Do You Mind?
The Anthropological Question Underlying Bioethical Discussions

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Abstract

The Baranzano Society, a Local Societies Initiative that brings university scholars, corporate professionals, and healthcare practitioners together to discuss bioethical concerns, has sponsored public forums treating **specific issues**: Are pills the remedy to our ills? Can patients retain their autonomy at the end of life? Does individuality need medical enhancement?

Each issue, on its own, is of widespread interest and can be approached from several viewpoints. However, by stepping back to view these questions together, we see that these subjects disclose a **larger, more comprehensive concern** that leads to questions about who we are and how we develop as human persons: Is our identity reducible to molecular make-up? Does suffering negate the meaningfulness of our existence? Is beauty limited by the reality of personal appearance?

The anthropological concerns center on the question of the **mind-body relationship**. Traditionally, this question has been raised in philosophical inquiries (in terms of ontology and epistemology) and/or in psychology studies (in terms of consciousness). Our contention in this paper is that this question now forms the underlying basis for all bioethical debates. Consequently, how science and religion grapple with this meta-ethical question has significant implications for healthcare.

In summary form, the mind-body question as it relates to bioethics wonders about how we remain distinctly human when faced with debilitating illness or disease. For example, do we cease to be human when we lack complete consciousness or lose independent bodily functioning? More generally, are there differing degrees of humanness depending on our medical condition? Or does the fullness of our humanity depend on a reality that transcends the physical world (i.e., eternal life)? Who answers these questions, and how these decisions are made, will lead to radically divergent decisions when it comes to **the practice of healthcare**.

It is our contention that the meaningfulness of human life lies not simply "out there" in the physical world that our bodies inhabit, nor "inside" the perception generated by the mind's eye. In our view, the human being is constituted as an "embodied self" or an "acting person" (John Paul II) whose body, mind, and soul are integrally connected and therefore wholly affected when it comes to healthcare matters. Consequently, we assert that bioethical dilemmas should be resolved in light of a more **holistic understanding** of the inability to partition a person (into body or mind or spirit) and of the permanence of what makes us human (without loss or degree).

Biography

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Recently, in his discourse to participants in an international congress on the vegetative state, Pope John Paul II proffered a rather definitive statement concerning life-sustaining treatments:

> I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a *natural means* of preserving life, not a *medical act.* Its use, furthermore, should be considered, in principle, *ordinary* and *proportionate*, and as such morally obligatory, insofar as and until it is seen to have attained its proper finality, which in the present case consists in providing nourishment to the patient and alleviation of his suffering.

Notwithstanding its clarity as a papal pronouncement, some view this statement as appearing "to turn centuries of Catholic moral teaching on its head" and clouding the moral debate even more (Editorial).

On a more local level, the subject of this debate has come to the fore through The Baranzano Society, a local initiative bringing together university scholars, corporate professionals, and healthcare practitioners to dialogue about science and religion as these relate to bioethical concerns. The society has held public forums about specific questions regarding the widespread increase in pharmaceutical use, patient autonomy at the end of life, and the enhancement of individuality through aesthetic surgery. Each issue generates its own interest and can be approached from several viewpoints. However, by viewing these questions together, we see that the diverse subjects disclose a larger, more comprehensive concern about who we are and how we develop as human persons: Is our identity reducible to molecular make-up? Does suffering negate the meaningfulness of our existence? Is beauty limited by the reality of personal appearance?

The papal discourse and the panel discussions reveal a central point in bioethical discussions, namely, the classic debate about the mind-body relationship. In summary form, the mind-body question wonders if or how we remain distinctly human when faced with debilitating illness or disease. Who answers this question, and how one arrives at the answer, will lead to radically divergent conclusions when it comes to decisions about healthcare and the use of biomedical technologies at various stages of life.

In this paper, we shall contend that the meaningfulness of human life lies not simply "out there" in the physical world that our bodies inhabit, nor "inside" the perception generated by the mind's eye. In our view, the human being is constituted as an "embodied self" or an "acting person" (John Paul II) whose body, mind, and soul are integrally connected and therefore wholly affected when it comes to healthcare matters. Consequently, we assert that bioethical dialogue should begin with a holistic understanding of the inability to partition a person (into body or mind or spirit) and of the permanence of what makes us human (without loss or degree). Only in this way – when personalism triumphs over physicalism – will decisions about healthcare and biotechnology be rightly ordered.

