
HOLY
People
HOLY
Lives

Law and Gospel in

BIOETHICS

R i c h a r d C . E y e r

*To my wife
With a grateful heart for years of support ...*

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Introduction

This is a book about *ethics*. Not many people will pick up a book on this subject but if I tell you, for example, that classical ethics is about being a good, moral person I hope I might tempt you to read further. I might also pique your interest by telling you that this is a *practical* book intended to help you make moral choices faithful to your calling as a Christian. So this is a book for Christians first of all, but also a book for anyone else wishing to learn more about the biblical message and ethics.

More specifically, this is a book about *bioethics*. Whereas ethics might be understood to be about the morality of how we ought to live together, bioethics deals with the ethics of making choices available to us as a result of breakthroughs in medical technology: genetic engineering (altering of genes), in vitro fertilization (creating a human embryo in the laboratory), artificial insemination (with or without the use of donor sperm or egg), surrogate motherhood (carrying someone else's child in utero for nine months), cloning (reproduction without sex), abortion (the killing of a fetus), infanticide (the killing of newborns), the withholding or withdrawal of treatment in illness, physician-assisted suicide, and euthanasia. Choices in all these areas have become available to us and yet we are often unaware of the meanings or implications of these choices for our life together as a society and for our relationship with God.

Christians have always turned to the Bible as the source for evaluating our relationship with God and how we are to live. Some have pointed out that the Bible doesn't address issues stemming from opportunities provided by new technologies. Yet the Bible does talk about the meanings of our life together in relationship to God. Indeed, the Word of God addresses what it means for us both to bear the image of God while at the same time being corrupted by our sinful human nature.

Human nature is skewed toward self-interest in this fallen world. We do not naturally seek God. In times of suffering we grasp for control of our lives rather than entrust them to God in the face of our own weakness and helplessness. We attempt to take charge of our own destiny rather than wait patiently for the will of God to unfold. In so doing, we reject the one in

whose image we are made, asserting our own autonomy instead. The Bible declares that the victory of Jesus' death on the cross overcomes all this resistance and gives new life to those who learn to fear, love, and trust in God. From the perspective of this new life in Christ we come to see things in a new light much more so than we did when *self* was the measure of all things. This new perspective has implications for every area of life, including bioethics.

Whether you are looking for general ethical guidelines or for answers to questions in the area of bioethics, I must warn you that I am not writing a "how-to" manual with specific instructions or rules to follow in determining right from wrong. Surely God has set limits beyond which we may not go, but the Christian ethic is more than knowing our limits. It is about the new life created by the Gospel of Jesus Christ that gives meaning to all that we are and do. And it is my aim to present the Gospel as the grace of God that shapes our ethic as Christians.

What I have to say carries with it more than thirty years background in ministry as parish pastor, hospital chaplain, and, most recently, college professor. The Bible is God's Word to us about reality, describing the way things are in this world and what God has done about them. This Word of God is the foundation for the Christian's ethic.

The Bible is not first and foremost about ethics. It is first of all about God's promise and fulfillment in sending His Son, Jesus Christ our Lord, to redeem the world and to set it right again. The Gospel is the good news of the transformation of reality God has brought about through His Son that we "may be His own and live under Him in His kingdom, and serve Him in everlasting righteousness, innocence and blessedness." The biblical message is not so much about what we must ethically do for God as it is about what God has done for us in Jesus Christ. It is Jesus' death and resurrection that has made us holy and that enables us to live holy lives by the power of the Holy Spirit at work in us. I will attempt to develop this truth and its implications as it relates to us in the issues of bioethics today.

Making Ethical Decisions

A critical-care physician meets with the family of a patient in the intensive care lounge and tells them that their mother is critically ill and that even if she survives she will probably be left with some brain damage. The physician must make decisions and the family is asked for their wishes to be made known. The decisions have to do ultimately with determining whether the patient is to be provided with what the physician calls “life support” or whether the patient is “allowed to die.”

