the great difficulty lies in this: you must first enable the government to control the governed; and in the next place oblige it to control itself.³

Here, Madison asserts that school of political thought that holds that absent fallen human nature, government would not be necessary. Such thinkers often refer to government as a necessary evil. Others differ, holding that the need for government does not arise entirely from the fact that we now live in a state of

³James Madison, *Federalist*, #51 (New York: New American Library, 1961), 322.

fallen human nature. Rather, government partially addresses the need to coordinate human actions, even given entirely virtuous citizens. Thus, insofar as we have arbitrary yet necessary rules to coordinate our behaviour, government is not a necessary evil. Rather, government is an art that would exist even if men were angels in their behaviour.

Of course, much of government would not exist were there no Fall. For example, there would be no need for criminal law, punishment, law enforcement, or a military. Nonetheless, government as a coordinator and organizer would exist if man were not fallen. Accordingly, Politics would exist – albeit in an abbreviated fashion – absent the Fall. Moreover, Politics currently can adequately understand its task of securing the human good, e.g., of coordination, absent an understanding of man's fallen nature and other revealed truths central to Christianity. Thus, neither Politics's subject matter nor its understanding of that subject matter depends upon the facts at the center of Christian revelation. Surely, because we are fallen and our understanding is obscured, we do not grasp political truths as easily or as clearly as we would absent the Fall. Nonetheless, those truths that we may fail to grasp due to the Fall are not truths dependent upon our being fallen. So, for example, humans are naturally social animals. Because we are fallen, we may, as Hobbes, fail to apprehend this truth about ourselves. Yet, those who – as Plato – succeed in apprehending this truth about humans as social do not do so by incorporating some understanding of the Fall in their apprehension of this truth. Thus, a significant body of political truths do not require knowledge of

the Fall to be understood. Turn now to consider Economics.

Roughly, Economics concerns how to produce material prosperity. Absent the Fall there would certainly be no poverty, nor would there be problems of the just distribution of goods or difficulty in securing one's material needs. For the ordeal of labor results from sin:

By the sweat of your brow you will eat your food until you
return to the ground, since from it you were taken; for dust
you are and to dust you will return (Genesis, 3:19).

Nonetheless, were there no Fall, one would still find human arts that transform nature, specialization in these arts, and exchange of goods and services to meet human needs and desires. To the extent to which Economics addresses these matters, one would also find it. Of course, much of Economics would be absent. So, for example, just as in Politics one would find no criminal law, in Economics one would not find the study of poverty or of market failure. Yet, insofar as Economics cannot be reduced to features that would not exist absent sin, this discipline, its subject matter, and understanding of that subject would exist even in Eden. Again, after Eden's loss, while a proper understanding of wealth and its place in a human life may be obscured by the darkness that descends upon the human intellect, failure to understand wealth appropriately – e.g., considering it an end instead of a means – does not result from a failure to incorporate divine revelation into one's Economics. For, prior to Revelation thinkers such as Aristotle correctly apprehend the nature of wealth as a means. Now consider the

practical discipline most proximate to Bioethics, namely, Ethics.

Ethics concerns how one becomes a virtuous agent and, thereby, how one achieves human happiness. Of course, absent the Fall there would be Ethics. For there would be such phenomena as acting virtuously and becoming virtuous. Indeed, there would be no other kind of conduct. For example, we would not struggle with concupiscence that leads us astray from the mean in which virtues of character such as temperance consist. Nor would we err by vicious acts. Clearly, the subject matter of Ethics would exist and knowledge of that subject matter – the constituents of human happiness – would be apprehended inerrantly in Eden. Currently, the Fall obscures our ability to apprehend our end. As Aquinas notes, supernatural revelation is necessary for human beings to apprehend their true end insofar as, otherwise, few would know God, these only after much time and study, and with an admixture of error. The loss of Eden significantly affects ethical knowledge while not obliterating it.

Thus, to greater and lesser extents the subjects and knowledge of the subjects of Politics, Economics, and Ethics would exist absent the Fall. Similarly, given the Fall, knowledge of the subjects of these disciplines is available to reason unaided by Faith. Bioethics, however, differs. For Bioethics addresses how one conducts oneself regarding sickness, suffering, and death. Thereby, Bioethics confronts phenomena that result immediately from Adam and Eve's fall from grace. Here, one encounters questions such as: How ought one to experience pain, suffer, and die? How ought one to care for those who experience pain, suffer, and

die? Pain, suffering, and death would not exist absent the Fall. Thus, Bioethics addresses realities that would not exist in Eden. We experience pain, suffer, and die as the fruits of our first parents' Original Sin. Were there no sin, there would be no medicine or therapy for these symptoms. In this respect, Bioethics differs from Politics (and, as noted, Economics, and Ethics more generally) insofar as the latter would exist were there no Fall. Again, Politics – in addition to dealing with the unique problems of fallen man such as retributive justice – also addresses the practical issues that arise from human beings as social animals regardless of their fallen state. That is, Politics concerns matters of distributive justice, such as property, how it is held and shared that would attend human life even if Adam and Eve had not fallen from God's grace. Similarly, Politics concerns the necessary, yet arbitrary coordination of human activities that do not arise because of man's fallen state. Rather, such need for coordination attends the human condition as social and naturally in need of the political art. Of course, were there no Fall, there would be no Christian Politics, just as there would be no Christian Bioethics. For absent the *felix culpa*, there would be no Christ.⁴ More to the point, however, is not that there would be no *Christian* Bioethics, but that there would be no

