Bioethics Studies in Catholic Higher Education

by Marie T. Hilliard, JCL, Ph.D., RN

June 2011

A Policy Series Guided by the Principles of Ex corde Ecclesiae

About the Author

Dr. Hilliard holds graduate degrees in maternal-child health nursing, religious studies, canon law and professional higher education administration (former tenured Division Chair in Catholic Higher Education). She has an extensive professional background in medical ethics and public policy and advocacy (former Director of the Connecticut Catholic Conference). She is a registered nurse who has been substantially involved in health care regulation at the state and national levels for twelve years (former Executive Officer, Connecticut Board of Examiners for Nursing; Area IV Director, The National Council of State Boards of Nursing). In addition, she is a canon lawyer and serves as a resource for the United States bishops on the implementation of the Ethical and Religious Directives for Catholic Health Care Services as well as Church-state relations.

The author wishes to express her appreciation to Dr. Stephen Napier, Ph.D., Staff Ethicist, National Catholic Bioethics Center, for his assistance with this paper.

Executive Summary

This paper examines contemporary Catholic higher education and its unique role in preparing graduates, grounded in natural moral law, to respond to the increasing bioethical questions of the day.

The importance of both administrators and faculty articulating and embracing the mission of Catholic higher education, as they prepare graduates for a culture of relativism, is presented.

Curricular objectives, content and teaching strategies are recommended to address the most relevant bioethical dilemmas of the day. Through an integrated approach to examining these dilemmas, as well as grounding in “core” content in philosophy and theology for all graduates regardless of discipline or concentration, are presented.

The interjection of government mandates into the void of bioethical resolutions is examined in relationship to the rights of conscience.

The paper concludes with examples of best practices, exemplifying the role of Catholic higher education as uniquely suited to advance the common good.
Bioethics Studies in Catholic Higher Education

by Marie T. Hilliard, JCL, Ph.D., RN

June 2011

This paper is available online at The Center for the Advancement of Catholic Higher Education’s website, www.CatholicHigherEd.org

About The Center

The Center for the Advancement of Catholic Higher Education (CACHE), a division of the nonprofit Cardinal Newman Society, advises and assists academic and religious leaders in efforts to strengthen the Catholic identity and academic quality of Catholic colleges and universities.

Copyright © 2008 - 2011 The Cardinal Newman Society. All Rights Reserved.

Permission to reprint is hereby granted provided no modifications are made to the text and it is identified as a product of The Center for the Advancement of Catholic Higher Education, The Cardinal Newman Society or both.

Note: the views expressed herein are those of the author and not necessarily those of The Center for the Advancement of Catholic Higher Education or The Cardinal Newman Society.
The goal of higher education is to prepare informed citizens to contribute to society in an effective manner, as participants as well as leaders. The nature of institutional sponsorship may dictate variances in the specific goals of higher education. Educational goals of state-sponsored institutions of higher education may include preparing “all students with the knowledge, skills, and credentials necessary to succeed in the workplace, in the community, in further education, in living enriched lives, and in being globally competent citizens.” Catholic higher education has a unique role in helping shape a society that respects natural moral law.

The secular relativism embraced by the American culture has raised more questions than answers for the participants in modern society. Increasingly, within all disciplines, the study of ethics, especially applied ethics, has become critically important to preparing students for the challenges of such a culture. Historically, a graduate of an institution of higher education had at least a foundation in philosophy, and graduates of religiously sponsored institutions received a grounding in the faith of the founding religious community. Further, despite the discipline in which the student concentrated, he or she acquired a liberal education that fostered intellectual reasoning and provided a framework for ethical decision making effective for contributing to society.

A Catholic higher education institution, particularly one grounded in the liberal arts, should prepare its students to have some facility in the theological and philosophical principles that can shape secular debates. This also should be true for those institutions and departments that prepare graduates within applied disciplines, even if only achieved through prerequisite core courses for their major areas of study. Consistent with canon law, each discipline should also include classes in theologically grounded applied principles (ethics) to enable students to integrate these principles within the disciplines they are studying. In this way, methods of ethical reasoning could be synthesized and applied within the particular disciplines for which

1 Indiana Commission for Higher Education, “Aspirations for Indiana Post Secondary Education: Student Success” (June 8, 2007).
6 Canon Law Society of America, Code of Canon Law: Latin–English Edition, New English Translation (Washington, D.C.: CLSA, 1999), Canon. 811 §2: “In individual Catholic universities, there are to be classes which especially treat those theological questions which are connected to the disciplines of their faculties.” Any further references to the canons will be from this source.
the student are being prepared. Most importantly, graduates of Catholic higher education should be prepared to assume a critical role in shaping a secular environment regarding respect for the human dignity of all persons, especially the vulnerable. This is one of the key aspects of Catholic bioethics education.

Today medical research and technological developments outpace our ability to address easily the bioethical questions that necessarily arise. Graduates of Catholic higher education, regardless of their fields of study, more than ever need to be academically prepared to address and shape the ensuing bioethical debates in our society. Graduates of Catholic colleges and universities should be prepared to:

- understand the impact of current scientific advances on society’s appreciation of the human person;
- identify trends in resolving bioethical dilemmas by means of governmental mandates;
- analyze current trends in bioethical politics impacting the public’s perceptions of current bioethical issues;
- approach these bioethical dilemmas in a manner consistent with natural moral law;
- and synthesize philosophical and theological foundations for the understanding of the dignity of the human person.

Faculty members not only need to be prepared to assume these educational challenges, but they also need to be committed to the mission and vision of the institutional sponsors. For theology faculty of Catholic institutions of higher education there is the additional requirement of the mandatum, first codified in canon law (can. 812) and subsequently reaffirmed in the apostolic constitution *Ex corde Ecclesiae* promulgated by Pope John Paul II in 1990. The mandatum aims to ensure that Catholic theologians “assent to Catholic doctrine according to the degree of authority with which it is taught.” Furthermore, consistent with canon law all faculties within Catholic higher education, especially those responsible for ethics courses, be they core or integrated courses, should respect the truths contained in natural moral law embraced by the Catholic Church (can. 810 §1):

§ 3. In ways appropriate to the different academic disciplines, all Catholic teachers are to be faithful to, and all other teachers are to respect, Catholic doctrine and morals in their research and teaching. In particular, Catholic theologians, aware that they fulfill a mandate received from the Church, are

---

to be faithful to the Magisterium of the Church as the authentic interpreter of Sacred Scripture and Sacred Tradition.\textsuperscript{10}

This paper, while not providing a curriculum framework for each discipline, will explore each of the challenges that professors at Catholic colleges and university face as they address some of the most disputed ethical questions of the day: embryonic stem cell research, assisted reproductive technologies, sexual assault protocols, transgender surgery, and care of those in the persistent vegetative state. Furthermore, this paper will identify the direction which Catholic higher education needs to take to ground its students in natural moral law, almost abandoned by today’s secular culture and its embrace of relativism. In this way graduates of Catholic higher education, regardless of their academic majors, can not only address the bioethical challenges they face but assume a critical role in resolving these challenges.

\textbf{Catholic Higher Education’s Unique Role in Shaping a Society Respectful of Natural Moral Law}

Pope Benedict XVI, in his address to Catholic educators during his 2008 visit to the United States, indicated how Catholic higher education plays a unique role in shaping a society respectful of natural moral law:

The Church’s primary mission of evangelization, in which educational institutions play a crucial role, is consonant with a nation’s fundamental aspiration to develop a society truly worthy of the human person’s dignity. …The Church’s mission, in fact, involves her in humanity’s struggle to arrive at truth. In articulating revealed truth she serves all members of society by purifying reason, ensuring that it remains open to the consideration of ultimate truths. Drawing upon divine wisdom, she sheds light on the foundation of human morality and ethics, and reminds all groups in society that it is not praxis that creates truth but truth that should serve as the basis of praxis.\textsuperscript{11}

Moral truth is grounded in natural moral law, which directs practice within the academic disciplines, including the applied disciplines such as bioethics. The \textit{Catechism of the Catholic Church} provides instruction on natural moral law:

Man participates in the wisdom and goodness of the Creator who gives him mastery over his acts and the ability to govern himself with a view to the true and the good. The natural law expresses the original moral sense which enables man to discern by reason the good and the evil, the truth and the lie: The natural law is written and engraved in the soul of each and every man,

\textsuperscript{10} Ibid, Part II, General Norms, Article 4, § 3.
\textsuperscript{11} Benedict XVI, \textit{Address to Catholic Educators} (Washington, DC: The Catholic University of America, April 17, 2008).
because it is human reason ordaining him to do good and forbidding him to sin... But this command of human reason would not have the force of law if it were not the voice and interpreter of a higher reason to which our spirit and our freedom must be submitted. (Leo XIII, Libertas praestantissimum, 597.)