What is the family to say? After minimally absorbing the initial shock of the situation and without having much time to resolve the emotional impact of such news, someone in the family usually makes the comment, “She wouldn’t want to live that way,” meaning that she herself would choose death rather than live this way. This family member might well be right in his assessment of her wishes. Decision-making today is heavily weighted on the side of honoring the patient’s right to self-determination.

It is important to observe at this point that there has been no conversation between doctor and family or between family members themselves about the ethics or morality of the decision this family is being asked to make. Considerations entering the decision-making process are practical, not ethical in the classical sense of that word. And there is little, if any, spiritual concern for the intentions of God in how we live life in allegiance to Him. Even if the family does share a faith in God, the connections between the will of God and this situation may seem vague and confusing, involving us in ambiguities we would rather not face.

The family therefore resorts to the practical approach of problem solving. They make a decision based on the outcome they want for their mother (and perhaps themselves) and not necessarily on the ethical implications of their

decision in relationship to God. Indeed, they may not even know there are any such implications. The practical nature of this conversation between doctor and family leads us to believe that if the patient cannot be restored to reasonable health, it would be better for her not to live. On the basis of this practicality the decision will be made to withdraw support in order, as the physician said, “to allow death.”

The ethical question they have not faced, however, is whether they are in reality “allowing” her to die rather than intentionally causing death. The truth is that nothing in the conversation has indicated that she is, in fact, dying. The only question that has been raised is about the quality of life, and this is an uncertain basis on which to make an ethical decision.

We should observe some important things about this approach to decision-making in medical ethics today.¹ First, we ought to be aware that ethics today is not what it used to be. Ethics today is not about choosing between what is morally right and wrong. And even if the decision of right and wrong is applicable in some circumstances, ethics is no longer about choosing between them on the basis of an objective moral standard. A discussion about morality is always subjective, relying on each person to determine what is moral for himself or herself only. As we shall see, the separation of ethics from objective moral standards began some generations ago. Today, when hospital medical ethics committees discuss a case, they do not evaluate the moral integrity of their options. They review whether or not proper procedures have been followed that are both legal and in compliance with accepted medical protocol.

Since about the middle of the twentieth century, medical ethics has been reduced to the measure of its *utilitarian* and *emotive* value, according to whether the options are *practically* and *emotionally* satisfying. As in the case of this family, the concern is for practical outcome: “What will we do with mother if she can’t care for herself? Will she be a burden to herself and to others?” The way the question is posed almost seems to dictate the answer when practicality becomes the norm for problem solving. Of course, in a sense these practical questions are important for they identify real problems to be faced, but practical questions are not the first questions that need to be asked. Emotional concerns for the patient and family also need our attention, but moral questions, rather than practical ones, are of first importance in determining one’s integrity and faithfulness to God.

Those who are concerned with moral integrity without appropriate attention to practical problems risk being accused of caring more about right and wrong than about the patient. There is a grain of truth in this, but only a grain. Jesus Himself criticized the Pharisees for being more concerned with

the Law than with people. Nor is it appropriate for us to avoid the physical and emotional needs of people in crisis, lest we be accused of insensitivity. Righteous indignation, even for the best of reasons, always presents us with the danger of forgetting the persons involved in the dilemma.

Yet to be concerned primarily with practicality and emotional needs leads us into naïvete and sentimentality. Practicality can arise out of naïvete, because it addresses only the immediate needs and does not care about the long-range consequences for people. Instant gratification is a way of life in our culture. Meeting emotional needs can turn to sentimentality when feelings lead to self-pity and self-indulgence. But for purposes of objectivity and a critical examination of bioethics and its issues, we need to go beyond concerns of practicality and emotional satisfaction.