⁴ In the *Exultet* hymn in the Liturgy for Holy Saturday Liturgy one reads:

O felix culpa, quae talem ac tantum meruit habere
redemptorem!

One might translate this, "O happy fault which merited to have so great and so good a redeemer."

Bioethics at all. For absent pain, suffering, and death due to sin, there is no medical therapy, and thus no ethic bearing upon medical therapy, even a secular Bioethics. Thus, Bioethics has a much more intimate relationship to Christianity than other disciplines to the extent to which it addresses some of the very phenomena that Christ does. Accordingly, presenting a Christian Bioethics has significant import for Christianity. For the foundations of Bioethics are proximate to those of Christianity itself.

In what follows, I argue that Bioethics absent revelation apprehends the fallen human condition as basic. Thus, Bioethics cannot understand disease as a symptom of the basic human problem, namely, sin. Christian Bioethics can so differentiate sin and sickness. Moreover, this distinction has practical ramifications, as I note in what follows.

II.1 Distinguishing Diseases and Symptoms; Sin and Sickness

Original Sin causes the evils of pain, suffering, and death and justly leads to these phenomena. As evil, pain, suffering, and death are to be avoided. Accordingly, these phenomena appropriately give rise to medical therapies and attempts to relieve pain, sickness, suffering, and to, at the least, postpone death. Thus understood, medicine is a response to the symptoms of sin. Of course, not all so understand disease. Indeed, only a Christian or theologically-informed Bioethics apprehends illness as a symptom. Typically, Bioethics and medical interventions informed by secular Bioethics understand disease as a basic reality beyond which one need not inquire. Grant this point; to what practical

ramifications could this conceptual difference lead? Regardless of how a Christian Bioethics conceives of illness, will it not propose to treat illness as a secular Bioethics would, given that they agree on the basic badness of sickness? This modest conceptual difference has significant practical import, although we may be on the historical threshold of noticing it. That is, the difference between Christian and secular Bioethics with respect to their differing conceptualizations of disease as symptom of sin and disease as basic illness becomes more evident as medical technology advances in its ability to mitigate and perhaps indefinitely postpone death. In order to explore this possibility, one must consider the origins of the medical ethic, and its most basic quandary.

II.2 *Bioethics' Question*

In his magisterial *The Old Ethics and the New Medicine*, the historian of medical ethics Albert Jonsen claims that the central tension at the heart of medicine and medical ethics is the conflict of interest that obtains between the goods of the patient and those of the physician. The danger of contagion in the treatment of diseases; the opposition of the financial well-being of the doctor and the patient's care found both within fee-for-service reimbursement plans and capitated systems; and the significant benefits to physicians and risks to patients in the use of experimental therapies illustrate the variety of conflicts of interests found in medicine. Understandably, Jonsen proposes that medical ethics exists primarily to address this ineliminable tension.

While conflicts of interest both inherently attend the practice of medicine

and deserve much attention in medical ethics, one errs in thinking that they constitute the heart of bioethics. For such conflicts, while they may appear more pronounced in medical ethics, attend all professional activities. A lawyer, for example, suffers a conflict of interest in serving as an advocate for, at times, opposing interests. A Professor bears conflicts of interest in assigning her own text for a course, and, more profoundly, in balancing the rewards for research with her obligations to her students. All professions suffer conflicts of interest. Moreover, the ethics of each profession must address how to deal with these conflicts. For example, ethicists propose that accountants must avoid both the reality of a conflict of interest, as well as the mere appearance of such a conflict – a very demanding standard. Thus, while conflicts of interest certainly pose problems in medical ethics, they do not constitute the definitive issues of medical ethics. Rather, the central ethical issue definitive of medical ethics concerns the ends towards which one orders the medical art. One finds this problem articulated at the very beginnings of the medical ethic in the West in the myth of Asclepius, the Greek god of medicine.