Natural moral law is not invented and then passed on through universities. As Saint Paul tells us, natural moral law is written on the hearts of men. Aristotelian understanding of morality or the “good” demonstrates this reality. As Aristotle observed, virtue is natural to humans. Virtue is a perfection of one’s nature, achieved through contemplation and by acting reasonably on behalf of ends perceived as goods in pursuit of happiness. Saint Thomas Aquinas explicates these truths when he states that God is the ultimate source of happiness and that virtue, while revealed through revelation, is never contrary to reason.

Historically, society embraced these truths and the medical community codified them in practice standards. The Hippocratic Oath, now abandoned by most medical schools, reflected these standards: “I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan; and similarly I will not give a woman a pessary to cause an abortion.” The oath was hailed as a pro-life phenomenon, not only by John Paul II, but also secular anthropologists such as Margaret Mead:

For the first time in our tradition there was a complete separation between killing and curing. Throughout the primitive world the doctor and the sorcerer tended to be the same person. He with the power to kill and the power to cure... He who had the power to cure would necessarily also be able to kill.

With the Greeks, the distinction was made clear. One profession, the followers of Asclepius, were to be dedicated completely to life under all conditions.

---

13 United States Conference of Catholic Bishops, New American Bible (Washington, DC: 1991), Romans 2: 14-16: “For when the Gentiles who do not have the law by nature observe the prescriptions of the law, they are a law for themselves even though they do not have the law. They show that the demands of the law are written in their hearts, while their conscience also bears witness and their conflicting thoughts accuse or even defend them on the day when, according to my gospel, God will judge people’s hidden works through Christ Jesus.”
circumstances, regardless of rank, age, or intellect—the life of a slave, the life of an emperor, the life of a foreign man, the life of a defective child…

But society always is attempting to make the physician into a killer—to kill the defective child at birth, to leave the sleeping pills beside the bed of a cancer patient…\(^{18}\)

In fact, the leadership of the Catholic Hospital Association (CHA) initially was able to endorse the American College of Surgeons’ “Minimum Standard” (1919) as a code of ethics for Catholic hospitals. Rev. Charles B. Moulinier, SJ, CHA’s first president of the CHA, collaborated in the development of the “Minimum Standard.”\(^{19}\) This endeavor of the American College of Surgeons evolved into the Joint Commission on Accreditation of Healthcare Organizations in 1987, to which Catholic hospitals answer for accreditation today. However, very quickly it was recognized that Catholic health care required its own minimum standard. In 1921 CHA published its own set of requirements that established ethical standards for patient care while conforming to the “Minimum Standard.”\(^{20}\) Over the decades society began to embrace cultural relativism. Objective standards of morality in society and ethics in health care delivery were traded-in for the subjective standards of situation ethics,\(^{21}\) consequentialism\(^{22}\) and utilitarianism.\(^{23}\) Thus, it was not the Catholic Church that changed its understanding of professional obligations; society abandoned centuries of tradition that had protected the vulnerable from a redefinition of human dignity. By 1948,\(^{24}\) this necessitated Catholic health care to adopt its own ethical standards, consistent with the Catholic Church’s understanding of the good\(^{25}\) and the definition of the human person as a bearer of rights.\(^{26}\) The

---

\(^{18}\) Margaret Mead, Personal Correspondence, quoted in Maurice Levine, *Psychiatry and Ethics* (New York, G. Braziller, 1972), 324-25.


\(^{21}\) An ethical theory developed by an Episcopal priest Joseph Fletcher, who in 1966 published his ethical system in which there are no absolute laws other than the law of love [Agapē]. See Joseph Fletcher, *Situation Ethics: the New Morality* (Westminster: John Knox Press, 1997).

\(^{22}\) “Consequentialism, as its name suggests, is the view that normative properties depend only on consequences. This general approach can be applied at different levels to different normative properties of different kinds of things, but the most prominent example is consequentialism about the moral rightness of acts, which holds that whether an act is morally right depends only on the consequences of that act or of something related to that act, such as the motive behind the act or a general rule requiring acts of the same kind.” See Stanford University, *Stanford Encyclopedia of Philosophy* (Feb 9, 2006), http://plato.stanford.edu/entries/consequentialism/.

\(^{23}\) Utilitarianism is a form of consequentialism espoused by John Stuart Mill, in which the morality of actions is determined by the happiness each action brings to the greatest number of persons. See John Stuart Mill, “Utilitarianism,” *Fraser’s Magazine* (1861).

\(^{24}\) The *Ethical and Religious Directives for Catholic Hospitals* was published by the Catholic Hospital Association (now the Catholic Health Association) in 1948. See Charles E. Curran, *Catholic Moral Theology in the United States: A History* (Georgetown: Georgetown Univ. Press, 2008), p. 50.

current version of these standards, promulgated by the United States Conference of Catholic Bishops and adopted as particular law by each diocesan bishop, is the *Ethical and Religious Directives for Catholic Health Care Services*.

Phenomenal developments in medical technology have entered into a culture that has lost its rudder in terms of its obligations to the vulnerable. This is where the role of a Catholic university can have its greatest impact. The secular relativism embraced by contemporary American culture has raised more questions than answers, especially in the bioethical domain. Catholic university graduates who are grounded in philosophy, theology and applied bioethics regardless of their concentrations of study, are critically necessary for reclaiming a virtuous society, i.e., one that is natural to humans and grounded in natural moral law. As professionals, consumers of health care, and citizens who direct public policy, the potential contribution of Catholic university graduates to reshaping a society that is respectful of natural moral law is immeasurable.

**Bioethics Competencies of Graduates**

Graduates of Catholic institutions of higher education need to be able to dialogue meaningfully and contribute to resolving contemporary dilemmas concerning bioethics within a secular society. Regardless of the academic major, all graduates of Catholic higher education have a role to play not only in resolving the bioethical questions of the day, but also in shaping these bioethical debates. Before debating any bioethical question, graduates need to be able to identify the theological, philosophical, scientific, sociological and legal principles which guide the debates and provide direction to society. To do so requires an understanding of the aforementioned disciplines and the medical advances of the day, as well as a grounding in history pursuant to these very disciplines. When technological developments in medicine have outpaced society’s ability to answer ensuing bioethical questions, it is critical that graduates of Catholic colleges and universities have an accurate historical perspective of societal influences that impact and even create these bioethical dilemmas. Thus, all graduates of Catholic higher education need to be prepared for the five competencies cited in the introduction above.

Whether through an integrated approach within or among disciplines, within specific courses, or a combination of both, students will acquire the aforementioned competencies by gaining facility in the following areas. This creates obligations for faculty, faculty hiring practices, faculty retention and faculty development. The introduction above addressed the foundations of such obligations; the final section of this paper will provide more specific suggestions pursuant to these areas.

---

26 Each person has rights and duties that are universal and inviolable, and therefore inalienable. Personal dignity must be understood consistent with the fact that each person has been ransomed by the blood of Christ and heirs to eternal glory. See John XXIII, Encyclical *Pacem et Terris*, 11 April 1963 (English trans. in *The Pope Speaks*, 9 1963, 13-48), nn. 9, 10.

1st Competency: Understand the impact of current scientific developments on society’s appreciation of the human person.

