

JOHN M. GRONDELSKI

WILLIAM MAY – CATHOLIC BIOETHICIST  
ON THE MARGIN OF HIS NEWEST BOOK,  
*CATHOLIC BIOETHICS AND THE GIFT OF LIFE*

I. INTRODUCTION

The enormous advances in biology and medicine in recent decades has made bioethics an increasingly important subject to which Catholics must pay attention. The need for principled ethical reflection on recent developments in medicine is especially important because, in some quarters, the „technological imperative” is dominant: because I *can* do something, I *may*. Such a position is especially important when that technological imperative is coupled with appeals to emotion (as in the case of artificial reproduction), alleviation of suffering (as in the case of euthanasia), or „freedom of inquiry” (as in defenses of embryo experimentation or cloning). Catholic thought has much to contribute to that principled ethical reflection, and William May has already contributed enormously to that effort.

William E. May is one of the long-term exponents of the „basic human goods” theory in Christian ethics. That theory is often frequently associated with philosophers like Germain G. Grisez in the United States and John Finnis in Great Britain. Its advocates maintain that it is the development of the natural law theory of St. Thomas Aquinas minus its distortions at the hands of Suarez and later commentators. Grisez began expounding the theory in his 1964 book, *Contraception and the Natural Law*<sup>1</sup>, in which he argued that while Catholic teaching on contraception was correct the traditional

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<sup>1</sup> G. G. G r i s e z, *Contraception and the Natural Law*, Milwaukee: Bruce 1964.

natural law rationale used to defend it was inadequate. Grisez further maintained that Thomistic natural law theory could be rehabilitated to make its explicitly humanistic elements more evident. In subsequent works, Grisez further developed his ethical theory<sup>2</sup>. A similar process was afoot on the other side of the Atlantic, with Oxford's John Finnis contributing to the renewal of Thomistic natural law theory<sup>3</sup>

Grisez and Finnis had been originally known as philosophers of the basic human goods theory (although Grisez subsequently authored a three-volume theological synthesis of his ethics)<sup>4</sup> While May has been associated with that movement from its beginnings in the mid-1960s, he has always taken a theological perspective<sup>5</sup> (although his own degree was originally in philo-

<sup>2</sup> See, for example, G. G. Grisez and R. Shaw (*Beyond the New Morality: The Responsibilities of Freedom*, Notre Dame: University of Notre Dame Press, 1<sup>st</sup> edition 1974, revised edition, 1980; 3<sup>rd</sup> edition, 1988). Other bioethical works with relevance to his ethical theory include: G. G. Grisez, J. Boyle, *Life and Death with Liberty and Justice: A Contribution to the Euthanasia Debate*, Notre Dame: University of Notre Dame Press 1979; G. G. Grisez, *Abortion: The Myths, the Realities and the Arguments*, New York: Corpus 1970; G. G. Grisez, J. Finnis, J. Boyle, *Nuclear Deterrence, Morality and Realism*, New York: Oxford University Press 1987.

<sup>3</sup> J. Finnis, *Aquinas: Moral, Political and Legal Theory*, New York: Oxford University Press 1998; i d e m, *Fundamentals of Ethics*, Washington: Georgetown University Press 1983; i d e m, *Moral Absolutes: Tradition, Revision and Truth*, Washington: The Catholic University of America Press 1991; i d e m, *Natural Law and Natural Rights*, New York: Oxford University Press 1980; i d e m (ed.), *Natural Law*, New York: New York University Press 1997.

<sup>4</sup> See: G. G. Grisez, *The Way of the Lord Jesus*, Vol. 1: *Christian Moral Principles*; Vol. 2: *Living the Christian Life*; Vol. 3: *Difficult Moral Questions* [many bioethical], Chicago: Franciscan Herald Press. Also see: G. G. Grisez, R. Shaw, *Fulfillment in Christ: A Summary of Christian Moral Principles*, Notre Dame: University of Notre Dame Press 1991.

<sup>5</sup> Among W. May's other books on ethical issues (primarily related to fundamental moral theology, sexual morality and bioethics) are: *An Introduction to Moral Theology*, Huntington, Indiana: Our Sunday Visitor, 1<sup>st</sup> ed. 1990, revised edition 1994; R. L a w l e r, J. B o y l e, W. M a y, *Catholic Sexual Ethics: A Summary, Explanation and Defense*, Huntington, Indiana: Our Sunday Visitor 1985, Updated edition – 1996; W. M a y, *Marriage: The Rock on Which the Family Is Built*, San Francisco: Ignatius Press 1995; i d e m, *Sex, Marriage and Chastity: Reflections of a Catholic Layman, Spouse and Parent*, Chicago: Franciscan Herald Press 1981; i d e m, *Contraception, Humanae Vitae and Catholic Moral Thought*, Chicago: Franciscan Herald Press 1984; i d e m (Ed.), *Hello, Lovers! An Introduction to Situation Ethics*, Washington: Corpus 1970; i d e m (Ed.), *Principles of Catholic Moral Life*, Chicago: Franciscan Herald Press 1981; i d e m, *Moral Absolutes: Catholic Tradition, Current Trends and the Truth* „The 1989 Père Marquette Lecture” Milwaukee: Marquette University Press 1989; i d e m, *The Nature and Meaning of Chastity*, Chicago: Franciscan Herald Press 1976; i d e m, *On Understanding „Human Sexuality”*, Chicago: Franciscan Herald Press 1977; i d e m, *Becoming Human: An Invitation to Christian Ethics*, Dayton: Pflaum 1975.

sophy). May served for almost twenty years in the Faculty of Theology of The Catholic University of America in Washington. For the past ten years he has been Professor of Moral Theology at the Pope John Paul II Institute for Studies in Marriage and the Family, also in Washington. Despite their creative work, the „basic goods theory” of Grisez, May et al. deserves far more interest than it has received and clearly merits more scholarly attention<sup>6</sup>.