Asclepius illustrates the ethical quandary at the heart of medicine in his possession of two vials of the Gorgon's blood, given to him by Athena. The blood taken from the right side of the Gorgon heals and restores life while that taken from the left side sickens and kills. Just as the Asclepian symbol of medicine of a single snake on a staff symbolizes the homeopathic principle that he who sickens heals (the snake both wounds with venom and heals with his intimate knowledge

of the earth), so this principle underlies the problem at the center of medical practice. For the power to heal encompasses the power to sicken. To what end will one order this ability: towards death or towards life? In Greek myth Asclepius typically uses his power to heal and not to sicken. Hippocrates – who establishes one branch of Asclepian practice – definitively orients the medical art towards health and life by forswearing poisoning and killing. Yet, if one were to leave this question of the proper ordination of medicine as if it were sufficiently answered merely holding that medicine must not be used to sicken and to kill, one would not have come fully to grips with the central ethical quandary definitive of medicine. For while that problem encompasses medicine's orientation to death and sickness, it is not limited to it. Indeed, even Hippocrates never addresses the more profound, underlying problem that the possibility of killing and sickening is but one instance of; namely, the technological imperative.

With certain qualifications bearing upon consent and the welfare of others, that command generally asserts that if one has a means to relieve pain, suffering, and death, then one should employ that means to do so. Of course, Hippocrates does not address this problem because his characteristic difficulty is the paucity of his armamentarium against sickness, pain, and death. Nonetheless, one sees in the Asclepian myth that this difficulty presents itself right from the beginning in medical practice. Recall that the astronomical constellation Ophiuchus (the serpent-bearer) immortalize Asclepius after Zeus punishes him. Zeus punishes Asclepius, not for violating the forthcoming Hippocratic Oath in an act of killing

or sickening accomplished by using the vial of blood from the Gorgon's left side. Rather, Asclepius suffers Zeus's wrath for his use of the medical art to raise the dead. In interpreting the myth, some err by holding that Zeus punishes Asclepius for accepting money to raise the dead. While greed may be the motive for using his art to raise the dead, Zeus does not object to Asclepius' greed. Rather, the gods punish Asclepius for going beyond the appropriate bounds of medicine. Hades' complaints over the loss of his kingdom of the dead lead Zeus to kill Asclepius so that mortals may not acquire immortality via medicine. Zeus does not object to the use of the blood from the Gorgon's left side to kill. Rather, the boundary violated bears upon the use of the medical art – blood from the Gorgon's right side – to cure death. Death is not a proper problem for medicine. Rather, it is a defining boundary in two ways. First, medicine is not to be used to kill. Second, medicine is not to be used to cure death. As noted, curing death was not an issue for Hippocrates. Yet, for current medicine it may become one. Here we see the import of a Christian Bioethics as it addresses the issue definitive of medical ethics: to what ends ought we to direct the medical art?

In medicine, the technological imperative does not assert that physicians ought to use their art to produce sickness, death, or, for example, weapons. Thus, the technological imperative does not violate the definitive Hippocratic commitment not to use this art to sicken and kill. Rather, this imperative commands that one must do what one can to relieve pain, suffering and, if possible, death. As technological, one does not understand the full import of this

imperative absent a fully developed technology. Thus, while Hippocrates sees the significance of declaring death and sickness out of bounds, he does not commit himself or his followers not to raise the dead. For, even with his knowledge of the Asclepian myth and of how out of bounds this would be, his art does not offer him the opportunity to raise the dead. We, however, may stand at the threshold of this boundary. For the ability indefinitely to forestall death may become available in near decades. Research on cellular aging, stem cells, organ tissue transplant therapies, and allied technological developments may offer us in the not-too-distant future the opportunity to postpone death significantly, perhaps indefinitely. Of course, this would not be to raise the dead, as Asclepius did. Yet, it might become tantamount to the ability to address death itself as a disease. Of course, such technologies remain largely speculative. Accordingly, thoughts about how such technologies would affect human lives remain conjectural. Nonetheless, given the Asclepian myth's bearing upon the use of medicine to raise the dead, one wonders if the vial from the right side of the Gorgon may not shortly be so used once again.

How does this possibility bear upon the overall argument regarding Christian Bioethics' ability to distinguish disease as a symptom from disease as basic? If secular Bioethics cannot but help to take disease as basic, then given technological developments that promise to be capable of addressing death itself, such a Bioethics would typically argue on behalf of such technologies as profoundly good. A Christian Bioethics, in contrast, although it may not

necessarily reject the use of such technologies, would certainly insist that death can never be adequately treated by medical technology. For death is a symptom of the first disease, sin. The human as patient results from the human as transgressor. Thus, a Christian Bioethics aware of this relationship correctly apprehends what stands at the center of all Bioethics, the human as patient. Accordingly, those who propose to articulate a Christian Bioethics – as Englehardt does – do so with good reason. Given his emphasis upon the liturgical aspect of a Christian bioethics, I wish now in conclusion to address specific medical acts that lend themselves to becoming part of Christian liturgical life.