Content

Discovery of Oral Contraceptives 28
Cybernetic, nanotechnologies, biotechnologies 29
Assisted reproductive technologies 30
Genetic therapies versus genetic engineering 31
Transhumanism 32
Embryonic cell research 33
Neonatology
Vaccine development; cell lines from aborted fetuses. 34
Organ transplantation and definitions of death
Rejection of aging
Advanced life support and persistent vegetative state 35
Faith and Reason 36 not faith versus reason
Human acts as moral acts 37

Teaching Strategy

Teaching methods should be tailored to the cognitive and affective levels 38 of each competency. Students need to understand fully the impact that scientific developments have on our understanding of the human person. Lecture/discussion and case studies, using current

33 DP.
examples from the content listed, are suited to developing this competency. For example, the discovery of the oral contraceptive has changed the understanding of the role of human sexuality in relationships, marriage, family and society, creating numerous ethical dilemmas related to the engendering of children. Focus on these issues can be integrated among a number of disciplines, such as the natural sciences, the social sciences and the humanities, including philosophy and religion. Understanding the impact of current scientific advances on society’s appreciation of the human person can be enhanced through case analyses, developing affective competencies such as valuing (belief systems, natural law, human dignity). Acquiring competencies, which can be exercised in real life situations, requires practice similar to that required of psychomotor domain competencies. For students in the applied disciplines (e.g., nursing), clinical experiences and pre- and post-conferencing discussions for those experiences, provide invaluable opportunities to develop competency in applying the knowledge they are acquiring.

2nd Competency: Identify trends in resolving bioethical dilemmas by means of governmental mandates.

Content

The First Amendment: what it really means
Judicial redefinition of Constitutional rights
The History of health care: A ministry or an industry
“Table of Legal Mandates, State by State”
Erosion of religious liberty through the courts
Efforts to restore religious liberty
Efforts of the Church to protect religious liberty
Federal role in protection of human subjects in research
Creation and enforcement of new “rights:” sexual orientation, gender identity, same-sex marriage, privacy as the foundation for the right to an abortion, the right to be parents, rights over the fetus, the right to die.

Teaching Strategy

45 Congregation for the Doctrine of the Faith, Declaration on Euthanasia (May 5, 1980).
Knowledge in the social sciences is involved in the cognitive task of being able to identify trends in resolving bioethical dilemmas by means of governmental mandates. Lecture/discussion and debates are suited to developing this student ability, by using current examples from the content listed. For example, the changing laws protecting sexual orientation have created mandates on employers, for example Catholic schools, which impact the constitutionally protected free exercise of religion. Legal mandates can cause the government to be the source of the violation of religious liberty, which government was created to protect. Focus on these issues can be integrated among a number of disciplines, such as the social sciences, particularly political science and communication, and the humanities, including philosophy and religion. Herein the cognitive ability to identify trends in resolving bioethical dilemmas by means of governmental mandates can be developed through case analyses and field experiences. These experiences can develop in the student affective competencies, such as responding and contributing as a citizen to resolving the political controversies about such mandates. For students in the applied disciplines (e.g., pre-law, law), internships with faculty oversight and conferencing provide tangible opportunities to witness government attempting to resolve an ethical debate through legal mandates.

3rd Competency: Propose resolutions to selected bioethical dilemmas in a manner consistent with natural moral law.

Content

Aristotle and the ethic of the good
Aquinas and natural moral law
Ethical theories: deontological and teleological
Ethical and Religious Directives for Catholic Health Care Services
Meaning of suffering
Ordinary (proportionate) versus extraordinary means (disproportionate to benefit)

46 The First Amendment of the U.S. Constitution states that Congress will make no law respecting a religious establishment. However, it immediately follows with a prohibition against violations of the free exercise of religion. These provisions have been described as the separation of church and state. See J. Berman, “The Religious Clauses of the First Amendment in Historical Perspective,” in Religion and Politics, ed. W. Laswon Taitte (Dallas: University of Texas Press, 1989).
48 Kraut.
49 Hardon.
50 Ethical theories are analytical methods or modes of philosophical reasoning used in ethical decision making. See Rita Jean Payton, “A Bioethical Program for Baccalaureate Nursing Students” in Ethics in Nursing Practice and Education, ed. American Nurses’ Association Committee on Ethics (Kansas City, MO: ANA, 1980) 57-58. Deontological theory is a broad category of ethical reasoning which recognizes the obligation to act in accordance with a universal principle without exception for circumstances. Teleological theory is a broad category of ethical reasoning which measures the rightness of an act by its consequences. See John Rawls, A Theory of Justice (Cambridge: Harvard University Press, 1971), p. 26.
51 U.S. Conference of Catholic Bishops, Ethical and Religious Directives for Catholic Health Care Services, 4th ed.
Cooperation in moral/immoral acts\(^\text{53}\)
Principle of double effect
Moral certitude

**Teaching Strategy**

Application of knowledge is involved in the cognitive task of being able to propose resolutions to selected bioethical dilemmas in a manner consistent with natural moral law. Case studies are suited to developing this ability in students, by using current examples from the media. For example, the use of abortion in a pregnancy in which there are multiple fetuses and fetal or maternal health, or both, are at risk, would be a challenging case study. Competency to propose ethical resolutions requires prerequisite knowledge in the content areas listed under this competency, particularly natural moral law. Herein the role of philosophy and theology, as prerequisite courses regardless of the student’s discipline, is critical. The cognitive ability to apply theological principles and philosophical reasoning can be enhanced through case analyses that develop affective competencies such as problem solving and concern for others. As stated earlier, acquiring cognitive and affective domain competencies, which can be exercised in real life situations, requires practice similar to that required of psychomotor domain competencies. For students in the applied disciplines (e.g., pre-medicine), clinical experiences and pre- and post-conferencing for those experiences, provide invaluable opportunities to develop competency in applying the knowledge they are acquiring.

4\(^\text{th}\) **Competency**: Analyze current trends in bioethical politics impacting the public’s perceptions of current bioethical issues.

**Content**

Extremes: secular relativism and theocracy; versus democracy and religious liberty\(^\text{54}\)
Managed care and health care costs
The Sexual Revolution and the Women’s Movement: changing views on human sexuality, human life and marriage
The embryo and fetus as a commodity/property
Growth of the homosexual, lesbian, bisexual and transgendered advocacy movement
Professional standards of practice and religious liberty
Role of Catholic laity\(^\text{55}\)

**Teaching Strategy**

The ability to analyze societal culture and its embrace of particular ethical theories (deontological, teleological, the ethic of the good, or natural moral law) is the requisite

---


\(^{54}\) Paul VI, Pastoral Constitution on the Church in the Modern World *Gaudium et Spes* (Dec 7, 1965).

cognitive task needed to analyze current trends in bioethical politics impacting the public’s perceptions of current bioethical issues. A secular relativism and a utilitarian economic frequently dictate public perception and thus direct bioethical politics. Cross-discipline case studies are suited to developing this higher level ability in students, by using current examples from the content listed. For example, a required team-taught interdisciplinary course could be required of all students. Faculty from philosophy, theology, political science, sociology and psychology could engage the students in problem-based instruction in such areas as gender equity, human rights and religious liberty. Herein the cognitive ability to analyze current trends in bioethical politics impacting the public’s perceptions of current bioethical issues can also facilitate the development of affective competencies such as the organization of a value system (philosophy of life). Again acquiring cognitive and affective domain competencies, which can be exercised in real life situations, requires practice similar to that required of psychomotor domain competencies. For students in the applied disciplines (e.g., bioethics, chaplaincy, law), internships with faculty oversight and conferencing for those experiences, provide invaluable opportunities to directly analyze the bioethical politics shaping public perceptions of current bioethical issues.

5th Competency: Synthesize philosophical and theological foundations for the understanding of the dignity of the human person.

Content

Human organisms versus human beings
Dualism
Human nature and the virtues
Person as object
Theology of the Body
Apportioning moral worth
Definitions of human dignity
Cooperation in moral/immoral acts

56 “The saving power of the truth is contested, and freedom alone, uprooted from any objectivity, is left to decide by itself what is good and what is evil. This relativism becomes, in the field of theology, a lack of trust in the wisdom of God, who guides man with the moral law. Concrete situations are unfavourably contrasted with the precepts of the moral law, nor is it any longer maintained that, when all is said and done, the law of God is always the one true good of man”. From John Paul II, Address to those taking part in the International Congress of Moral Theology (April 10, 1986), 1; Insegnamenti IX, 1 (1986), 970-971.


