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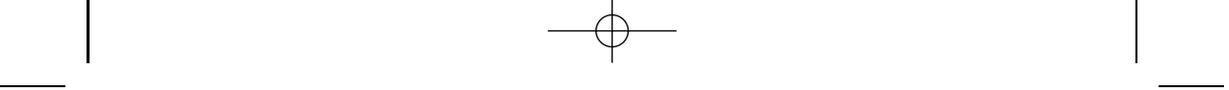
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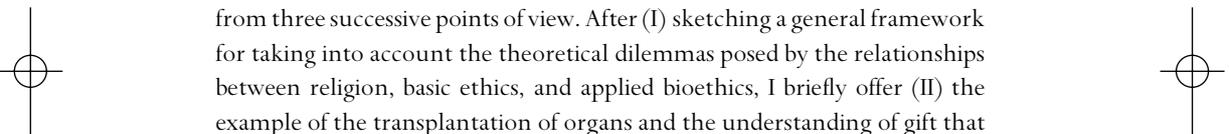
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## The Role and Influence of Religions in Bioethics\*

Denis Müller



I propose to treat the question of the role and influence of religions in bioethics from three successive points of view. After (I) sketching a general framework for taking into account the theoretical dilemmas posed by the relationships between religion, basic ethics, and applied bioethics, I briefly offer (II) the example of the transplantation of organs and the understanding of gift that illustrate the stakes and implications of the theoretical controversy, and then (III), speaking from the Protestant tradition, I propose my own normative thesis with respect to these relationships.

### I. General Issues and Questions

Bioethics has undeniably become one of the key disciplines of contemporary ethics.<sup>1</sup> This results especially from the complexity and enormous stakes of the biotechnologies. Everyone feels involved in this issue, even though

\* Translated from the French by Ronald M. Green.

<sup>1</sup> Guy Durand, *Introduction générale à la bioéthique. Histoire, concepts et outils* (Montreal and Paris: Fides and Cerf, 1999); Gilbert Hottois, *Qu'est-ce que la bioéthique?* (Paris: Vrin, 2004); Lisa Sowle Cahill, *Theological Bioethics: Participation, Justice, and Change* (Washington: Georgetown University

bioethics, as a body of practice and knowledge, has a tendency to concentrate on exceptional situations that can lead to the neglect of other ethical issues, such as questions of social justice (including North–South relations, development, poverty, etc.). In addition, the North American, European, and Western origins of bioethics have had ambivalent effects on the status of bioethics discourse and on the place of religious perspectives in a lay or secular context. One therefore witnesses the development of two contradictory tendencies: in one direction, a laicization or increasing secularization of bioethics, with the risk of this exercising a sort of monopoly over the inherent interdisciplinarity of the field and of sidelining the contribution of religious ethics to public debate; and, in the other direction, especially in the U.S., a very active re-theologizing of ethics (see the journal *Christian Bioethics*), as part of a massive effort directed at the political recovery of bioethics by conservative religious forces, notably those associated with Evangelical Protestantism.

Faced with these positions that tend to make bioethics a surrogate for political, economic, and religious disputes of a highly partisan nature, Protestant ethics must answer questions not only about its specific bioethical positions, but also about how faith is related to the actual transformation of our relations to the living world, to technology, to the plurality of convictions and religions, and to democracy.<sup>2</sup> Protestant ethics has no self-sufficiency. It is not only a part of Christian ethics as a whole, but, as such, one particular contribution among other religious and non-religious contributions. For that reason, Protestant ethics has to do with religious ethics as a whole and shares in a very intensive and demanding inter-religious dialogue, not only to fulfill religious and communitarian needs, but also to contribute to a universal ethics. Religious ethics and inter-religious dialogue and confrontation belong to the substance of Protestant, Christian ethics and should not be understood as optional parts of it.

Born in the United States in the 1960s, bioethics has spread throughout the whole world. Its rapid success is largely a function of developments in the life sciences and therefore of the wealth of the Western world. It could appear as a luxury for privileged people. But its issues are laden

Press, 2005); Denis Müller, “Bioéthique,” in P. Gisel, gen. ed., *Encyclopédie du Protestantisme* (Paris and Geneva: Presses Universitaires de France and Labor et Fides, 2006), 135–54.