Before we can know what to do and how to respond we must look at the meaning of issues facing us. This book is not intended, therefore, as a book on practical solutions to ethical dilemmas. It is, rather, a book about how to live faithfully in response to the Gospel of Jesus Christ.²

THE PERSONAL ETHIC

In the case presented at the beginning of this chapter it is apparent that, although the conversation about what to do with the patient gives little evidence of an outward show of emotion, the decision-making is nevertheless emotionally laden and burdensome. We cannot but identify ourselves with the patient or family, and we see ourselves in that situation, a situation no human being would choose to be in, yet one we may all face someday. In making an ethical decision, it would not be surprising to find ourselves scrambling to find ways to overcome the loss of control and helplessness we feel. Such an urgent crisis causes great discomfort, to say the least. Decision-making is heavily influenced by feelings of helplessness, fear, guilt, even anger and resentment at having to make such a decision.

In the contemporary approach to ethics, the value placed on resolving feelings is enormous. The high value we place on feelings in decision-making is probably the single most important factor to our generation. Indeed, it is difficult for us to make the distinction between calculated thought and instinctive emotion. So self-absorbed are we as passive recipients of emotional appeal through television and movies that it is difficult to imagine going against our feelings in matters where moral integrity seems to dictate direction in our lives.

If previous distant generations tried to be objective, recent generations have rejected objectivity along with the absolutes that define right and wrong. For most people, feelings are the means by which we resolve the crises we face daily. This emotional quicksand was immortalized in the movie series "Star Wars" where the hero, Luke Skywalker, facing crisis after crisis hears the whisper of an inner voice calling him to, "Trust the Force, Luke, go with your feelings." We too hear the force of our own desire whispering to us, "If it feels right, it must be right."

The loss of an objective moral standard in the second half of the twentieth century has made the appeal to emotional satisfaction inevitable. Objective, external standards imposed on personal decisionmaking are now believed to be oppressive and coercive. The family in our example will feel justified in its decision-making not only on the basis of what is practical, but also on the basis of what feels right to them as a family. Unless they are influenced by an outside objective moral voice of right and wrong, they will make their decision accordingly. It may be a decision to put mother on "life support" or it may be to "allow her to die." In any case it will be practicality and emotional needs rather than reasoned wisdom or mature Christian faith that influence the decision. It is important to realize that even Christians whose faith is genuine and personally important to them may find themselves making decisions more on the basis of practicality and emotional satisfaction than on moral absolutes of right and wrong. We Christians breathe the same air that pollutes the thinking of our contemporaries, and we fail to breathe in deeply the breath of God that cleanses us from the outside and from within.

As Christians we must learn to stand apart from society's approach to ethics and ask ourselves whether there isn't a better word from God in the dilemmas we face in life. Even with a strong Christian faith we will not always make the right decisions, but we live under the grace of God, the promise of the forgiveness of sins, and the presence of the Holy Spirit who works in His holy people to bring about holy lives.

THE PUBLIC ETHIC

Let us consider another interpretation of ethics today. This example is not that of a personal, family crisis, but the crisis of a whole society in which human life itself is at stake for generations to come. In 1993 Congress eliminated procedural obstacles for funding human embryo research and for overthrowing the ban placed on such research by President Reagan in the 1980s. Proposals had been suggested for experimentation to be conducted on *ex utero* (outside the body) embryos. The embryos available, it

was said, were leftover ones that had little opportunity for implantation and development into live births because their parents no longer had need of them. Fully human and viable, these embryos were to be used as “lab rats” for the interests of scientists in universities across America. The processes of human embryo research involved manipulation and dissection of human embryos, which when scientists were finished with them, would be discarded as waste material.

When Congress gave approval for resuming research, it supported the National Institute of Health’s (NIH) interpretation that these embryos do not have the same moral status as infants and children, saying that they lack sentience and most other qualities considered relevant to the moral status of persons. No particularly convincing argument was made to justify this definition of what an embryo morally is or is not, but no one seemed to notice. NIH simply became its own resource in support of itself. Needless to say, this interpretation by the NIH was akin to having a fox define a code of ethics for the protection of a hen house.