59 Gronlund, 30.


61 Hilliard, 127-142.
Teaching Strategy

The ability to integrate learning from a number of disciplines is the requisite cognitive task needed to synthesize philosophical and theological foundations for the understanding of the dignity of the human person. Regardless of the concentration of study, graduates need a solid grounding in philosophy and theology not only to contribute to contemporary society, but also to function in society effectively. Respect for human dignity, as explicated in natural moral law, enables one to engage the world with a consistent and predictable value system, demonstrating the affective competency of having a value complex. After the foundational core courses have been completed, the same cross-discipline case studies cited above are suited to developing this higher-level ability in students. Again, acquiring cognitive and affective domain competencies, which can be exercised in real life situations, requires practice similar to that required of psychomotor domain competencies. For students in all of the applied disciplines, clinical placements or internships with faculty oversight and conferencing for those experiences provide invaluable opportunities to synthesize the knowledge they are acquiring.

For all of the identified competencies and content, faculty from all disciplines need to be involved in enabling students to be successful. Whether through an integrated approach within or among disciplines, or within discrete courses, or ideally a combination of both methods, faculty must be able to guide students to these ends.

Current Bioethical Challenges

Phenomenal developments in medical technology have outpaced society’s ability to engage in a moral analysis of their impact on the human person and the commonweal. The rudder has become the utilitarian ethic within this void, endangering those who are seen as not contributing to society. These vulnerable human beings are frequently those who have no voice or no advocate.

Most interestingly, there are attempts to silence those who provide a voice for such vulnerable human beings. This is particularly true if those advocates speak from a faith-based perspective. The opposing outcry bases its arguments on a misrepresentation of the First Amendment, claiming violations of the separation of church and state. Thus, increasingly, the very government charged with the protection of religious liberty is being used to silence these advocates for the voiceless, violating the very rights government is charged to protect. As the constitutional scholar Stephen Carter stated, “The potential transformation of the Establishment Clause from a guardian of religious freedom into a guarantor of public secularism raises prospects at once dismal and dreadful.” Furthermore, those who refuse to engage in violating the human rights and dignity of the vulnerable are being coerced to do so by government mandates.

62 Gronlund, p. 30.
63 Stephen L. Carter, 122-123.
There have been efforts to assure the constitutionally protected rights of conscience. In December 2008 the United States Department of Health and Human Services (HHS) issued a final rule to ensure that HHS funds do not support practices or policies in violation of existing federal conscience protection laws. Very quickly, however, efforts to abrogate these rules were initiated, with seven state attorneys general joining the American Civil Liberties Union and Planned Parenthood, suing the federal government to accomplish this end. A significant number of members of Congress and President Barack Obama have advocated for passage of the federal Freedom of Choice Act, which will make abortion an entitlement. Thus, individual health care providers and Catholic health care agencies could be required to violate conscience and cooperate in the provision of abortions. The burgeoning list of such mandates is formidable, and how they impact the bioethical challenges at hand will be addressed in relationship to each respective area below.

Of great dismay is the fact that professional organizations, created to protect the professional practices of their members, are advocating for the violation of individual conscience in the provision of care. For example, the American College of Obstetricians and Gynecologists has advanced a policy which requires the violation of physicians’ consciences. They admonish that conscience only may be accommodated if first the duty to the patient is met; and even then physicians of conscience are required to refer patients to other providers who are willing to offer the morally illicit procedures. Such physicians of conscience are to locate their practices in proximity to these other providers, for easier access for their patients. Furthermore, in emergencies when a referral is impossible, the physician is to act against conscience. The American Medical Association’s Board of Trustees “supports legislation that would require individual pharmacists and pharmacy chains to fill legally valid prescriptions or to provide immediate referral to an appropriate alternative dispensing pharmacy without interference.”

What becomes increasingly apparent is that Catholic higher education can and should be a critical force in preparing citizens, and particularly professionals, who are capable of articulating and asserting not only their own rights in the face of such coercion, but the rights of the voiceless as well.

65 The 111th U.S. Congress considered reintroducing the 110th Congress’ Freedom of Choice Act, which in fact will take freedoms away from states and all Americans, prevent citizens from enacting even the most modest limitations on abortion, and force taxpayers to pay for abortions. See Freedom of Choice Act, S. 1173 and H. R. 1964, 110th Cong., 1st sess. (April 19, 2007).
67 American Medical Association’s Board of Trustees, “REPORT 2 OF THE BOARD OF TRUSTEES (A-08) Pharmacists’ Refusal to Fill Legally Valid Prescriptions (Reference Committee on Amendments to Constitution and Bylaws),” Proceedings (June 17, 2008), 3.
Assisted Reproductive Technologies

With the delay in parenting, brought on by widespread use of contraception in our society, more persons find themselves beyond the age of maximum fertility when they decide to become parents. The average age of American women having their first child has increased from 21 years of age in 1970 to 24.9 years of age in 2000. The peak of female fertility occurs before age 30. Approximately two percent of women of childbearing age in the United States had an infertility-related medical appointment in 2002. Furthermore, individuals are choosing to be single parents, and homosexual couples are seeking parenthood by engaging assisted reproductive technologies, resulting in a separation of the marital conjugal act from the engendering of children.

In 1987 the Congregation for the Doctrine of the Faith provided moral guidance to married couples seeking medical assistance with their fertility with its instruction *Donum Vitae* (*DV*). This instruction addressed the evolving questions of the day concerning respect for the origin of human life and the dignity of procreation. *DV* elucidated two fundamental values connected with assisted reproductive technologies: “the life of the human being called into existence and the special nature of the transmission of human life in marriage.” It condemned heterologous technologies (use of sperm or egg from at least one donor other than the married spouses) while providing moral guidance for homologous technologies, including criteria to be used to evaluate the moral legitimacy of such therapies. Citing Pius XII, *DV* instructed, “A medical intervention respects the dignity of persons when it seeks to assist the conjugal act either in order to facilitate its performance or in order to enable it to achieve its objective once it has been normally performed.” *DV* continued:

On the other hand, it sometimes happens that a medical procedure technologically replaces the conjugal act in order to obtain a procreation which is neither its result nor its fruit. In this case the medical act is not, as it should be, at the service of conjugal union but rather appropriates to itself the

---

68 United States Senate, Joint Economic Committee, “Fact Sheet: Investing in Raising Children” (February 2007), http://www.senate.gov/general/search/search_cfm.cfm?q=average+age+children&x=0&y=0&site=default_collection&num=10&filter=0.
72 *Donum Vitae*.
74 *Donum Vitae*, II.
75 Pius XII, “Discourse to those taking part in the 4th International Congress of Catholic Doctors” (September 29, 1949), AAS 41 (1949), 560.
procreative function and thus contradicts the dignity and the inalienable rights of the spouses and of the child to be born.\textsuperscript{76}

\textit{DV} anticipated the abuses perpetuated on the human embryo (to be addressed in the next section) when it spoke against non-therapeutic human research on the embryo and fetus, and eugenic prenatal diagnosis. (I. 2.) Finally, the instruction called for all persons to be involved in assuring that civil law is reflective of moral law:

All men of good will must commit themselves, particularly within their professional field and in the exercise of their civil rights, to ensuring the reform of morally unacceptable civil laws and the correction of illicit practices. In addition, “conscientious objection” vis-a-vis such laws must be supported and recognized.\textsuperscript{77}

\textit{In vitro} fertilization opened the flood gates of abuse of the human embryo, from pre-implantation genetic diagnosis to unscrupulous multiple gestations, abortion, the creation of human-animal hybrids, and the legitimization of non-therapeutic fatal research on the “spare” embryos left un-implanted by their parents. Persons of goodwill sought to intervene and rescue the abandoned embryos through prenatal embryo adoption. Most notably, the Snowflake Program provided organized and life protecting methods for married couples to adopt, implant, gestate and raise these embryos into adulthood.\textsuperscript{78} Since this involved the condemned heterologous implantation of abandoned embryos, a dilemma was raised: was it morally licit to save the lives of these embryos through embryo adoption?