<sup>2</sup> Jeffrey Stout, *Democracy and Tradition* (Princeton: Princeton University Press, 2004).

with consequences for the sphere of medicine and the life sciences and raise questions of justice and equity not only between individuals but also between peoples and continents. The allocation of resources and benefits (for example in the questions raised by organ transplantation) is a planetary problem beyond national or regional health care systems. In the same way, AIDS today raises ethical questions on every continent. Africa, for example, constitutes a dramatic priority often forgotten in our strategies and thinking as members of more privileged countries. It is hard to deny that the commercial policies of the multinational pharmaceutical industry bar access by the poor to generic medications and anti-retroviral therapies. The medicine of catastrophic situations also poses formidable ethical problems. It not only establishes triage (a criterion of urgency) as an ethically superior norm, surreptitiously finding support in military ethics and utilitarian modes of thinking, but it also tends to make it appear that the current state of world conflict, and particularly the glaring and growing disparities between the North and South and between rich and poor nations, are nothing more than a passing fact.

The tragic state of the world leads every day to many difficult and admirable interventions by teams of emergency workers expressing the depths of the universal human conscience. The events of September 11, 2001 have shaken our religious, moral, and political certitudes, demanding of us new ethical reflection about terrorism, the role of the American empire, and global injustice.<sup>3</sup> Will the natural disaster of Sumatra and neighboring countries on December 26, 2004, with its 300,000 dead and missing persons, find its Voltaire to express—beyond the questions of theodicy once raised by the Lisbon earthquake—the ethical and political questions emerging about the inequality of men and women according to their place of birth, the destiny created by their place on the social ladder, and the risks of their geographic or geopolitical situation? Rather than confining itself within strictly biomedical problems and ruminating infinitely, in a sort of narcissistic solipsism, about paradoxes in the concept of autonomy, or ratifying the cynical states of the soul associated with medical-scientific

<sup>3</sup> Frank Lentricchia and Stanley Hauerwas, eds., *Dissent from the Homeland: Essays after September 11* [2002] (London: Duke University Press, 2003); Jacques Derrida and Jürgen Habermas, *Le "Concept" du 11 septembre. Dialogues à New York [Octobre—Décembre 2001] avec Giovanna Borradori* (Paris: Galilée, 2004).

power in exponential expansion, will a new critical and cosmopolitan bioethics manage to transform the realities of social, economic, and political justice? Faithful to its inspiration and its dynamic principles, a Protestant ethic worthy of its name will not rest with a narrow defense of conscience and individual responsibilities; far from being a petit bourgeois ethic based on a “Church of individuals,” it will be a cosmopolitical social ethic inspired by a liberating ecclesial practice on a global scale. This also means that it must cultivate strong contacts with the people belonging to other world religions.

One witnesses today on all sides efforts to marginalize religious bioethics and to replace it with one that is rational and secular. This parallels the movement observed in ethics debates generally. However, this does not mean that religious convictions should be kept apart from bioethical argumentation. In the concrete situation of hospitals and research centers, as in the daily practice of medicine, bioethics is confronted by a multiplicity of religious and philosophical perspectives. An approach that is purely argumentative and discourse-oriented does not provide sufficient room for this plurality of convictions. In France, the “Comité consultatif national d'éthique” (CCNE) contains representatives of the “spiritual families,” but has trouble recognizing the positive role that religious traditions can play. The influence of a narrow and strict secularism impedes a real, public, and open debate with and between members of the world religions. In contrast, a strictly communitarian approach, like that which is sometimes developed in the United States, has the opposite risk of stopping merely with a juxtaposing of differing convictions.<sup>4</sup>

Bioethics raises a number of specific questions that a considerable body of publications permits one to analyze. The question of thematic delimitation is posed in an increasingly sharp way.<sup>5</sup> One could cite among the themes generally belonging to bioethics all the problems at the beginning of life (abortion, prenatal and preimplantation diagnosis, assisted reproduction, in particular IVF, contraception), and at the other end, questions related to death and dying, curative and palliative care, euthanasia, and assisted

<sup>4</sup> Denis Müller, “Confrontation des traditions et intensité de la vérité; une approche francophone et protestante du débat sur les communautarismes,” *Recherches de Science Religieuse*, 95/1 (2007), 41–60.