What is of concern here is the way in which ethics and morality are defined in our increasingly utilitarian society. As biased ethicists discussed questions about the ethics of embryo research, they again set the stage for the desired outcome. The way in which the questions were posed set parameters for the debate, eliminating other questions by default. One ethicist raised the question, “Are human embryos so special that not even lifesaving medical benefits can offset the moral cost?” The traditional answer might have been, “Yes, they are!” But in the climate of ethical discussion today, the question was intended to be rhetorical. This same fox of an ethicist then went on to identify the benefits of embryo research in the hen house of science. No existential or spiritual questions were raised or taken seriously by any ethicist within the purview of NIH. Hardly any ethicists apart from the religious community seemed to point out that some things are so horrendous that even public consideration of them offends human dignity.

C. S. Lewis, in many of his science fiction writings, identified the dangers of science when it offers justifications for its projects such as “for the betterment of mankind.” It is interesting to realize that personal ethical decision-making seldom considers the long-term effects of a decision, such as the betterment of mankind, because such wisdom dampens the immediate desire for self-gratification. And yet, when public ethical decisions are announced, the appeal to long-term benefit is made to the masses. Perhaps this double standard for ethics works well for us as a nation of people who want freedom to do whatever we want, which is personally gratifying and publicly enhancing.

The personal and public appeal in ethics at this turning of the millennium is nearly always utilitarian in nature. Because of this it is difficult to raise so-called abstract ethical ideas about truth or about the absolutes of right and wrong. The church collectively must come to realize that this is so. It is not enough to complain about ethics today, nor is it appropriate or adequate to politically coerce a nation into passing laws that result in giving an impression that ethics is about that which is legal. Rather, Christians need to bear witness, in their own ethical decisionmaking, to their faith even when ridiculed for doing so, that others will have a model of the alternative to utilitarianism and emotivism.

Christians must also continue to appeal to reason in the service of faith. Reason offsets emotion, and faith offsets purely utilitarian ethics. Where it is not possible to persuade reasonably, Christians might simply state the truth, take whatever criticism they get for it, and continue to speak the truth in love as the Word of God urges. Christians are not called to success in convincing the world to think differently. We are only called to be faithful, speaking with sensitivity and caring for those whose lives are an empty shell of practical and emotive concerns.

NOTES

- ¹ I use the words “medical ethics” and “bioethics” as synonyms. Medical ethics is older than bioethics, but Law and Gospel apply to both.
- ² For a book that deals with the practice of spiritual care, readers might well refer to my previous book entitled *Pastoral Care under the Cross: God in the Midst of Suffering* (St. Louis: Concordia Publishing House, 1995).

How We Got to Where We Are

Having briefly described the way in which many people, including Christians, approach ethics today, it is important to point out that ethics has not always been approached in this way. In this chapter we will examine how we came to be the way we are in our decision-making by tracing the development of ethics in history. The foundation on which people have built an ethic has shifted over the centuries, but each shift can be seen in part to be a reaction to the ethics that preceded it. Some of the reaction to previous ways of doing ethics can be seen as a maturity of understanding and a return to truth. Other reactions to previous ethical perspectives might be seen as a societal adolescent rebellion against authority that needs maturing. We may well be living in such an adolescent era today.

To begin, we will look briefly at the philosophical rather than theological development of ethics, saving the latter for the remainder of the book. We will learn from our distant elders how they faced ethical issues in the past. It should be said from the outset that although today's issues present themselves in new technological format, the moral questions are old. The moral issues we face about life and death decision-making are about how we treat human beings in general. These issues have been with us since the beginning, following the Fall into sin and since Cain killed Abel.

We will begin our overview of ethics with what might be called the *classical* or golden age of ethics, stemming from ancient Greece five centuries before Christ. We will examine the classical ethical perspectives of Plato and Aristotle. Whether their influence is accepted or rejected, the ideas of both continue to make an impact on ethics today. From there we will move to

what historians now refer to as the *modern* period, the so-called period of Enlightenment of the seventeenth and eighteenth centuries. Immanuel Kant and David Hume will represent this period for our purposes because their influence is still with us today, and yet, their reliance on reason and science is suspect in these *postmodern* times.