III.1 *Thou Shalts in a Christian Bioethics*

Because of the significant differences between secular and Christian bioethics in their treatment of reproduction, abortion, and death, Christian Bioethics typically receives note for what it prohibits, e.g., abortion, euthanasia, cloning, and so on. Yet, just as the Natural Law's first principle commands that one does good and avoids evil, so, too, does Christian Bioethics. In what follows, I conclude this reflection on the appropriateness of a Christian Bioethics by briefly considering the doing of good that such an ethic proposes. Moreover, following Engelhardt's suggestion of the role of the liturgy in therapy, I consider the liturgical possibilities these acts offer.

“Man hath no greater love than this: that he give up his life for his friends” (John 15:13). Following Jesus, a Christian Bioethics sees pain, suffering, and death as opportunities to participate in His redemptive suffering. Without Christ's

revelation, human suffering and death remain phenomena that we cannot fully understand and in which we can find no ultimate meaningfulness. The punishment for our first parents' sin is itself redeemed by Christ in His voluntary acceptance of death to which He was not in justice subject.⁵ Accordingly, by accepting His passion and crucifixion on our behalf, He enables us to offer our otherwise due suffering and deaths for others. A Christian Bioethics proposes that patients offer their pain, suffering, and deaths up for the redemption of others. Of course, it would be a perversion of the Christian understanding to seek out pain, suffering, and death or to fail to avoid these basic evils in order to offer them up for others. Nonetheless, given their inevitability, patients will eventually have the opportunity to offer their own sufferings and deaths up for others, just as Jesus did. The willingness to do so and the theological virtues of faith, hope, and charity that allow one to do so are at the foundations of a Christian Bioethics. Students of a Christian Bioethics offer up their sufferings and deaths for others. Currently, Christian communities of worship typically pray for the sick. Indeed, in the Roman Catholic liturgy the rubric for the prayers of the faithful calls for a praying

⁵The point here is not that Christ accepted a death that was unjust – that of an innocent man unjustly condemned to death. Rather, Jesus was not in justice subject to death. Had He not accepted death He would not have died. Thus, He alone had the ability to pay our debt. Moreover, He thereby transformed our payment of our debt by death and suffering so much so that we now may offer our sufferings and deaths on behalf of others.

for the sick of the community. A Christian Bioethics would suggest, additionally, that the sick offer up their pain, suffering, illness, and death for others, just as Christ did. Physicians and nurses limited in their ability entirely to eradicate a patient's pain and symptoms might incorporate into their armamentarium the age old advice of "offering it up." Such an opportunity might give a patient the needed insight into her condition that her pain and suffering admits of meaning and value. Of course, physicians and nurses could only do so at the threshold of their ability to address the patient's pain and symptoms. Moreover, such advice could only be offered meaningfully to a patient who herself understood the import of pain and illness and the opportunity these phenomena represent. Nonetheless, a communal acknowledgment of this meaning on the part of care-givers reflects a Bioethics imbued by Christianity.

Similarly, just as Jesus shed His blood for others, those familiar with a Christian bioethics will give their own blood for patients. One can imagine a sodality or Christian fellowship – it would be surprising if one does not exist somewhere – that encourages the regular giving of blood to the local blood bank in imitation of Christ's shedding of His blood on our behalf.⁶ Such a sodality

⁶Perhaps named *Sanguis Christe*, in Texan manner. In my undergraduate years one faithful Jesuit priest, Father Thomas Aquinas McGovern, S.J., inconspicuously and regularly gave his blood in imitation of Christ's shedding of His Blood. Certainly, there must be many Christians who think of Jesus example when they do give blood. Yet, one would think it would rise to a more conscious and

would encourage Christians to imitate Christ, perhaps setting aside special days on which to give blood in conjunction with the liturgical calendar, such as on Good Friday, or on Fridays during the year, in commemoration of Christ's death.

Finally, a Christian Bioethics will also support and advocate the donation of vital bodily organs upon one's death as a sharing of the precious gift of life. Just as Jesus gave His life, so a serious follower of a Christian Bioethics would be willing to donate his organs and corpse so that others might live. Indeed, one would think that organ donation would be embraced by the Christian Churches and seen as an act of distinctively Christian charity. Such organ donation might be made liturgical at the Rite of Christian burial at which the deceased's act of donation would be recognized as a foreshadowing of Christ's bringing life from death, just as the organ donor's act brings life from the sorrow of his death.

In conclusion, given its unique abilities to apprehend the human being as a patient and, thereby, to distinguish disease as a symptom from disease as basic phenomenon, thinkers sensibly propose a Christian Bioethics. Moreover, such a bioethics clearly makes specific medical acts more meaningful by incorporating them into Christian worship.

organized level at which the giving of blood could become a sacramental, like the wearing of a medal or blessing oneself with holy water upon entering a church.