<sup>5</sup> Hottois, *Qu'est-ce que la bioéthique?*

suicide. But one should not exclude from the domain of bioethics in a larger sense such questions as those relating to drugs, addictions of all kinds, eugenic science, and the quality of life, genetic manipulations, congenital deformities, human experimentation, organ transplants, programs of public health, psychiatry, psychosurgery and the control of behavior, the choice of changing one's sex, the relationships of health to disease, informed patient consent, the physician–patient relationship, and respect for life and the place of suffering. One might also add to this the themes of animal experimentation, accident prevention, environmental protection, and sexual morality. At the same time, this almost infinite expansion of the field of bioethics itself raises a number of questions. Let us signal some of them:

- (a) It is not always clear whether bioethics is limited to the field of biomedical ethics or whether it should really approach the entirety of “biopolitical” questions connected to biotechnology on one side and the life sciences on the other.
- (b) In the opposite direction, the extension of bioethics to the most cutting-edge life sciences (genetics, genomics, proteomics) appears to distance it more and more from the realities of daily medical practice which we encounter for the most part as normal situations and as involved individuals (patients, clients, users, next of kin, taxpayers). A return to medical ethics “in the old style,” notably in the form of clinical ethics, and the increasing appeal of narrative approaches evidences the concerns aroused by the excessive domination of the bioethical paradigm.
- (c) Bioethics wants to be interdisciplinary, but it is hard to understand where it situates itself as a discipline of knowledge and research. On one hand, it appears to be a new and less confined way of doing ethics, or of discussing the progress of medicine and biotechnologies, but, on the other hand, it has itself become a powerful agent of ethical reflection, with the risk of monopolizing the field intellectually and economically. Thus, paradoxically, and from a democratic and social perspective, one should ask whether the growth in power of bioethics does not present an ethical risk.
- (d) Bioethics has happily, but quite slowly, integrated in its basic principles (autonomy, nonmaleficence, beneficence, and justice as the fair

distribution of research risks and benefits) with larger ethical values such as social justice, solidarity, the defense of the weak and vulnerable. But one can ask whether bioethics, far from exhausting all the ethical and moral possibilities, should not assume a more relative place within a perspective that gives greater attention to the social, economic, and political dimensions of ethics, both at the national and international levels.

- (e) Bioethics quite often centers itself on medicine and biotechnologies, but that often takes place to the detriment of reflection on health in general, on public health and questions of prevention (drug addictions, tobacco use, pollution, ecology, the cult of the automobile, etc.). Will it allow itself to embrace these questions within bioethical reflection, or must we not instead recognize that bioethics represents a paradigm limited by its own objects, bio-medical and bio-technology, dependent on cultural and economic realities connected with rich, over-developed, and privileged Western civilization?
- (f) In the same sense, is bioethics as universal as it pretends and believes itself to be?<sup>6</sup> The presence of more cultural models obliges us to raise the question and testify to the fact that bioethics, far from being unified, depends on contradictory currents of thought and ethics (I could evoke here again the oppositions between different versions of universalism and communitarianism).
- (g) Finally, bioethics has frequently fallen back on secular or laicist models in order to avoid burying itself under the debris of religious and theological conflicts that dot the terrain of medicine, health, and the life sciences. But that has not always allowed it to calmly engage questions of faith and belief.

This last remark brings us back to the main question of this contribution. I can formulate it now in the following way: is it possible to affirm a formal unity and universality of bioethics when we consider the great diversity of religious convictions, beliefs, and practices all around the world in every national or regional society? Or, to put it in a more radical way: in order to save the coherence of bioethics as a unique discipline and a common practice, should we not purify it from all references to or interventions from

<sup>6</sup> Durand, *Introduction générale à la bioéthique*.

religions, religious arguments, religious leaders, and religious adepts? Is not secular bioethics the only acceptable and universal form of bioethics.