In 2008 the Congregation for the Doctrine of the Faith issued \textit{Dignitas Personae} (\textit{DP}). \textit{DP} provided new guidance in the areas of techniques for assisting fertility, new forms of interception and contragestation, gene therapy, human cloning, the therapeutic use of stem cells, attempts at hybridization, and the use of human “biological material” of illicit origin. It provided more specificity pertaining to the illicit nature of certain assisted reproductive technologies, e.g., \textit{in vitro} fertilization, intracytoplasmic sperm injection (ICSI), freezing of oocytes, pre-implantation diagnosis, the reduction (abortion) of embryos in multiple gestations, and the freezing of embryos (and the dilemma of their futures). Specifically, while not condemning embryo adoption, \textit{DP} did not affirm it as morally licit:

The proposal that these embryos could be put at the disposal of infertile couples as a treatment for infertility is not ethically acceptable for the same reasons which make artificial heterologous procreation illicit as well as any form of surrogate motherhood; [\textit{DV} II, A, 1-3] this practice would also lead to other problems of a medical, psychological and legal nature.

It has also been proposed, solely in order to allow human beings to be born who are otherwise condemned to destruction, that there could be a form of

\textsuperscript{76} \textit{Donum Vitae}, II, B, N. 7.
\textsuperscript{77} \textit{Donum Vitae}, III.
\textsuperscript{78} See Nightlight Christian Adoptions at http://www.nightlight.org/snowflakeadoption.htm.
“prenatal adoption”. This proposal, praiseworthy with regard to the intention of respecting and defending human life, presents however various problems not dissimilar to those mentioned above.79

Similar to DV, DP calls for action stating that there is an “urgent need to mobilize consciences in favour of life.”80 Assisted reproductive technology has been one focus for legislative and judicial mandates impacting conscience. Increasingly state legislatures are requiring employers to provide insurance coverage for in vitro fertilization in employee health plans. Furthermore, the courts are dictating the violation of the physician’s conscience in providing these technologies to patients. In August 2007, the California Supreme Court ruled that the anti-discrimination rights of an infertile lesbian take precedence over the religious liberty of physicians who had limited their in vitro fertilization practice to married heterosexual couples.81 Catholic higher education should play a major role in awakening and forming consciences to contemporary and evolving moral dilemmas and equipping future citizens, professionals and scholars to address these dilemmas personally as well as in the public square.

Embryonic Stem Cell Research

The first embryonic stem cell was not extracted until 1998,82 eleven years after DV. Although animal cloning was first successful in 1996 with the cloning of Dolly the sheep,83 cloning of a human embryo was not achieved until 2001.84 Thus, while DV condemned non-therapeutic research on the human embryo and fetus, embryonic stem cell research and human cloning remained unaddressed. As the search increased for embryonic stem cells that would not cause rejection in their recipients, human cloning was seen as the answer. The creation and destruction of human embryos for research was justified.

DP clearly addresses this violation of human life:

Human cloning is intrinsically illicit in that, by taking the ethical negativity of techniques of artificial fertilization to their extreme, it seeks to give rise to a new human being without a connection to the act of reciprocal self-giving between

79 Dignitas Personae, N. 19.
80 Ibid, N. 35.
81 North Coast Women’s Care Medical Group, Inc., et al., v. San Diego County Superior Court, California Supreme Court (Super. Ct. No. GIC770165, 18 August 2008).
the spouses and, more radically, without any link to sexuality. This leads to manipulation and abuses gravely injurious to human dignity. [DV I, 6]^{85}

In less than a quarter of a century since DV, the speculated-upon Brave New World has become a reality.^{86} Despite the historic protections in federal law of the embryo, efforts have been successful in dehumanizing the embryo, erroneously calling the creation and destruction of the embryo with the support of tax dollars not only acceptable, but laudable. Where this has occurred, such public funding has placed a mandate on citizens, requiring the support this intrinsic evil with tax dollars.

Historically Congress has provided the same protection to the embryo and fetus as is provided to an infant. In 1975 the federal government established federal regulations for the protection of human embryos from the time of implantation in the womb.^{87} In 1985 Congress further clarified this standard by amending the National Institutes of Health reauthorization act providing research protections that are “the same for fetuses which are intended to be aborted and fetuses which are intended to be carried to term.”^{88} In 1996 Congress passed legislation to provide the same protections to the embryo; the Dickey-Wicker Amendment stated that federal funds are not to be used for the creation of human embryos for research purposes or for research in which embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero. The ban defined “human embryo or embryos” as including any organism that is derived by fertilization, parthenogenesis, cloning or any other means from one or more human gametes (sperm or egg.).^{89}

Yet federal protections are being eroded, and state legislatures are funding embryonic stem cell research in the name of economic development. This is despite the fact that embryonic stem cell research in humans has not been demonstrated to be clinically effective in humans. The ethical stem cell alternatives using adult sources of stem cells (including umbilical cord blood, amniotic fluid and placental sources) successfully have treated thousands of patients, from those with cardiac disease and pediatric brain tumors to the widely-known successes with blood diseases. Scientists have demonstrated that they are able to induce pluripotent stem cells from somatic cells without creating or destroying human embryos.^{90} All of these morally licit methods can obviate the problem of tissue rejection.

---

85 Dignitas Personae, 28.
87 Subpart B of 45 CFR Part 46, 45 CFR §46. 201 et seq.
88 42 USC §289g.
89 45 C. F. R. 46.208(a) (2) and 42 U. S. C. § 289g (b).
90 S. Yamanaka, et al, “Generation of germline-competent induced pluripotent stem cells,” Nature 448 (2007), 313-7. DP did not address IPS. It did reiterate the prohibitions in Evangelium vitae, N. 60, concerning interventions in which “the mere probability that a human person is involved” (such as human parthenogenesis, altered nuclear transfer and oocyte assisted reprogramming). See DP, N. 30.
More fundamentally, however, government must respect and protect human life regardless of any utilitarian scientific advance. It cannot single out certain human beings as disposable, simply because their parents or society in general do not want them.

*DP* addressed this discrimination against embryos, abandoned to fatal research by their parents after pre-implantation diagnosis labeled the embryos unsuitable:

> By treating the human embryo as mere “laboratory material”, the concept itself of human dignity is also subjected to alteration and discrimination. Dignity belongs equally to every single human being, irrespective of his parents’ desires, his social condition, educational formation or level of physical development.91

Catholic higher education can be of substantial assistance in demythologizing these public policy debates. Legislatures and the public have been misled by technical terminology into believing that falsely-labeled cloning bans actually ban cloning, when in fact they allow (and in many cases fund) the creation of human embryos for research and destruction. New and false terminologies, such as “pre-embryo,” have been created to deceive the public into believing that the embryo is not a human being. Those educated in the sciences, grounded in truth and natural law, not only can expose these falsehoods but also can articulate the resulting assault on the common good.

**Sexual Assault Protocols**

In 2006 the United States Food and Drug Administration (FDA) approved the dispensing of emergency contraception, *Plan B*, by a pharmacist without a prescription to male and female adults. In 2009, the FDA lowered the age to from adulthood to 17 years of age.92 A number of states also promulgated legal provisions pertaining to pharmacist dispensing of emergency contraception.

Only a few states provide a pharmacist refusal provision based on conscience. When such provisions do exist, they are tenuous at best and require some mechanism for timely alternative access to emergency contraception. Increasingly, state legislatures mandate that emergency departments provide information about administration of, or arrangement for transportation to another facility for, emergency contraception to victims of sexual assault even when there is an indication that the medication could impede implantation of an engendered embryo.

91 *Dignitas Personae*, N. 22.
State statutory conscience exemptions for such requirements are nearly non-existent. This is extremely problematic, particularly since the recent instruction of the Congregation for the Doctrine of the Faith, *Dignitas Personae* states:

It is true that there is not always complete knowledge of the way that different pharmaceuticals operate, but scientific studies indicate that *the effect of inhibiting implantation is certainly present*, even if this does not mean that such interceptives [intrauterine device and “morning-after pills”] cause an abortion every time they are used, also because conception does not occur after every act of sexual intercourse. It must be noted, however, that anyone who seeks to prevent the implantation of an embryo which may possibly have been conceived and who therefore either requests or prescribes such a pharmaceutical, generally intends abortion.⁹³

Catholic health care has been in the forefront of compassionate care in the treatment of sexual assault victims. In fact, due to the possibility that treatment can impact two victims (the woman assaulted and the human being potentially being engendered), Catholic hospitals had holistic policies in place long before secular hospitals. Such policies include physical, psychological, spiritual and forensic parameters of care.⁹⁴

The health care provider, however, must achieve the moral certitude, through appropriate testing, that the object of preventing ovulation with each administration of the emergency contraceptive can be achieved, rather than a potential post fertilization effect. By not testing to achieve the moral certitude that fertilization can be prevented when administering the emergency contraception, the health care provider could engage in immediate material cooperation with those intending the intrinsic evil of abortion. This would be true if the administration of emergency contraception is upon the request of the victim, or in response to a mandate from government, either of whose intentions are to prevent implantation of the embryo if fertilization cannot be prevented.⁹⁵

State legislatures are dictating health care protocols that demand administration of emergency contraception without allowing for diagnostic testing to determine what effect the medication will have on the particular patient in question. This is not only a violation of conscience, but also the violation of informed consent as well as sound medical practice.

