

BIOETHICS/HEALTHCARE – TOPIC SESSION

Topic: One Baptism
Convener: Dan Daly, Boston College
Moderator: Emma McDonald Kennedy, Villanova University
Presenters: Michael McCarthy, Loyola University Chicago
Leah Wakefield, Marquette University
Megan Heeder, University of Scranton

The three papers presented in the bioethics topic session addressed the convention theme of “One Baptism” and its intersections with methodological and applied issues in theology and healthcare ethics.

Michael McCarthy of Loyola University Chicago presented the paper, “Bioethics and the Principle of Mercy: Baptism and the Style of Jesus’ Healing Ministry.” In it, McCarthy outlined the need for additional conceptual development to ground Catholic bioethics as it continues to be in conversation with secular bioethics and society more broadly. Framing his focus on mercy in relation to the convention theme of baptism, McCarthy turned to scholarship on mercy from liberation theologian Jon Sobrino and moral theologian James Keenan to describe the foundational principle of mercy enacted in Gospel narratives of Jesus’ healing. Suggesting that Jesus’ healing ministry exemplifies engagement with society and specifically with human suffering, McCarthy applied Keenan’s well-known definition of mercy as “the willingness to enter into the chaos of another” to the context of healthcare, sketching an account of Catholic bioethics with mercy, with its attentiveness to human suffering, at the center. He concluded by considering how a focus on mercy might complexify analysis of key issues in Catholic bioethics, focusing specifically on racial disparities in end-of-life care and the use of artificial intelligence (AI) in healthcare.

In “Harm Reduction, Catholic Medical Ethics, and Catholic Social Teaching,” Leah Wakefield of Marquette University argued that syringe service programs, which are community-based, harm reduction interventions that provide sterile syringes and facilitate safe disposal of used syringes, promote the common good, honor the dignity of the human person, and support stewardship of resources—all key elements of Catholic Social Teaching (CST). She also connected the USCCB’s Ethical and Religious Directives to the Substance Abuse and Mental Health Services Administration (SAMHSA) directives on harm reduction to suggest that syringe service programs, as part of a broader community-based public health effort, would improve Catholic healthcare systems’ responses to public health issues including drug overdose and infectious disease transmission. Citing evidence that supports the effectiveness of these interventions in meeting these public health goals without increasing the use of illegal drugs, Wakefield also challenged objections that frame syringe service programs and harm reduction strategies more broadly as promoting drug use.

Megan Heeder of the University of Scranton presented “The Christian Baptismal Call: Shaping a Bioethical Response to Poverty and Race’s Role in Eating Disorders.” In it, Heeder drew on principles of CST to describe and critique structural inequalities related to race and socioeconomic status that shape disparities in access to healthy food,

to diet and nutrition information, and to healthcare for eating disorders. Linking the convention theme of baptism to CST's recognition of rights and duties through the example of Milwaukee's Kinship Community Food Center, Heeder argued that our incorporation into the Body of Christ in Baptism calls the Christian to work for justice in solidarity via care for the other, especially in response to issues of poverty and race and the development and treatment of eating disorders. Heeder concluded by arguing that CST and our shared baptismal call prompt Christians to work to eradicate food deserts, promote equitable access to nutritional specialists and accurate nutrition information, and forge relationships of mutual care and accompaniment with individuals and communities through the sharing of meals.

The discussion following the three presentations continued to engage thorny issues in and beyond Catholic moral theology and bioethics—particularly, 1) the relationship between academic theology, ecclesial institutions, and Catholic healthcare institutions in ethical responses to healthcare challenges and 2) the relationship between individual agency and social forces. Regarding the first issue, a participant with extensive experience in ethics and mission integration within Catholic healthcare systems invited Wakefield to comment on whether any Catholic hospitals have adopted harm reduction strategies discussed in her paper; Wakefield's impassioned response emphasized the inattention of Catholic hospitals and the USCBB to issues of overdose and infectious disease related to drug use, noting especially their lack of engagement with harm reduction strategies. Questions of individual agency and broader structural forces were raised most directly in response to Heeder's presentation and its focus on poverty and race. In her response, Heeder affirmed the importance of recognizing individual agency and structural factors, and additionally surfaced cultural factors, including social media and beauty standards promoted online, as significant contributors to the development and intractability of eating disorders. Both discussion topics demonstrated the ongoing linkages of applied issues in bioethics and healthcare ethics to broader questions in secular bioethics, moral theology, and ecclesiology.

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