## II. Organ Transplantation and Understanding of Gift as a Test

If we want to answer these questions in a convincing way we need to understand and demonstrate that, in every bioethical topic, religious arguments almost always play an important role, and that the content brought by them cannot simply be translated or even eliminated by a purely secular and neutral language or discourse. But this first point must be supplemented with a second. Even if we are able to understand and show that religious arguments can possess their own coherence and power, that does not mean that they should be recognized and accepted as rational arguments. In order to be understood and integrated in the public debate, religious arguments still must be formulated in a universal way and not simply as a call to personal witness or adherence to a particular faith. In other words, they must attain a true degree of formal universality and not merely be affirmed.

I must add an additional level of analysis. Bioethical issues are not only present in bioethical cases or quandaries. They also involve worldviews, attitudes, and beliefs. One of the main themes of bioethics has to do with the beginning and the end of life, with human birth and death. This is not a purely rational, secular, or philosophical problem. It is also a metaphysical one. And to treat metaphysical problems in a proper way, we need to take into account all the resources of the human experience with metaphysical issues: speculative philosophy (or metaphysics), philosophy of religion, theologies (Christian, but also ancient Greek, Jewish, Muslim, etc.—even if not every religion recognizes or practices theology as such).

My contention, both metaphysical and theological, is that contemporary bioethics very often runs the risk of privileging the beginning and the end of life, and forgetting the intervening period of the historical and personal life of human beings and their social, economic, cultural, and

political location.<sup>7</sup> I believe we must see that many bioethical questions are composed of factors and considerations that are much larger and richer. We need a concrete, historical and cultural, symbolical, and transcendental “metaphysics.” I prefer to say: we need a post-metaphysical understanding of the meaning of the limits of the embodied human experience. The “metaphysical” or “theological” presupposition of my contention is that immanent human life has always to do with a form of transcendence, religious or not, secular or divine, metaphysical or post-metaphysical. In this sense, bioethics cannot exist without a systematical treatment of the infinite or of the absolute, understood as the constitutive limit and horizon of human life in the world.

The transplantation of organs offers a good test of the indispensable difference in operating here between a bioethics that limits itself to *bios*, in the sense of a narrow biological immanence, and a Christian bioethics of *zoe* in which biographical life alone is sacred.<sup>8</sup> More generally, I think that the three monotheist religions open onto a personal and spiritual dimension of life which, far from remaining enclosed in a biological immanence, is oriented toward a liberating and reconciling transcendence. The ultimate issue of the donation of organs is precisely that of the meaning of *donation*, and thus of the ethical and spiritual exchange of which human beings are capable. For too long, the accent of bioethical discussions has been placed on the biological and medical conditions of organ donation (definition of brain death, the meaning of interventions while the heart is beating, explicit or implicit consent), while the real question is that of the gratuity of the offer in the entirety of such donations and not just in a single instance of decision. It is appropriate to speak of the gift that is involved because of everything that transpires here, not in the technical acts and procedures, but in the *spiritual movement* of the donor and family, in the sort of voluntary and disinterested religious offering that occurs or is anticipated. This is why the *explicit* consent of the donor—which can express itself in a donor card, a reflection of deliberate and free solidarity—will always be preferable from an ethical standpoint to an implicit consent which tends, in a bureaucratic

<sup>7</sup> Cahill, *Theological Bioethics*; Müller, “Bioéthique.”

<sup>8</sup> Denis Müller, “Why and How Can Religions and Traditions be Plausible and Credible in Public Ethics Today?,” *Ethical Theory and Moral Practice*, 4/4 (2001), 329–48; Nigel Biggar, *Aiming to Kill: The Ethics of Suicide and Euthanasia* (London: Darton, Longman and Todd, 2004).

and technocratic way, to do nothing more than remedy the human deficit in desire, when it is this deficit that is the ultimate source of the scarcity of organs. In relation to the preceding, it seems even more important to affirm that a strong tendency appears to be emerging, on the international level, to put in question the gratuity of organ donation and to replace it with the pure commercialization of organs, an approach that is at once cynical, utilitarian, and hyper-liberal.