In situations such as these, informed citizens, consumers and professionals are key to informing the general population of the dangers of a constitutional government that violates its own constitution, by selecting which powerful groups are granted favoured status, e.g., those demanding reproductive “rights” over the rights of religious liberty. To articulate these constitutional violations requires some sophistication in a climate that does not want citizens to

---

⁹³ *Dignitas Personae*, N. 23.
be confused by the facts. Catholic higher education is known for its pursuit of truth through scholarship and is well suited to accomplishing this end.

Transgender Surgery

The sexual culture is being defined by an international movement that equates all human sexuality as a “good,” regardless of whether it involves acts that are heterosexual, homosexual, lesbian, bi-sexual, transgendered, within marriage or non-monogamous. Such a philosophy radically redefines the nature of human sexuality, divorcing its proper unitive and procreative purposes. The societal role of heterosexual marriage and the children it begets is becoming marginalized, equated to all other unions in which people choose to engage. Numerous permutations of “marital rights” are being legislated, with corresponding obligations on others: reciprocal beneficiaries, domestic partnerships, civil unions and same-sex marriage.

There are new “rights” also being extended through what are called “gender identity” laws. All states prohibit discrimination based on gender. Thus, the newer “gender identity” legislative protections are being promoted in such a way that any attempt to allow for religious exemptions is being labeled a violation of civil rights. These new legal categories of relationships and behaviors are being legislated as “protected classes” equal to race, color, religion, sex or national origin and increasingly taking precedence over the rights of religious liberty. An example of this is the loss of the New Jersey tax-exempt status by a Methodist-sponsored camp ground which refused to allow a same-sex union ceremony in its marriage pavilion.

The implications for employers and providers of services are significant. Gender identity “protections” could require employers such as Catholic schools to allow the first grade teacher to be identified as Ms. Jones on Monday and Mr. Jones on Tuesday, with respective appearances to match the identity. Furthermore, in the delivery of health care services, mandates pursuant to transgender surgery already have been faced by Catholic providers. Some states expressly prohibit discrimination against same-sex couples in adoption policies. This has had a significant impact on the ability of diocesan Catholic Charities to provide adoption services; for example, in March 2006 after 100 years of providing adoption services, Catholic Charities of Boston had to cease such services rather than comply with this mandate. More recently Catholic Charities of Worcester experienced the same fate.


98 Charlene Hastings vs. Seton Medical Center et al, Superior Court of California, County of San Francisco (CGC-07-470336, 20 Sept 2008).
Here, again, one of the major roles of Catholic higher education is to prepare graduates who are able and willing to articulate the moral and legal principles involved when legally created rights conflict. Those responsible for developing social policies need to have an appreciation that a viable society must be grounded in natural law. Furthermore, and perhaps most importantly, graduates of Catholic higher education need to be able to shape these debates consistent with the truth that natural moral law is not a religious belief, but a practical reality the acknowledgement and acceptance of which allows a society to survive.

Care of Those in a Persistent Vegetative State

The case of Terri Schiavo brought the issue of care of persons in a persistent vegetative state into the public domain.99 Much of the controversy surrounded whether or not her wishes concerning her care were being respected, especially since she had no advanced directive.100 Another controversy surrounded whether or not she truly was in a vegetative state. Politicians and judges and advocates for “death with dignity” and the “right to life” became involved with this case. The central question was whether Mrs. Schiavo had given her consent to the continuance of assisted nutrition and hydration, which were keeping her alive.

Regardless of the answers to these questions, there are fundamental moral principles operable in providing assisted nutrition and hydration to those in a persistent vegetative state. These principles were explicated in a response from the Vatican’s Congregation for the Doctrine of the Faith (CDF) to a dubium from the United States Conference of Catholic Bishops. This response was not addressed to any one patient situation, but did address the moral questions generated by the Schiavo case. Specifically, the response stated:

The administration of food and water even by artificial means is, in principle, an ordinary and proportionate means of preserving life. It is therefore obligatory to the extent to which, and for as long as, it is shown to accomplish its proper finality, which is the hydration and nourishment of the patient. In this way suffering and death by starvation and dehydration are prevented...

A patient in a “permanent vegetative state” is a person with fundamental human dignity and must, therefore, receive ordinary and proportionate care

---

which includes, in principle, the administration of water and food even by artificial means.101

Society has embarked on the slippery slope of situation ethics, equating a person’s ability to lead what others determine is a “meaningful life” to human dignity. Human dignity is a redundant phase; such dignity is innate and synonymous with being human. It cannot be lost or taken away. Yet studies show that those who request physician assisted suicide fear the loss of such dignity.102 This translates into not wanting to be a burden and thus rejected by loved ones. The societal impact is significant. In jurisdictions where assisted suicide has become accepted policy, such as the Netherlands, there now is the provision for euthanasia for those who cannot consent, such as disabled infants.103

Public policy should be in the hands of the public, but an informed public which has been given all of the truths and the skills to uncover the truth, needed for shaping policies that impact the public good. Education focused only on the “how” and not the “why” has led to the ethical dilemmas of the day, be they biomedical, economic or social. This is where Catholic higher education, using an integrated theological and philosophical approach to ethics education, can be of immeasurable service to the commonweal. Below this paper will address more specific suggestions pursuant to these areas, concluding with a discussion of best practices.

Social Politics Impacting Bioethics Education

The fruits of the civil rights movement are good and bountiful in so many ways. The Civil Rights Act of 1964 made it illegal to discriminate against persons based on race, color, religion, sex or national origin. Incrementally, federal legislation was passed to protect other classes of persons facing discrimination, e.g., the 1968 Fair Housing Act added familial status and people with disabilities to such protected classes.104 Initially, these laws may have forced persons to change immoral and inhumane behaviors toward others, but eventually the changes in behaviors and associations led to positive changes in perceptions and beliefs. For the first time in history, with the election of Barack Obama, we have a president of the United States whose father was African and whose mother was Caucasian. Two women were advanced by

102 The ten year study of assisted suicide in the state of Oregon, reported by the American Medical Association indicates that 81.6% of those who chose to end their lives reported fear of losing their “dignity.” See Kevin B. O’Reilly, “Oregon still stands alone: Ten Years of physician-assisted suicide,” AMNews (May 12, 2008).
104 Sec. 800. [42 U.S.C. 3601 note] Short Title.
their political parties for nomination or as a candidate for president or vice-president of the United States.\textsuperscript{105} The willingness of society to embrace diversity is palpable.

However, the civil rights movement has been hijacked by those attempting to advance their own cultural agendas which will redefine society as we know it. With these new agendas, non-discrimination only applies to those having the power to control the agenda. Thus the unborn human being with a disability who cannot speak for herself has no power and no rights. Those advocating for these vulnerable human beings become labeled as religious fanatics. Thus religion becomes marginalized and in effect the object of discrimination.

Case law is pitting religious liberty, supposedly constitutionally protected, against an increasing state interest in fostering equality between the sexes.\textsuperscript{106} Most alarmingly, gender identity is redefined to mean anything one chooses it to be at any time, and marriage and family are also so redefined.\textsuperscript{107} Again, any group advocating for maintaining heterosexual marriage and family as the social institution that is the fabric of society from its origin is labeled a bigot.

Health care professionals who wish to exercise conscience in the delivery of health care are labeled discriminatory. In fact they often are impeded from invoking their consciences in the exercise of their professions.\textsuperscript{108} Laws are advanced, such as the federal Freedom of Choice Act, with language that is a misnomer; the only free choices that will be protected are those choices which will violate the lives of the vulnerable.\textsuperscript{109} Conscience protections for health care professionals, enshrined in federal law since the 1973 Church amendments,\textsuperscript{110} are in jeopardy.