The postmodern approach to ethics will be represented by two nineteenth-century philosophers, Søren Kierkegaard and Friedrich Nietzsche. Although these men are not contemporary in our life span they are contemporary in their influence today. Interestingly, Kierkegaard was a Christian and Nietzsche an atheist, but both reacted against the ethics of the modern period. Their influence today is pervasive in the relativism and reaction against absolutes that characterize ethical debate in recent decades.

The presentation of each of these philosophers will be introduced by a contemporary story that illustrates their continuing influence among us today. The reader should be aware that philosophers who follow the *classical* or *modern* thought are not great in number today. The vast majority of people are postmodern in their approach to ethics in choosing to resolve their ethical dilemma according to *what works for them and feels good to them*.

CLASSICAL ETHICS

Terry and Paul had been married for five years. Terry had been on birth control pills for that length of time. Paul had a realistic fear that his family's history of Huntington Disease would be passed on to his offspring and so he was not eager to have children. After someone gave Terry and Paul an article on the availability of donors of sperm, they arranged to see a fertility specialist who suggested that artificial insemination with the use of donor sperm would resolve their genetic problem. But as they drove home, Terry began to have reservations about the idea. She told Paul that it just didn't seem right to her to have another man's sperm father their child. When pressed by Paul, she could not give any explanation for her convictions. She said that it just didn't seem right. Terry went on to say that she had always understood the ideal of marriage and conception to be that a child was meant to be conceived between husband and wife alone. She could not go against this ideal. They eventually adopted a child.

ETHICS BY PLATO

Terry would be called foolishly idealistic by many today for her refusal to make use of donor sperm in order to conceive a child, but she unknowingly represents a classical approach to ethics represented by Plato some twenty-four hundred years ago. Plato believed that the world in which we live is a mere copy of the ideal world and an inferior copy at that. Placing the world of ideals in the spiritual realm, Plato taught that the longing we feel for what is right, good, and true arises from the soul which is a part of that ideal world.¹ Terry was a Platonist in her inexplicable conviction that the ideal was good and anything less than that inferior to it.

The strength of Plato's ethic is that it locates the good in an objective absolute, an ideal. Plato attempted to answer the question, "Where shall we find the good?" There were those, even in Plato's day, who said that it is to be found in one's subjective feelings. Plato responded to the question with the idea of a transcendent world of ideals that gives rise to our reasoned conclusion that there is more to what is good and true than merely our feelings. Subsequent interpretation of Plato's ethics as idealism is ridiculed and rejected by postmodern people. Today idealism is believed to be unrealistic, even a liability in decision-making. How ironic it is that Plato's belief in the *ideal world alone as real* and the physical world as merely its imperfect copy should be reversed in our time by belief in the *physical world alone as real* and the ideal as merely its imperfect reflection.

Plato's world of ideals is a world of absolutes. Ideals as absolutes claim objective reality apart from anything we have to say about them. Contemporary ethics allows little room for discussions of absolutes. Governed for the most part by practicality and emotions, we like to decide on the basis of our feelings what is right and wrong. Plato persuaded the people of his own day to think otherwise, but he does not seem to be convincing many today.

Interestingly, however, individuals often betray their own thirst for objectivity. Although in this age few admit to the existence of absolutes, people nevertheless rely on absolutes when it serves self-interest or, if we are to be more generous in our assessment of human nature, when it reveals a deeper intuitive wisdom. For example, when I tell my students that since they claim there are no absolutes and try to persuade me that moral values are relative, I will therefore randomly assign a failing grade to certain members of the class apart from their performance. They most often rise up immediately in indignation claiming, "That's not fair!" And they are right. What they do not realize is that they are appealing to an objective standard or absolute about what is fair and just. When under pressure, they fall back

on the ideal or absolute. Plato would be pleased. Not many self-confessing Platonists reside on ethics committees today, however, and so we can only ferret them out under siege and reveal to them that they share a place on life's stage with Plato after all.