The metaphysical and theological point, in terms of the kind of transcendence involved in this case, is that of the anthropological dimension of donation and gift. If every human being can express his or her deepest identity by freely giving an organ for the love and sake of another human being, without any coercion, pressure, or interest, this means that the gift is a transcendental possibility of human identity and being. Transcendental possibility means here that the gift is not just a natural power of man, but a possibility which comes to him from “outside” or from “above.” The gift is something given, a gracious event, a surprise. It has to be experienced in its own transcendence, as a divine or supernatural proposal.

### The Buddhist Debate on Transplantation and the Shared Methodological Dilemma

For a certain time, the discussion in Japan has been focused on this question, because it could seem that a precise, Japanese Buddhist view of the continuity between the self and the body (through total reincarnation) would be absolutely opposed to the very idea of transplantation. But on another side, Buddhist ethics is centered on both the intention (as opposed to the act) of compassion, which go far more in the direction of an acceptance of transplantation.<sup>9</sup> But it is also important to note that a good reason to resist to organ transplantation can also derive from a high conception of the gift: Japan has insisted on the necessity of explicit consent,<sup>10</sup> as has Switzerland.<sup>11</sup> We

<sup>9</sup> Michele Aramani, *Bioetica e Religioni* (Milan: Paoline, 2007).

<sup>10</sup> Robert M. Veatch, *Transplantation Ethics* (Washington, DC: Georgetown University Press, 2000).

<sup>11</sup> Müller, “Dons d’organes prélevés sur le cadavre. Pourquoi la solution du consentement explicite me paraît davantage conforme à l’éthique,” *Bioethica Forum*, 33 (2001), 2–4.

see here how two conceptions of ethics, a more anthropological-substantial one and a more pragmatic one, can lead to strong antagonisms; from this point of view, one could say that Buddhist ethics and Christian ethics are confronted with identical methodological dilemmas; both in Buddhism and in Christianity you can find tenets of a more anthropological, and tenets of a more pragmatic view of ethics. One's conclusions are also very much dependent on the historical and cultural context. American Christianity (in its complex differentiation) or American Buddhism are not identical with European Christianity (Northern, Southern, Central, etc.)<sup>12</sup> or Japanese Buddhism.<sup>13</sup> Buddhism in itself contains for instance many different views on self agency, soul, and body. You can find also deontological arguments for a strong conception of gift, and rather utilitarian arguments for a more instrumental understanding. In this sense, religion and faith do not overdetermine ethical convictions and decisions, even if they play an important role in the formation of the identity, character, and personality of the religious agents.<sup>14</sup>

### III. Normative Recapitulation on the Subject of the Relations among Religions, Basic Ethics, and Applied Bioethics

Returning briefly to Christianity, the time is ripe to give voice once again to the gospel message at the heart of bioethical inquiry. A “zoe-ethic”<sup>15</sup> is needed in contrast to a mere biological vitalism if one refuses to rest on a purely utilitarian vision of life, nature, and human beings. Other religions, not only the other monotheistic ones, have to think about this kind of

<sup>12</sup> Vigen Guroian, “Differentiation in Christian Ethics,” in *The Blackwell Companion to Religious Ethics*, ed. William Schweiker (Malden, MA, and Oxford: Blackwell Publishing, 2005), 214–26.

<sup>13</sup> Thomas P. Kasulis, “Cultural Differentiation in Buddhist Ethics,” in *The Blackwell Companion to Religious Ethics*, 297–311.

<sup>14</sup> Jean-François Collange, *La vie. Quelle vie? Bioéthique et protestantisme* (Lyons: éditions Olivétan, 2007).

<sup>15</sup> Ibid.; Ronald M. Green, “Foundations of Jewish Ethics,” in *The Blackwell Companion to Religious Ethics*, 166–75.

transcendental, divine dimension. But in what condition and in what way is it possible to imagine such a renovation of bioethics?