This is where the role of Catholic higher education enters: to help the future shapers of society to sort through the rhetoric, the misuse of terminology (deliberate and otherwise), and the misinterpretation of the federal and state constitutions which allow for the violation of human life, the Hippocratic practice of medicine and the role of marriage and family in society.

\textsuperscript{105} In 2008 the Republican nominee for vice-president of the United States was Sarah Palin; a major Democrat party candidate for nomination as president was Hillary Rodem Clinton.

\textsuperscript{106} See Catholic Charities of the Diocese of Albany v. Gregory V. Serio, New York Court of Appeals, no. 110 (October 19, 2006), 16, http://www.nycourts.gov/ctapps/decisions/oct06/110opn06.pdf. by the New York State Court of Appeals: “Finally, we must weigh against plaintiffs’ interest in adhering to the tenets of their faith the State’s substantial interest in fostering equality between the sexes, and in providing women with better health care.” N.B.: It is an important distinction between protecting a class (gender) from discrimination and fostering equality between the sexes, especially while violating religious liberty.

\textsuperscript{107} Gender identity laws vary in their definitions of terms. However, this new category of a “protected class” as a civil right often is distinct from laws protecting sexual orientation. It often includes bi-sexual, transgendered, and transsexual individuals. Its impact can be on protecting a teacher’s right to present himself as a man to the students one day, and as a woman to the students the next day. It has implications for rest room designations and employee health benefits (mutilating surgery).

\textsuperscript{108} The American College of Obstetricians and Gynecologists.


\textsuperscript{110} 42 USC 300a-7 (Church Amendments).
However, somewhere along the way, the mission of Catholic higher education has been attenuated. Herdershott attributes this secularization of mission to what she terms “status envy;” the attempt of Catholic higher education to achieve elite status at the expense of mission.\(^{111}\) She cites as the origin of this phenomenon an essay by Monsignor John Tracy Ellis, written over half a century ago. Ellis accused Catholic campus faculty of giving priority to students’ moral development over scholarship and intellectual excellence.\(^{112}\) Hendershott proceeds through an historical analysis in which Catholic higher education’s Catholic identity has been “defined down,” the mission secularized, theology confused and boundaries blurred. Most telling is her report of a survey of 7,200 incoming students of thirty-eight Catholic institutions of higher education, with a repeat of the same survey four years later. Between admission and graduation, student support for the following socially destructive behaviors increased as follows: legalized abortion (37.9 percent to 51.7 percent), premarital sex (27.5 percent to 48.0 percent), and same-sex marriage (52.4 percent to 69.5 percent).\(^{113}\)

Many bioethical issues touch upon an understanding of the sacredness of human life from its engendering until natural death, human sexuality, and the sacredness of marriage and family. Clearly, social politics has impacted Catholic higher education and most notably in the area of bioethics education. With the results of the aforementioned survey one is left asking how well-versed are these graduates in natural moral law? How grounded are the faculty, and the curricula for which they are responsible, in natural moral law?

**Faculty Obligations to Prepare Graduates Capable of Resolving Bioethical Dilemmas of the Day**

The need to prepare graduates of Catholic higher education who are capable of resolving contemporary ethical dilemmas creates obligations for faculty, faculty hiring practices, and faculty retention and development policies.

There has been much confusion over the years concerning faculty rights, pursuant to academic freedom, and faculty obligations to embrace the mission of the institution for which they have agreed to be an agent of education. The need for educating students consistent with the mission of any institution with which faculty engage is not a parochial standard. Educational accrediting standards, regardless of the sponsorship of the institution of higher education, require that an institution has a mission statement which is manifested through its curriculum.\(^{114}\) This is not an invention of Catholic higher education administration.


\(^{113}\) Beth McMurtrie, “Catholic Colleges Fail to Impart Church’s Teachings, Study’s Author Says,” *The Chronicle of Higher Education* 49 (March 21, 2003), A 38.

\(^{114}\) See “Criterion Four: Acquisition, Discovery, and Application of Knowledge. The organization promotes a life of learning for its faculty, administration, staff, and students by fostering and supporting inquiry, creativity, practice, and
Yet all one has to do is attend to the media to see some faculty in Catholic colleges claiming that such a requirement is a violation of academic freedom. A recent example can be seen in the outrage some faculty expressed when crucifixes were placed in classrooms of Boston College, claiming that this traditional Catholic practice creates an environment hostile to open intellectual discourse, thereby asking that we accept the absurdity of their implication that a Catholic college cannot implement its own mission.115

The concept of academic freedom is as misunderstood as the concept of the separation of church and state. The American Association of University Professors and Association of American Colleges and Universities agree that:

Teachers are entitled to full freedom in research and in the publication of the results, subject to the adequate performance of their other academic duties; but research for pecuniary return should be based upon an understanding with the authorities of the institution.

Teachers are entitled to freedom in the classroom in discussing their subject, but they should be careful not to introduce into their teaching controversial matter which has no relation to their subject. Limitations of academic freedom because of religious or other aims of the institution should be clearly stated in writing at the time of the appointment.116

While Dignitatis Humanae hails the right to freedom, both individual and communal, it also states that:

It is in accordance with their dignity as persons—that is, beings endowed with reason and free will and therefore privileged to bear personal responsibility—that all men should be at once impelled by nature and also bound by a moral obligation to seek the truth, especially religious truth. They are also bound to adhere to the truth, once it is known, and to order their whole lives in accord with the demands of truth.117

Somehow in the age of cultural relativism, the concept that academe is to be in search of eternal truths has been lost. Freedom, whether academic or social, became defined as freedom to do what one wants, not the more accurate definition consistent with natural law: freedom to act toward the good. Educators sometimes envision themselves as agents of social change, dissent and even civil disobedience. In recent history, colleges and universities were in the


116 American Association of University Professors and of the Association of American Colleges (now the Association of American Colleges and Universities), 1940 Statement of Principles on Academic Freedom and Tenure, reprinted with editing and Interpretive Comments (January 1990), adopted several changes in language in order to remove gender-specific references from the original text, http://www.aaup.org/AAUP/pubsres/policydocs/contents/1940statement.htm.

117 Dignitatis Humanae, N. 2.
forefront of the 1960s civil rights movement and the anti-Vietnam War movement. While many engaged in laudable non-violent protests, for some the rallying against authority included violence which was praised as a strike for social justice. Enter the sexual revolution through the discovery of oral contraception, with the Church’s teaching on the inseparable unitive and procreative gifts of married love, and the Church became the target for scholarly dissent. Father Charles Curran sued The Catholic University of America for suspending him for his dissent from Church teaching. The Superior Court of the District of Columbia ruled against Curran, citing the pontifical nature of the university, and found that that there is “an ecclesiastical limit” on theological dissent. However, throughout the United States the conflicts continue, leading to confusion by students and often dismay by parents whose intent in sending their children to a Catholic institution of higher education may have been usurped by the unresolved tension between institutional mission and academic freedom.

There are Catholic institutions of higher education that have embraced this opportunity to clarify their unique role in education. In so doing, they have acknowledged that not all faculty upon hiring were grounded solidly in Catholic dogma, or were even Catholic. Such an acknowledgement recognizes the obligation to provide ongoing faculty development in Catholic doctrine. Some of the best contemporary practices also prepare faculty to be versed in the Church’s teaching on contemporary bioethical dilemmas, to enable them to prepare their graduates for the challenges they face in our culture.

Holy Apostles College and Seminary is a residential seminary and a commuter college located in the diocese of Norwich, Connecticut. The seminary was originally operated by the Missionaries of the Holy Apostles, an order of priests. In 1984 the order invited the three Roman Catholic diocesan bishops of Connecticut to join the Board of Directors, along with lay men and women. The bishop of the Diocese of Norwich serves as the school’s chancellor.