Overview of the Anthropological Question

Science is, by definition, morally ambivalent and ethically neutral. Advances in biomedical science, and the biotechnology produced by it, can lead to good or evil, to health or death, to palliative care or destructive harm. For this reason, anthropological considerations are not only valuable but necessary, for what is at stake in any bioethical discussion, is, ultimately, the future of a human person (and, consequently, the society of all human persons). To make

sound decisions about that future requires that we begin with an understanding of what a human person is, which leads us into the realm of philosophy.

In this realm, questions about personhood concern what is essential (i.e., what constitutes a being as human?) and what is existential (i.e., how is our humanness lived?). Far from settling the perennial perplexities in these questions, we consider here only the relevant dichotomies that frame any bioethical dialogue.

From an **essentialist** perspective, the question about what constitutes a human being is variously described as the "body-soul" or "mind-body" problem. In the former (and historically earlier) designation, the human person is considered to be both material and spiritual. Sharing a material body, like other living organisms, the human is formed and defined by a spiritual soul; unlike other living organisms, this soul makes one capable of immaterial operations (e.g., intellectual thought, free choice, reflective conscience). In this view, the soul is what animates the body, while at the same time transcending its physical limitations; it is what distinguishes us for who we are as persons and not just animals.

Perhaps seeking to avoid religious overtones, the more contemporary designation contrasts mind and body. To speak of one's "mind" rather than "soul" seems more scientific, as its reference is more readily grasped, especially when associated with the tangible and measurable reality of the brain. According to Nancey Murphy, in *Whatever Happened to the Soul?*, "[T]here are no 'mental' events that are without a physical realization in the brain, yet neurophysiological analysis will never give an adequate account of those events." However, the change in nomenclature from "soul" to "mind" signals a shift toward a more functional view of human life, as, for example in the ethical position of Joseph Fletcher, who suggests that neocortical function is essential to humans. But, as Bishop Elio Sgreccia argued at the

aforementioned international congress, “These two modalities are not equivalent because whereas the phrase ‘body-soul’ refers to the concreteness of the individual being, to substance, to being, the phrase ‘mind-body’ refers to function and is thus reductive.” Thus, while situating the essentially human in a functional realm seeks to account for our unique subjectivity, it also opens the door to utilitarian decision-making based upon a reductive approach to human essence that discounts the transcendent nature of the human person.

Specification of human functioning has also affected talk about the “soul” when this is further subdivided into its vegetative or sensory or rational parts. Even so, this descriptive distinction need not negate the unitary character of the person’s spiritual constitution, for “(e)ven when rationality is impeded this does not mean that the rational soul is not present in a person who is still biologically alive” (Sgreccia). The unity derives from the fact that one’s spiritual being is essential to one’s living reality. In classic philosophical terms, now suggested also by embryological evidence, the unity of body and soul is substantial, not accidental. According to Sgreccia, “Above all else it is required by the knowledge of biology and genetics that demonstrate a very specific organizational ‘form’ of the embryo from the first moment of conception. Compared to other forms, the human soul has specific to it the fact of being subsistent in its being and of communicating to the body the being that is specific to the body.”

This singular human being, whose spiritual and material realities are essentially united, lives historically, that is, within the limitations of terrestrial space and time. From this **existential perspective**, the historical rootedness of human beings raises questions about identity and action as they relate to our distinctiveness as persons.

On the one hand, human identity is linked to what John Kavanaugh calls a “reflexive awareness” of our self as being this particular person. Because who we are is not separable from

the facticity of our bodily existence, our distinctive identity arises from the human ability to "turn back upon itself and [be] aware of itself in being aware of the world." More than merely self-consciousness, understood as a mental capacity, reflexive awareness necessarily takes into account our physical functioning.

On the other hand, our sense of self is not limited by our material/physical existence. Human life in the world is related to, but not bound by, the actions in which our bodies are engaged. Our existence as persons is ontologically distinct, rather than socially constructed. In Kavanaugh's words, "our actions ... only reveal our personal nature; they do not constitute it."

From these dual perspectives on what it means to be and to live as humans, two key issues arise for bioethical consideration. The first concerns the distinction or separation of the personal and the physical. On the one hand, our "self" is clearly more than our bodily make-up; even while possessing higher-level mental traits than others, neither the mind nor the body can be completely explained in scientific terms. On the other hand, if who we are is not somehow connected to physical reality, then one's humanness is called into question when the person lacks complete consciousness or loses independent bodily functioning.