The Christian theological ethic can be defined in terms of the two major traditions of Western history, Roman Catholicism and Protestantism. The moral theology of Catholicism—notably in its recent official evolution, as found in the encyclical *Veritatis Splendor* (1993)—seems marked by a rigorously deontological vision, which is not surprising given the powerful degree of centralization of the hierarchical structure and the role played by the magisterium. It is also distinguished by a long tradition of wise casuistry. It is important to note that moral theology has relations as an equal with canon law and, as a result, finds itself strictly tied to the juridical preoccupations of the Church. But the ties of this moral theology with doctrinal theology—especially with the most recent developments in basic and systematic theology—remain somewhat tenuous.

In the domain of bioethics, Protestant approaches are, in certain respects, radically different. Lacking a centralized authority, Protestantism has always been and still is diverse in its forms. It does not make sense to speak of a “Protestant bioethics” in the sense that one speaks more commonly of “Roman Catholic bioethics.” The principal reason for this difference is also owed to an important degree to the law of nature. Not only does Catholic ethics have a tendency to base itself on a positive valuation of nature (human nature and of the natural world where human beings exist), but, even more, it tends to stress the importance of the correspondence of nature and reason, to the extent that the ethical task for human beings is seen to require following the ends of nature (created by God), and to orient oneself to the eternal divine law that is the foundation of the moral law. Protestant ethics for the most part adopts a rather pessimistic vision, at least much more realist and critical of nature and reason. The debate touches as much on anthropology as on the doctrine of salvation. Man remains at a distance from God and is never capable of raising himself to God’s level (at least that is the criticism Protestantism often aims at Catholicism in a summary fashion). Protestantism is not oriented toward good or bad forms of personal behavior so much on the central act of justification in which ethics is rooted and from which it is inseparable.<sup>16</sup> One nevertheless observes an inverse tendency in

<sup>16</sup> Denis Müller, “The Original Risk: Over-Theologizing Ethics and Under-Theologizing Sin,” *Christian Bioethics*, 13 (2007), 7–23.

many currents and in different epochs of Protestant ethics: as a consequence of insisting on salvation by faith alone and on the unconditional justification of man by God, one has been able to lose sight of “the price of grace,” and succumb to a lax fideism, removed from all sense of political or economic reality and any real interest in applied ethics. In the domain of bioethics as well as other domains of ethics this has sometimes led in reaction to a more or less general acceptance, often implicit and surreptitious, of what amounts to utilitarianism.

Traditionally and in the present day, Protestant bioethics is founded in principle on the Bible as the necessary and appropriate source of authority. It is always wise to start with the broadest possible scriptural principles in their diverse forms throughout the Bible. It is nevertheless clear that the developments of theological bioethics has coincided with the questioning of biblical writings in terms of their authority and interpretation. The idea of the unity of the Bible has been seriously challenged. Furthermore, biblical writings have their proper context and cultural frame. To put it simply, which elements are determined by a cultural context and which can transcend that context? What interpretive steps apply to technical phenomena, among others, that were unknown to the biblical texts?

I am clearly in favor of a critical, reflexive, and hermeneutical use of the Bible, in the sense of a permanent balance between the biblical sources, the history of their interpretation, the positive and negative sides of confessional and denominational traditions.<sup>17</sup> After all, Protestants also have positive traditions in theology and ethics, like Luther, Calvin, Puritan democratic ethos, Methodist or Baptist practical and political engagement, liberal openness, pietist spirituality and commitment, etc., and must face the challenges of today’s sociological context and ethical dilemmas.

To be faithful to Protestant traditions, however, does not mean that we have to accept a fundamentalist, “Evangelical” (in the narrow sense) approach to the biblical text. *Sola scriptura* (one of the main sources of Protestant theology and ethics from the time of the classical Reformers) is neither to be isolated from the other hermeneutical principles (*particula exclusiva*) of the Reformation (*sola fide, sola gratia, solus Christus*), nor is it to be

<sup>17</sup> Gene Outka, “Christian Ethics?” in *The Blackwell Companion to Religious Ethics*, 197–203; Jef Van Gerwen, “Origins of Christian Ethics,” *ibid.* 204–13.

understood independently of the cultural, historical, and sociological frame of modern, liberal, and democratic societies.<sup>18</sup>

