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## **The Devil in the Details: A Response to McCarthy, Homan, and Rozier**

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ABSTRACT: McCarthy et al.'s proposal gains much of its plausibility by relying on a superficial treatment of justice, human dignity, sin, and the common good within the Christian tradition. Upon closer inspection of what these terms mean within the context of Christianity, it becomes clear that despite using the same phrases (e.g., a commitment to "protecting vulnerable populations," the goal of "promoting justice," etc.) contemporary secular bioethical goals are often deeply at odds with goals of Christian bioethics. So, while the authors are right that there is room for dialogue (and even agreement) concerning *general* moral principles, the process of specification and application of these principles will often be heavily influenced by competing ethical traditions. Such divergent influences will often frustrate cooperative ventures between secular and religious bioethical projects. Thus, when put into action, McCarthy et al.'s proposal will—at best—produce a divided kingdom; one that cannot hope to stand.

KEYWORDS: anthropology, religion, secular ethics, research ethics, public health, personhood

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## INTRODUCTION

McCarthy et al. (forthcoming) argue that secular bioethics should engage with Christian theology. Superficially, their proposal is promising. But problems lie beneath the surface. First, Christian concepts (e.g., “human dignity,” “sin,” and “the common good”) cannot be transferred into secular contexts. Doing so destroys them. Second, securing agreement on general principles—like, “society should promote *the common good*”—is easy. Securing agreement on specification and application of general principles is not. Hence, cooperation between Christians and secular parties will often dissolve when discussions of general principles transition to putting those principles into action. In practice, therefore, the authors’ proposal generates a divided kingdom; one that cannot hope to stand.

### UPROOTING CHRISTIAN CONCEPTS DESTROYS THEM

First, for Christians, “human dignity” is the “inherent equality endowed to all of us by God,” consideration of which motivates correction of “injustices and inequalities” while emphasizing the need to care for “marginalized” populations (5-6). Considering “dignity” encourages secular bioethicists to see people as more than clusters of rights and to restructure society in ways that better respect human beings. Securing agreement on general claims (like “respect human beings”) is easy but securing agreement on the *meaning* of these claims is not. For instance, Christians who insist that all humans have dignity *cannot* accept that access to safe abortion is a matter of justice or means of protecting the vulnerable (World Health Organization, 2020). Rather, abortion is *unjust* and involves *destroying* vulnerable populations. “Human dignity”—used by bioethicists who defend abortion rights—differs from Christian concepts. Such bioethicists may object, claiming the Christian concept of “human dignity” merely applies to some—not all—individuals. This objection demonstrates that the Christian concept differs in content from its secular counterpart, however. By definition, the Christian concept is unlimited, applying to all human beings (regardless of age, function, etc.). Concepts *limited* in scope, therefore, differ *by definition*. Call this the “Extension Problem”: presently, the extension of “human dignity” changes when the concept moves from Christian to secular contexts. Reflection on the *actual* Christian concept of “human dignity,” therefore, leaves secular bioethicists with two choices: Accept the Christian concept and revise dominant secular moral norms *or* deprive the Christian concept of its core content. Option one, contrary to McCarthy et al.’s claim, requires that many secular bioethicists abandon their beliefs (19). Option two guarantees conflict between Christians and secular parties, rendering false the claim that importing Christian concepts into secular contexts is “compatible with existing goals” of secular bioethics (18).

Second, for Christians, sin “results in a distortion of one’s relationship with God and with others” (7). Such distortions materialize as “injustice, inequality, or disparity” (6). Consideration of “sin,” moreover, “encourages self-reflection and self-critique” (7). Since injustice and inequality stem from distorted relations, considering these distortions fosters reflection on “what needs to be done in order for better alternatives to be actualized” (7). For Christians, however, distortions in creature-creature relations entail distortions in the God-creature relation. *Solutions* to these distortions, therefore, must address *both*. Call this the “Redemption Problem.” Sin cannot be overcome by political innovation, restructuring of society, or ingenuity of fallen human beings. Rather, sin is overcome only through God’s redemptive action. Reflection on sin should, therefore,

invite one to turn to God, not oneself. Worse, Christians who encourage secular parties to dwell on sin *so that they might figure out how to overcome it* knowingly send them on fool's errands. This is unjustifiable. Regardless, insofar as sin entails a distortion in the God-creature relation—and sin is only overcome by God's redemptive action—"sin" in secular contexts (which may be overcome by human action) differs significantly from the Christian concept.