ETHICS BY ARISTOTLE

Kevin's business had taken a bad turn and he was considering filing for bankruptcy. On top of this he had been visiting his eighty-year-old father in the hospital who, for a month, had been disoriented and unable to be fed except through a feeding tube. Supporting a wife and three children on a declining income, Kevin was nevertheless about to send his first child to college in hopes that he could afford to keep him there. Then he was told by the hospital that his father would have to be moved to a nursing home. His father had sufficient funds to pay for care for some years to come, but this would mean the end of Kevin's hope for a financial rescue from his own problems and the end of an inheritance altogether. There was, however, an out. The doctor hinted that the removal of his father's feeding tube while still in the hospital would put an end to his father's suffering. It would also put an end to Kevin's worries. It was Kevin's call.

No one would blame Kevin for wanting to salvage his business, his son's education, and his own retirement inheritance. To many people with whom Kevin spoke, it seemed pointless to keep up the tube feeding. But Kevin was the one who had to live with the decision he alone was being asked to make. Kevin was a virtuous man. He was honest and wanted to do the right thing regardless of consequences. Perhaps more than anything it mattered to him to act with integrity, so in spite of the threat of financial ruin and all it meant, Kevin refused to withdraw the feeding tube just to secure his own or anyone else's future. Even though his father might linger for weeks, months, or even years, it was Kevin's conviction that his own integrity mattered most. He would face hardship and find satisfaction in knowing he had done the virtuous thing rather than give in to utilitarian concerns. There might be few like Kevin who would have sacrificed practical solutions for personal integrity.

Kevin's claim to integrity as the higher ground is representative of Aristotle's ethics. Aristotle began with the question, "What is it that all people look for in life?" He concluded that the answer was *happiness*. But people seek happiness in the wrong places, he said. It is not found in accumulating wealth or in having good health or even in being able to live without suffering in one's life. Aristotle suggested that real happiness is found in living a life of

virtue which aims at the development of moral character. Although character may be difficult for many to define today, Kevin embodied it. In this, Kevin was Aristotelian for valuing his own integrity above his financial security or personal comfort. He could only do so as one who had learned to resist being seduced by the economic temptations to happiness that our society values so highly.

Aristotle's influence continued to draw parameters around the study of ethics until the eighteenth century. Earlier, in the thirteenth century, Thomas Aquinas had so effectively synthesized Christian theology and Aristotelian thought that the ethics of Aristotle dominated both ecclesiastical and civil ethics until the dawn of the Enlightenment. Aristotle's influence on ethics through the formula of what has come to be popularly identified as *The Golden Mean* has served to guide ethical decision making for generations. It states that the ethical life is one lived virtuously. The virtues are found in seeking the mean—midpoint—between the extremes of excess and deficiency. Courage under pressure, for example, is the *mean* between the excess of foolish impulsiveness and the deficiency of cowardly avoidance.

Aristotle's ethic still appeals to those who believe there is more to life than just getting things done. Many still believe that virtues such as courage, patience, honesty, and reasonable thinking are better ways to deal with difficult medical conditions than the quick fix of emotional reaction. A few ethicists today have proposed, so far unsuccessfully, a return to Aristotle's notion of character development as part of the training of medical professionals who, it is feared, without virtue will tend to pose medical dilemmas and propose solutions in utilitarian or Machiavellian terms.

The intriguing thing about Aristotle's ethic of virtue and character development is that it does not avoid difficult dilemmas. In fact, it requires them, for it is impossible to practice virtue except under circumstances that demand it. Aristotle's ethic is made for those who suffer. In today's world, where suffering is thought to be the worst thing that could happen in illness, it remains to be seen whether anyone will see suffering as an opportunity to practice virtue as the means to develop moral character.

In summary, the classical period of ethics began with the ancient Greeks, the most notable of which were Plato and Aristotle, and served as the foundation for ethics in Western civilization until the Enlightenment of the eighteenth century. Three characteristics are worth remembering. First, classical ethics is characterized by a belief in moral absolutes. The good, the true, and the beautiful are not subjective evaluations made by individuals but possess an ideal and universal reality of their own. Although there have been disagreements among philosophers over the nature of the good, the true,

and beautiful, no modern notion of ethics being a matter of individual subjective preference existed. In the past, philosophers were considered explorers intent on discovering the true nature of objective reality.