In this sense, we must strongly reject the George W. Bush conservative evangelical stream in the United States today. But a purely “tribalistic, fideistic and sectarian”<sup>19</sup> re-theologization of ethics like the narrow model proposed, in the other political camp, by Stanley Hauerwas and some of his unconditional disciples (going back to a Barthian neo-orthodoxy), also remains very ambivalent and suspect.<sup>20</sup>

We can observe, in different components of today’s world Christianity, a tendency to organize and to justify political and social conservatism with the aid of old-fashioned and regressive models of theology and theological ethics: traditionalist, antimodern, and integrist temptations of some Roman Catholic currents, evangelical fundamentalism, anti-liberal re-theologization of ethics, nostalgic regression to the Orthodoxy of the first millennium (Engelhardt) or even Radical Orthodoxy (Milbank and Pickstock).<sup>21</sup>

Concretely, this means that in very concrete areas like abortion, pro-creative medicine, stem cell research, or public recognition and acceptance of gays and lesbians, a literalist, neo-orthodox, and anti-liberal position has no chance at all to really address the personal and social concerns of many people. The Bible (or any other religious source) is not a reservoir of moral recipes, but it can become a source of inspiration and critical reflection to illuminate ethical demands and dilemmas and invent new modes of common responsibility. Christian ethics as such has not to be pre- or antimodern (after all, the Gospel, like every living, powerful religious source, is modern) but must face the challenges of modernity in an intellectual and theological spirit of freedom, critical reason, and democratic conviction.<sup>22</sup>

<sup>18</sup> Guroian, “Differentiation in Christian Ethics.”

<sup>19</sup> James Gustafson, “The Sectarian Temptation: Reflections on Theology, the Church, and the University,” *Proceedings of the Catholic Theological Society*, 40 (1985), 83–94.

<sup>20</sup> Stanley Hauerwas, “Christian Existence Today,” in *Essays on Church, World, and Living in Between* (Durham, NC: Labyrinth Press, 1988); Stout, *Democracy and Tradition*. Denis Müller, *Karl Barth* (Paris: Le Cerf, 2005).

<sup>21</sup> In the same sense, Collange, *La vie. Quelle vie? Bioéthique et protestantisme*. See also Jewish ethics’ resistance to biological vitalism, Green, “Foundations of Jewish Ethics,” 168.

<sup>22</sup> Denis Müller, *L’éthique protestante dans la crise de la modernité. Généalogie, critique, Reconstruction* (Paris and Geneva: Le Cerf and Labor et Fides, 1999); *idem*, “Confrontation des Traditions.”

Certainly, every monotheistic religious ethics has to deal with the place and meaning of God, grace, and redemption as pillars of the ethical interpretation of human beings as free and responsible agents or subjects.<sup>23</sup> The three monotheisms have in common a deep and strong feeling for the revelatory and holy character of the transcendental dimension of human immanence, world contingency, and historicity. Following another path, most of the oriental religions, like the different varieties of Hinduism and Buddhism, propose their own version of transcendence and immanence.

Nevertheless, as I have tried to show, there are *no absolute* differences—only relative differences—between Christian ethics, other monotheist ethics, and other religious ethics, and many of the disagreements between particular ethical systems derive much more from different views of ethics *per se*. Overlapping correlations between rival traditions and religions are very often possible.<sup>24</sup> For that formal reason, the prospects for a reasonable, pragmatic universal, or planetary ethics seem to be rather good.

The appearance of bioethics forms a major component in this already complex question of the historical and contemporary relationships between religion and medicine. In what ways have the religious convictions of Christian bioethicists affected their approach and responses to precise dilemmas? Instead of focusing their questions on the relationships between health, illness, human destiny, and salvation, some Christian bioethicists, too interested in adopting a stance supportive of biomedical research, risk following an agenda imposed from without by the so-called march of progress and by the combined pressures of science and the media. Does this program of pre-established bioethics not tend to legitimate existing medical and scientific practices rather than raise questions about the basic presuppositions of medical care, and does it not do so in such a way that theological questions can never be understood? The development of ethics into an autonomous discipline handed over to experts or professional ethicists goes back barely a century. Before that, ethics was, at least in the West (North America and Western Europe) an integral part of theology. I am certainly not capable of saying in what way defining our ethic as Christian might distinguish it conceptually and methodologically from other forms of ethical reflection, but there are two questions I can pose to anyone

<sup>23</sup> Schweiker, ed., *The Blackwell Companion to Religious Ethics*.