The second issue concerns the basis for making decisions about the human person. If, on the one hand, human beings enjoy an "intrinsic constitution (as) persons" (Kavanaugh), then healthcare decisions cannot be limited by observable benchmarks of action or function or achievement. On the other hand, if who we are is reduced to the mind or the body, then either the priority of internal dispositions or the maximizing of physical outcomes will guide decisions; either way, these utilitarian approaches would assume differing degrees of humanness depending on the medical condition of one's mind or body.

The Vantage Point of Personalism

Coming to terms with the anthropological dichotomies of mind/soul and body, and of human identity and action, is the necessary first step for undertaking sound bioethical discussions. In our view, the resolution of these primary questions by way of personalism, rather than physicalism, offers the best approach to bioethics.

Physicalism, as the name suggests, limits human nature to our material being. "[I]t renders accounts of the world which appeal to supernatural forces obsolete because nothing beyond nature is required to explain the natural world if physicalism is true" (Augustine). In this approach, what is true about humans, and what we can know about ourselves, is that which is tangible, observable, and measurable, whether in mental or physical states.

For bioethical discussions, this approach to human life is rather reductive. Limiting our "self" to the physical and material realities of our existence is to deny the spiritual reality that makes us distinct as persons. "If human beings evolved from other organisms and are different from them only in degree--as evolution implies--and physiological psychology reveals that we have no substantial soul that makes us different *in kind* from other animals, then we seem to be nothing more than highly complex animals" (Augustine). Moreover, a purely physicalist approach denies the essential connection that the mind/soul has to the body. Severing the person in this way, healthcare decisions are reduced to medically observable outcomes.

The personalistic approach, on the other hand, affirms "man's proper and primordial nature, the 'nature of the human person,' which is the person himself" (John Paul II, *Veritatis Splendor,* no. 50.1). The person is who he/she is, not because of what the person can do (in terms of mental or physical capacity) but because of the very make-up of what is distinctly human life. That make-up distinguishes body and soul but does not separate them.

In the personalistic view of John Paul II, humans are "acting persons." In summary form, this means that a person is "a self-determining agent that realizes itself through free and responsible action" (Dulles). Who a person is (identity) and what a person does (action) are distinct but related. "Activity is not something strictly other than the person; it is the person coming to expression and constituting itself" (Dulles). Thus, while the acts that are proper to our physical or mental functioning are distinguished in terms of medical analysis and treatment, they nonetheless are not separable from our personhood.

In his discourse to participants at the international congress, John Paul II points out what this means for bioethical dialogue: "[T]he intrinsic value and personal dignity of every human being do not change, no matter what the concrete circumstances of his or her life. A man, even if seriously ill or disabled in the exercise of his highest functions, is and always will be a man, and he will never become a 'vegetable' or an 'animal'." In addition, considerations about "quality of life" cannot take precedence over the fact of living, for "to admit that decisions regarding man's life can be based on the external acknowledgment of its quality, is the same as acknowledging that increasing and decreasing levels of quality of life, and therefore of human dignity, can be attributed from an external perspective to any subject, thus introducing into social relations a discriminatory and eugenic principle." More specifically, in terms of healthcare decisions, "the value of man's life cannot be made subordinate to any judgment of its quality expressed by other men."

We now turn to a consideration of some of the more contentious issues in science and healthcare. Modern technology is having an increasingly direct impact on the beginning, the development, and the end of human lives in the twenty-first century and, as such, generates extensive bioethical discussion.

Implications for Bioethical Discussions

Issues Affecting the Beginning of Human Life

The development of embryonic stem cell technology has enabled scientists to take a human embryo that was fertilized five days prior and disaggregate the cells at a point in development before specialization has occurred. The technology was first reported in the journal *Science* by James Thomson et al. in 1998 and utilized "excess" human embryos that were donated by couples who had participated in *in vitro* fertilization. Since the cells were removed from the embryo before differentiation occurred, it was predicted that the cells could be directed developmentally to serve as a source for replacement tissues in adult humans. While the development of this type of technology is the work of scientists as "acting persons," its use stems from an approach that seems to devalue the human embryo from which the cells are derived, since it precludes the embryo from ever developing into an "acting person." Thus the potential flourishing of an adult is pursued at the expense of the demise of another human through a consideration that an embryo lacks the status of personhood since it has not yet developed neocortical functioning and cannot develop independently of a biologically nurturing environment.