Second, classical ethics is also characterized by emphasis on character development. In this approach to ethics it is assumed that a good person performs good actions and that good actions produce a good person. Classical ethics, contrary to popular contemporary ethics, rejects the idea that a person can separate what he does from the kind of person he is. One cannot say he is a moral person while living an immoral life. The contemporary attitude may be illustrated by a conversation I overheard between a young woman and her friend in which the young woman said, "Just because I think old people should be refused expensive treatment if they can't pay for it themselves, doesn't mean I am an *uncaring person*." Separation of the person from his or her attitudes and actions was unthinkable to the Greeks and to classical ethics.

Third, there is no wall between theology and philosophy in the classical ethics of the ancient Greeks. "Mythological and intuitive elements permeate their thinking even where we see the first historical efforts toward conceptualization; they traffic with the old gods even while in the process of coining a new significance for them; and everywhere in the fragments of these ... Greeks is the sign of a revelation greater than themselves which they are unveiling for the rest of mankind."²

The door was left open by classical ethics for Christian theologians such as Augustine and Aquinas to address ethics in a way that today might be identified as holistic. Classical ethics held center stage until the time of the Enlightenment and what might be called the modern approach to ethics.

MODERN ETHICS

The leap from classical to modern ethics is a leap of about two thousand years—and even that does not bring us to what we usually think of as *modern*, namely our own times. It merely brings us from the influence of the ancient Greeks to the brink of the eighteenth century. Until that time, the Aristotelian approach to ethics virtually dominated western philosophical inquiry. By the end of the sixteenth and beginning of the seventeenth centuries the world had changed sufficiently that philosophers began to question the very foundations of classical thought. We will make our attempt to understand the modern approach to ethics of the eighteenth and nineteenth century in the

same way as we did classical ethics. Two stories will be presented, followed by comments on the ethics of Immanuel Kant and David Hume as thinkers of the modern approach to ethics.

ETHICS BY KANT

Jason, as executive vice president of a large corporation, had come a long way since his boyhood days in Nebraska. Forty-eight years old, single, devoted to his work, and distantly respectful of the religious beliefs of his childhood, Jason now lived in New York City. Severed from the community in which he grew up, he enjoyed the solitude of anonymity in the crowd of business associates that made his life exciting and rewarding.

Following a routine medical examination, it was discovered that Jason had leukemia. Being a rational person, Jason immediately began to make responsible provision for the future and to tie up loose ends involving obligations owed his associates. He had always been admired by these associates for his self-reliance and courage in facing up to things. His physician had said there was a good chance of extending his life a few years through treatment, but both the illness and the treatment would seriously limit his independence and energy level for work. He faced the options of seeking treatment only to delay the inevitable or of rejecting treatment and continuing his present level of activities, which made his life meaningful.

Without consulting friends or associates, he surveyed the dilemma and, in spite of being tempted by his emotions to give in to that which gave his life meaning, decided in favor of treatment, telling himself it was what any reasonable person should do under the circumstances. Jason did not seem to be faced with much of an ethical dilemma. Like many, he decided for himself what he believed to be the best thing to do and did it. He was a self-sufficient, autonomous person who was rational and responsible. He was, even without religion, a moral person. Not many people today are as rational in their ethical decision-making as Jason was in this story.

Jason is the contemporary image of Immanuel Kant. Raised by Christian parents who provided a strong Christian morality, Kant nevertheless rejected the faith of his parents while at the same time retaining Christian morality on the grounds that such a moral system could be rationally defended on the basis of natural law. What distinguishes modern ethics from classical ethics is that modern ethics rejects the supernatural foundation for ethics while still retaining a concern for moral integrity. Even today we might consider some as moral persons who categorically reject religion on the