The integration of the college and the seminary enables the cultivation of lay, consecrated and ordained Catholic leaders for the purpose of evangelization in the modern world. There are four Bachelor of Arts major concentrations: Theology, Philosophy, English in the Humanities, and History in the Social Sciences. A firm grounding in the tradition of Catholic moral teaching and a clear understanding of the Church’s teaching on contemporary bioethical issues is essential for all students, enabling them to be leaders in evangelization. Every undergraduate and graduate class, whether in theology, philosophy, humanities or social sciences, is taught from the perspective of natural moral law with applications to key contemporary issues of human life and sexuality. Courses in sociology, psychology and

---

118 Frank B. Colton developed Enovid, the first oral contraceptive, made available in 1960.
119 Paul VI, *Humanae Vitae*.
121 For the purpose of full disclosure, it should be noted that the author is a member of Holy Apostles College and Seminary Board of Trustees. Furthermore, much of the text concerning Holy Apostles College and Seminary was provided by its Rector, Father Douglas Mosey, C.S.B., PhD. However, these facts should not detract from the veracity of the statements made about this institution.
biology, for example, reaffirm the truth of the person in light of the anthropology articulated by Pope John Paul II in the *Theology of the Body*.122

The goal of the undergraduate program is to provide a philosophically based Catholic honors liberal arts curriculum to prepare students for graduate study and most especially for life. Each student is required to take eight courses in philosophy: logic, ancient philosophy, medieval philosophy, metaphysics, epistemology, philosophy of man, and ethics and contemporary issues in philosophy. These courses educate in the true sense of the word: “to draw out from the students,” enabling them to discover the truth, the beauty and the good in the natural moral law accessible by right reason. A key goal is to enable each graduate to articulate correctly the basis in reason for Catholic moral teaching on contemporary bioethical issues.

Furthermore, each undergraduate student is required to take seven courses in theology. The *Catechism of the Catholic Church*123 is studied in its entirety over two semesters. Special emphasis is given to the “pillar” of moral teaching as this is the locus at which the Church faces most present-day difficulties in catechesis and culture. Courses in scripture, liturgy, spirituality and Church history are rooted in Pope John Paul’s exegesis of *Genesis*124 on sexuality, complementarity of the sexes, and the sacredness of every human life.

Holy Apostles has a very qualified and dedicated core of undergraduate professors. The small size of the student body, and thus its faculty, enable interdisciplinary collaboration and cohesiveness. This allows for a sharing of expertise. While courses are not team taught, it is not uncommon for faculty members to become guest lecturers in each others’ classes, bringing their particular expertise to the subject at hand. For example, a professor of philosophy conducted a seminar on the philosophical underpinnings of John Paul II’s *Theology of the Body*.125 The same kind of collaboration occurred with the study of the philosophical basis of Pope Paul VI’s encyclical on human life, *Humanae Vitae*.126 Philosophy is recognized as the “handmaid” of theology, and the two disciplines remain closely linked.

The focus of the undergraduate program is to provide an honors liberal arts curriculum with a view to specialization in graduate school. The school does not offer concentrations *per se* within the undergraduate majors. The student can, however, choose to exercise his or her elective courses to enhance preparation in bioethics.

The Pope John Paul II Bioethics Center was founded at Holy Apostles College and Seminary in 1982. The Center offers graduate courses in bioethics and a concentration of bioethics in the Master of Arts Degree in Theology. In addition, the Center sponsors lectures for the community at large and has published a number of important articles and monographs. The undergraduate students benefit from the public lectures and, with the permission of the

---

122 Op cit, West.
123 John Paul II, *Catechism of the Catholic Church*.
125 Op cit, West.
126 Paul VI, *Humanae Vitae*. 
Faculty members of Holy Apostles are committed to ongoing education. Faculty are active participants in the *Fides et Ratio* summer seminars for undergraduate professors of Catholic colleges and universities in the United States. An important outcome of the summer seminars is to continue the seminar discussions at the institution of each participant. Ensuing campus-based faculty discussions have focused on important contemporary issues facing the Church. Common readings are prepared by each faculty member to facilitate quality discussion and mutual enrichment. The faculty also attend public lectures and conferences on bioethical issues.

In addition to the many formal educational opportunities offered to undergraduate students on bioethical topics, a culture permeates the campus in which a love of the Church and her teachings is palpable. The life of the College and Seminary is centered in the chapel. There is a Holy Hour for Life and Mercy each Saturday afternoon which includes readings and reflections from Pope John Paul II’s *Evangelium Vitae*. Students have the opportunity to pray and reflect at Adam’s Tomb on campus where a pre-born child is buried. The Holy Apostles Life League is very active with many lay and seminarian members participate through volunteering in life affirming activities. Through these experiences the undergraduate students have the opportunity to face contemporary bioethical issues firsthand. Furthermore, through organized contact with public officials students and faculty have become engaged in the political processes that shape public policy. As future professionals, consumers of health care, and citizens who direct public policy, Holy Apostles graduates, be they clergy or laity, are being prepared to reshape a society that is respectful of natural moral law.

We find another example of “best practices” at the University of Saint Thomas, an archdiocesan university in Saint Paul, Minnesota. The University of Saint Thomas sponsored a week-long seminar for faculty, funded by a Lilly Foundation Grant, “The Church and the Bioethical Public Square.” The seminar was conducted out of the Catholic Studies program and attracted faculty from diverse disciplines, as well as students and members of the surrounding community. This seminar was part of an organized effort to assure the incorporation of mission into efforts of the academic community.

Students, regardless of their major, are required to take two core courses in philosophy (“Philosophy of the Human Person” and “Ethics”) and three core courses in theology sequence. The theology sequence is quite unique in its sequential focus on assisting the student to integrate theological concepts into their encounter with culture. The first course is “The Christian Theological Tradition.” The other two courses can vary: the second-level course introduces students to the actual practice of theology through one of the major theological sub-

---

127 *Fides et Ratio* Seminars, conducted by the *Fides et Ratio* Instituted based in Washington, DC.
128 John Paul II’s *Evangelium Vitae*.
129 “Beyond Career to Calling.” See http://www.sthomas.edu/beyondcareertocalling/.
disciplines (Scripture, morals, systematics). In the third course, the student is asked to examine the relationship between faith and culture in some aspect, e.g., “Theology and the Biomedical Revolution.” Recently initiated are what are termed “bridge courses” which pair theology and non-theology faculty in an examination of some cultural or professional topic, e.g., “Theology and Literature,” “Theology and Engineering,” “Theology and Medicine,” “Theology and Mass Media,” etc.

The University’s ongoing commitment to a liberal arts core course sequence is one of the key ways in which Catholic identity is promoted. As the director of the Masters Degree Programs in Catholic Studies stated: “You obviously don’t need to be a Catholic to appreciate the liberal arts, but as more and more colleges and universities simply give up on the notion of a ‘core’ tradition of liberal/humanistic studies, the very idea begins to take on a distinctively Catholic patina.”

Likewise bioethics education devoid of grounding in natural moral law becomes an exercise in the subjective ethics of situation ethics, consequentialism and utilitarianism. Without a “core” tradition which also allows for “bridge courses” preparing graduates for the cultural relativism they are facing, graduates of Catholic higher education will be no different from other graduates. The mission of Catholic higher education will be lost, and the purpose for its existence extinct.

130 Paul Wodja, e-mail interview with Dr. Marie Hilliard on February 25, 2009.
References


Benedict XVI. *Address to Catholic Educators*. Washington, DC: The Catholic University of America (April 17, 2008).

Benedict XVI. Encyclical Letter *Spe Salvi: In Hope We are Saved* (November 30, 2007).


Charlene Hastings vs. Seton Medical Center et al. Superior Court of California, County of San Francisco (CGC-07-470336, 20 Sept 2008).


Indiana Commission for Higher Education. “Aspirations for Indiana Post Secondary Education: Student Success” (June, 08, 2007).


John Paul II. Address to those taking part in the International Congress of Moral Theology (April 10,1986), 1; Insegnamenti IX, 1 (1986).


McMurtrie, Beth. “Catholic Colleges Fail to Impart Church’s Teachings, Study’s Author Says.” The Chronicle of Higher Education 49 (March 21, 2003), A 38.


North Coast Women’s Care Medical Group, Inc., et al., v. San Diego County Superior Court. California Supreme Court (Super. Ct. No. GIC770165, 18 August 2008).


United States Senate, Joint Economic Committee. “Fact Sheet: Investing in Raising Children” (February 2007).