The recent completion of the Human Genome Initiative has produced a publicly available database as well as a privately owned database containing the complete sequence of DNA bases derived in part from nine different individuals. This technology will ultimately offer access to the complete biological "blueprint" of the human race. While this technology promises a future ability to replace certain existing gene sequences with other sequences that are potentially more desirable, the technology in itself does not provide any insight on the attributes that would be

considered more desirable that others. While the curing of genetic illness seems attractive, the definition of genetic illness seems illusive. For example, is low intelligence a genetic disease? And if so, should we genetically re-engineer our children in order to produce a race that is more intelligent? This technology clearly has the potential to lead to a eugenic principle and the philosophical problem of situating our value as persons in the inherent "quality" of our genes.

While the first successful frog cloning experiments, conducted by Gurdon and his associates, were well known to biologists during the 1960s, the emergence of mammalian cloning technology at the Roslin Institute in Scotland during the 1990s created renewed interest in the idea of cloning human beings. In this technology, the DNA blueprint contained in the nucleus of an adult body cell is removed and transplanted to a human egg in which the native DNA has been removed or obliterated. The egg is artificially stimulated to begin development in the absence of sperm contact and is then implanted into a surrogate mother. The individual who is produced would have the biological constitution of an identical twin. Similar to the considerations involving genetic engineering above, cloning technology leaves important philosophical questions unanswered, namely, whose genetic material should we clone and is the genetic material from one individual more desirable than that of another? This will again lead, ultimately, to ethical decisions based upon eugenic principles.

Each of the above issues is predicated upon a biological technology that in itself is morally and ethically neutral, as well as a philosophical consideration which is morally and ethically essential. What is essential is to consider the "subject" upon which the biomedical technology is put to work, namely a human being. When body and soul are separated, or when the soul is reduced merely to the mind, the lack of regard for what makes a person distinctively human leads to an ethic based upon physicalism (and, more broadly, scientism). Human stem

cell research and eugenics-based technologies offer the illusion that the autonomous pursuit of an individual's bodily perfection can take place through the use of, or at the expense of, another person's genes, whether it is by the use of a single gene or an entire genome.

Issues Affecting Human Development

The development of various psychoactive drugs during the past two decades has led to a cultural sense that the human mind can be enhanced chemically by the administration of a broad spectrum of agents. Our contemporary culture has coined an entire idiom around terms ranging from dependency to addiction. Many individuals commonly refer to their ongoing relationships with their "shrink" as simply a way of life. Scientists pursue neurological investigations driven by an ongoing sense that our brains are merely a series of complex chemical reactions, which when completely understood, will result in world free from suffering, self-doubt and conflict. We are promised that all of this can be achieved by the attainment of an illusive state called "chemical balance." Yet are we simply the product of the interaction of our neurotransmitters? If so, then what is the role of our experiences? Is suffering a transformative experience or something to be obliterated?

The number of surgical procedures aimed at aesthetic enhancement, and the television shows that celebrate such makeovers, has increased dramatically as well. According to the American Society of Plastic Surgeons, over 225,000 breast augmentations were paid for in 2002, while demand for implants and lifts has risen 584% in the last decade (Seigel). Our desire to correct for disfigurement, or to improve upon perceived blemish, is based upon an assumption that one appearance is more desirable than another within a population. Our desire to correct the effects of aging is based upon an assumption that being young is more desirable than being old.

Our desire to pursue surgical and medicinal means of correcting obesity is based upon a sense that we are not able to master our own passions and desires.

Yet each of the above enhancements, whether of mind or body, extends biomedical technology well beyond its therapeutic promise. In doing so, it threatens to leave behind any sense of the unique role of our life experiences. This separation of the mind or spirit from our physical existence tempts us to alter ourselves in a way that diminishes our distinctiveness while we pursue some better-than-myself ideal. Kavanaugh's concept of personal identity as reflexive awareness is replaced with an awareness based on the image of others as more desirable than who we actually are.