<sup>24</sup> Müller, "Confrontation des Traditions."

who wants to advance these discussions. First of all, does a theological ethic have the resources needed to lead it to its proper objective? Second, can the theologians specialized in bioethics who furnish themselves with appropriate methods and concepts make themselves understood by their lay dialogue partners in these bioethical debates?

The systematic implications of these remarks are evident: a critique of bioethical reason, in order to avoid slipping into cynicism or a reactionary re-theologization, should consider the religious drive that is the root of bioethics as a human project in quest of a sense of transcendence or a significant totality. Laicism or secularism completely misses this issue, banking on a limitless autonomy of the individual and an achieved secularization of the world.

But we must always consider the general situation of world religions in the ethical debate. Even if my own perspective is obviously limited to Christianity, I do not think that the epistemological and methodological situation of other world religions is totally different. Of course, Christians, Muslims, Jews, Buddhists, and Hindus don't have the same idea of the community of believers to form the objective or normative framework of their religion. Therefore the links between personal faith, religious practice, and belonging to a precise community or church do not have the same meaning and same intensity for them all. This fundamental religious difference has ethical consequences. Do the Christian, the Buddhist, the Jew, the Hindu, or the Muslim possess only an individual vision and ethical practice, or does a sense of collective belonging to a community or church influence the content and implications of their ethics?

My personal and perhaps provocative claim is as follows: in our world of rapid changes, enormous globalization, and intensive cultural exchanges and dialogues, the more we meet, discuss, and share (and we must do everything to favor and stimulate doing so), the more we will have to assume our own religion or faith as an individual, totally engaged, and personal decision.<sup>25</sup> The more we open ourselves to others, the more we will have to be ourselves, with our own history, identity, and traditions. Both

<sup>25</sup> Take for instance the very controversial and open debate on human reproductive cloning in Denis Müller and Hugues Poltier eds., *Un homme nouveau par le clonage? Fantômes, raisons, défis* (Geneva: Labor et Fides, 2005), with the somewhat opposing contributions of Lebacqz, Pence, Green, on one side, Collange, Müller, or Ansermet, on the other side, and Engelhardt with his own, distinctive position.

liberalism and communitarianism, taken absolutely, are bad solutions and weak alternatives. In every religion, whatever its historical and sociological form, the place of individuals and of free conviction and practice will become more and more important, and the religious organizations will have to adapt to such a cultural revolution. Concretely, this means that in the near future, and even today, no authority, church, magisterium, or dogmatic insistence (even Roman Catholic, Orthodox, or traditionalist) will be able to impose on its own members a fixed, absolute, and unanimous doctrine of faith and/or morality. The time has come for a liberal, self-responsible ethic, in living dialogue with one's own faith, conviction, and spiritual life. Of course this revolution will be a special challenge for authoritarian, fideistic, integrist, and fundamentalist religious groups, communities, and churches. But liberal believers and communities will also have to adapt themselves to the new situation, being invited to accept coexistence, in a really liberal democracy, with other traditions, sensibilities, and habits. The victory of true liberalism can never mean the hyper-liberalistic destruction of the opponents. In the same way, the brilliance of an authentic religion and ethic (in the subjective view of its adherents or in the objective recognition by others) can never extinguish the rights of other traditions, beliefs, moral habits, and initiatives.

Such, then, is the dialectic of bioethical reason that I am interested in proposing and developing as an alternative to the dangerous illusions of a conscienceless exercise of the will to biomedical power. Theologians and religious leaders have a particular responsibility, taking into account public opinion, not to erect their discourse and positions into undiscussable absolutes; they may of course, while respecting others' opinions, develop and defend their own strong faith positions on biomedical questions. But they must also encourage real, deep, and convincing freedom of thought, both within their religious community and in their exchanges with others. These are the very important conditions of a pluralistic and respectful ethical public discussion.