Third, Christians promote working "towards a common good" (8). For McCarthy et al., thinking about "the common good" invites secular bioethicists to consider "what type of human community we want to become" (7). Promoting "the common good," however, is only as good as the phrase's referent. History teaches, for instance, that promoting "the common good," might (*wrongly*) be said to require killing of populations deemed to be "burdens" on society (Lifton, 2000, 84). Christians should *not* encourage secular societies to become more effective in pursuing such a "common good." So, which ends are *truly good*? The Christian answer is not pluralistic. Call this the "Transcendental Problem." Truth, beauty, and goodness are neither malleable nor negotiable; they just *are*, regardless of whatever we *want*. Considering what kind of community we *want* to become, therefore, is a bad place to start. Instead, Christians should focus attention on the community we *ought* to become. Here, a familiar dilemma returns: Secular society must accept the content-full Christian concept of "the common good" *or* construct its own concept. On option one, the Christian sphere absorbs the secular and, contra McCarthy et al., secular parties must surrender their beliefs (19). On option two, the Christian "common good" *must* be deprived of its core content which, contra the authors, reveals it to be incompatible with the goals of contemporary secular bioethics (18).

## THE CHRISTIAN AND THE SECULAR MUST CLASH

Relevant Christian concepts cannot survive transfer into secular contexts, so the authors' *application* of those concepts—to clinical, research, and public health ethics—is disrupted. Consider each in turn.

First, clinical ethics. Beauchamp and Childress's (2012) principlism often influences clinical ethical decision-making (especially their principle of autonomy) (9-10). Unfortunately, autonomy often dominates all other principles (9). Importing Christian concepts of "human dignity" and "the common good" may *check* patient autonomy (10-11). When honoring autonomy undermines others' dignity (or the common good), for example, it may justifiably be overridden. The Transcendental Problem returns, however. "The common good" is content-full within Christianity but loses its content when secularized. What, then, is "the common good" within secular contexts? Establishment of a canonical, secular "common good" has failed (Engelhardt, 1996, 8). Whatever the secular term's referent, therefore, it will be some *particular* moral vision, no more justified than alternatives (Engelhardt, 1996, 42). Overriding patient autonomy to promote society's vision of "the common good" would, therefore, wrongfully advance as authoritative a particular (non-universal) morality (Colgrove, forthcoming). Insofar as this "common good" deviates from the *true* good, Christians must resist it. So, when third parties (like clinicians) override the autonomy of individual patients in the name of secular society's "common good," conflict follows, especially from whomever *rejects* the moral vision secular society treats as authoritative for the moment (Colgrove and Evans, 2019).

Second, regarding research ethics: “human dignity” invites secular parties to restructure research in ways that prevent inequality concerning whose health is promoted (13). “Sin,” moreover, encourages consideration of “continuing pattern[s] of decision making” giving rise to injustice and inequality (14). Secular parties, ultimately, are led to restructure research practices to better promote “flourishing of all” (14). Restructuring research to better serve vulnerable populations is laudable, though the Extension Problem obviously looms large. The Redemption Problem returns as well: Christians encouraging secular parties to dwell on sin—as though *they* can overcome it—is unjustifiable. Additionally, promoting “flourishing of all” is commendable, but “flourishing,” for Christians, is not solely *meeting material and medical needs*. Instead, flourishing requires a proper God-creature relation. To promote flourishing, therefore, Christians must promote *both* proper creature-creature and God-creature relations. Naturally, secular parties reject the latter component. Divergent accounts of “flourishing,” therefore, generate unavoidable conflict between Christian and secular spheres (even when all agree *we should promote flourishing*).

Finally, public health discussions have stalled on the question: “Which is more important: the right to health or the right to be free from coercion?” (15). McCarthy et al. claim Christian concepts replace “rights-talk” with discussion of whatever individuals need to flourish. The authors likely trade one stalemate for another, however, shifting debate about which rights are more important to debate about what “flourishing” means. The secular sphere, after all, has yet to produce a canonical account of human flourishing (Engelhardt, 1996, 13-14). And the meaning of “flourishing” must differ between Christian and secular spheres, since (for Christians) restoration of the God-creature relation is essential for flourishing. These differences should concern Christians too, since—though all agree flourishing should be promoted—the secular world seeks flourishing in the wrong places. What Christians *must not* do is encourage secular parties to continue such hopeless pursuits.

## CONCLUSION

McCarthy et al. face a dilemma: Encourage secular parties to import genuine, content-full Christian concepts into secular space or encourage them to eviscerate those concepts. Option one eliminates the secular sphere and undermines the authors’ claim that importing Christian concepts doesn’t threaten secular parties’ prior beliefs (19). Option two generates Extension, Redemption, and Transcendental Problems, showing that (contra McCarthy et al.), genuine Christian concepts are *incompatible* with current secular bioethical goals (18). The authors’ proposal, therefore, should issue two warnings. First, to secular parties: Buyer beware. Unaltered, content-full Christian concepts demand submission to an inalterable good. Second, to Christians: Your concepts cannot survive transfer into secular contexts; secular parties using Christian concepts use them *equivocally*. Hence, though McCarthy et al.’s proposal is promising at first glance, the devil is in the details.

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