Issues Affecting the End of Human Life

The rapid emergence of physician assisted suicide in many cultures attests to a shift that has occurred which equates the value of our human existence with our self-perceptions of our bodily health. Autonomy of our bodily existence is maximized at the expense of a more inherent, "person"-al value that transcends physical make-up. The sense of a soul that animates the body is replaced with a body that is separate from or devoid of a soul. Suffering becomes meaningless because it is ultimately not contextualized in the series of events that gives our human experiences a higher meaning.

Life sustaining technologies, which often successfully enable the acutely affected patient to survive, have also challenged us to face a condition often referred to as "permanent vegetative state." The mere term "vegetative" seems to refute most commonly accepted biological definitions of humans who remain animals no matter their state of consciousness. Nonetheless, the key philosophical question under consideration for humans experiencing this condition is

whether neocortical function is necessary for personhood. If one considers the soul to be separate from the body and perhaps that the soul is predicated on the existence of a mind, then those who lack consciousness are no longer persons. Yet, a personalistic understanding, rather than a physicalist approach, will lead to a very different conclusion.

Personalistic considerations of both physician assisted suicide and permanent vegetative state reverse the reductive tendencies of a physicalist approach. We as "acting persons" are the products of an endowed identity as well as a series of consequential actions in our lives. Even in the presence of suffering and in the absence of neocortical functioning, each human person uniquely relates to others. Consciousness is not required for this relating to occur. We each have an existence in life with which we have been gifted, and an ability to act that is distinct but necessarily related to the gift of life we have received. Thus, the issues we face at the end of life are personal and not merely physical; in this sense, they are expressions of our soul. Consequently, the actions we undertake when faced with challenges are most fully expressive of our personhood in as much as they also manifest this "transcendent" or "spiritual" dimension of our being. The choices we make that fail to manifest the fullness of our personhood ultimately devalue our dignity by reducing our lives to a merely physical existence.

The Central Question in Bioethical Discussions

Each of the contemporary issues reviewed above leads ethicists to a question that looms larger than the technologies involved and yet is more foundational to the decisions to be made by scientists and healthcare practitioners. The question is an anthropological one: what and how is a being human, and a human a person? How one approaches this question becomes decisive for bioethical discussions.

When physicalism acts as the prism through which life is understood and lived, the question is reduced to a materialistic level. What it means to be a human is de-valued in the sense that the spiritual or transcendent dimension that makes us unique as persons is lessened to the point of being irrelevant. Life comes to be manufactured from a non-personal, yet actually human, clump of cells. Growth and development are engineered by pharmacological or surgical enhancements. Death becomes the cessation of qualitative functioning, chosen when physical or mental capacities diminish to a point no longer acceptable by an individual.

However, a personalist approach to the key question sees humans for who and what they are, as this is linked to what they do (or cannot do) and what they become. Realizing that our identity as persons transcends the material realm, personalism considers a human to be an "embodied self" – one whose spirit or "soul" is more than mindful consciousness, yet is expressed in and through our bodily existence (both mental and physical). In this respect, dignity inheres in every human simply by virtue of being human. As "acting persons" (Karol Wojtyla / John Paul II), we have the ability to act in ways that affect our dignity – whether to fulfill or diminish it – but we cannot lose it, for we cannot change our identity as being human and, by extension, our existence as persons. An embryo, and the genes it possesses, does not have the potential for life; it is a human life that has the potential to develop into an adult. Mental or physical enhancements do not change who we are; our identity as human persons is given, not self-selected or self-determined. Death is not an autonomous choice in the face of suffering or a proxy decision absent a person's consciousness, but instead the natural end to a person's earthly existence – in the totality of body, mind, and soul.

Unless we affirm the inherent dignity and value of human life, bioethical discussions risk being reduced to utilitarian equations. If our humanity depends only on our physical reality, in

terms of the health of our brain or our body, then our distinctiveness as persons no longer plays a part in decisions about the future health of that very person. When the fundamental uniqueness of the person is "pulverized" in this way, the evil of our socio-political times reaches down to the biological level and degrades the ethical decision-making process in healthcare matters. Only when we construct bioethical discussions on the foundation of what it means to be a human person can we be certain that the house of our body-soul continuum will not crumble.

Thus, to the reader the ultimate question is "Do you mind?" whether human reality is physical or personal. In our view, we must respond with a "yes" ... for the answer is a matter of life and death to someone.

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