May’s first major book on bioethics<sup>7</sup> was published one year before Karol Wojtyła’s election to the papacy. His newest book on bioethics<sup>8</sup>, appears almost a quarter of a century after his first one and after more than two decades of Pope John Paul II’s pontificate. A comparison of the two books makes evident both how influential Pope John Paul II has been in shaping Catholic thought on bioethical questions as well as how far the moral debates in bioethics have degenerated even as knowledge and technology in that field has grown. This article is intended to be more than a review; using May’s latest book as the canvas, it will note the major contributions May has made to Catholic bioethical thought in the past quarter century.

## II. *QUO VADIS*, BIOETHICS?

It is worth paying some attention to the title of May’s latest book, *Catholic Bioethics and the Gift of Human Life*, because it reveals two important things about bioethics today. First, etymologically „bioethics” studies the ethics of βίος, „life.” In writing about „the gift of human life” May’s perspective would appear to be clearly the formal object of bioethics: life. Yet, paradoxically, much contemporary or „mainstream” bioethics maintains a studied agnosticism about human life and its origins. Officially, much of this literature pretends

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<sup>6</sup> A brief listing of the too-few books dealing with Grisez et al.’s basic goods theory include: R. G e o r g e, *Natural Law and Moral Inquiry: Ethics, Metaphysics and Politics in the Work of Germain Grisez*, Washington: Georgetown University Press 1998; R. H i t t i n g e r, *A Critique of the New Natural Law Theory*, Notre Dame: University of Notre Dame Press 1987; J. C a s e y (Ed.), *A Grisez Reader for „Beyond the New Morality”*, Washington: University Press of America 1982; W. M o m m a n s e n, *Christliche Ethik und Theologie: Eine Untersuchung der ethische Normierungstheorien von Germain Grisez, John Finnis und Alan Donagan*, Altenberge: Oros Verlag 1993; J. V i l l e g a s, *Hay Obligación moral de obedecer al derecho?*, Madrid: Fundación Cultural Enrique Liòd Peða 1996.

<sup>7</sup> W. M a y, *Human Existence, Medicine and Ethics*, Chicago: Franciscan Herald Press 1977.

<sup>8</sup> I d e m, *Catholic Bioethics and the Gift of Human Life*, Huntington: Our Sunday Visitor Publishing Division 2000; Hereinafter, *Catholic Bioethics*.

that the question of when life begins is either unsolved or insoluble. The dirty little secret, of course, is that this literature does in fact make assumptions about when life begins: in practice it denies that life begins at conception. Thus, a recent book on genetic engineering does not even include the word „life” in its index or table of content, although the notion of „worthwhile life” appears in the chapter dealing with the ethics of „reproductive freedom”<sup>9</sup> May thus reminds us of what bioethics ought to be about: the study of moral obligation which derives from dealing with human life<sup>10</sup>.

Second, May’s latest book is about „Catholic bioethics” One should not forget that Catholicism has a long and distinguished tradition in medical ethics<sup>11</sup> That tradition antedates much of the contemporary explosion in bioethical writing. Indeed, it is arguably superior to it because it does not feign hand-wringing while leaving the most basic metaethical presuppositions undergirding bioethics unsettled.

May contributes to the development of that Catholic medical ethics tradition, a process that has been in some ways neglected—at least in the West—while valuable time was lost on internecine disputes over the premises of Catholic moral theology fomented by revisionist theologians frequently associated with the so-called „proportionalist” school of moral theology<sup>12</sup>.

Chapter two of May’s *Catholic Bioethics* deals with some of these disputes in fundamental moral theology. May explains and defends the traditional

<sup>9</sup> A. Buchanan, D. Brock, N. Daniels, D. Wikler, *From Chance to Choice: Genetics and Justice*, Cambridge: Cambridge University Press 2000, pp. 226-57.

<sup>10</sup> There are, of course, bioethicists like Princeton University’s Peter Singer full of solicitude for all manner of living species except, in the end, humans: J. Budziszewski, *What We Can’t Not Know. A Guide*, Dallas: Spence 2003, p. 9.

<sup>11</sup> A useful survey (although sympathetic to proportionalism and revisionism) is D. Kelly (*The Emergence of Roman Catholic Medical Ethics in North America: An Historical, Methodological, Bibliographical Study*, 2<sup>nd</sup> ed. Lewiston: Edwin Mellen Press 1979). See also (albeit with proportionalistic defects): R. A. McCormick, *Health and Medicine in the Catholic Tradition: Tradition in Transition*, New York: Crossroad 1984.

<sup>12</sup> These debilitating debates were one reason Pope John Paul II issued his encyclical letter, *Veritatis splendor*. It is not coincidental that, just as disputes in fundamental moral theology had implications for life issues (like abortion, contraception and euthanasia) so the encyclical which addressed these disputes in fundamental moral theology needed to be followed by one on the life issues themselves, *Evangelium vitae*. For one critique of proportionalist thought, see: A. Szostek, *Natura – Rozum – Wolność. Filozoficzna analiza koncepcji twórczego rozumu we współczesnej teologii moralnej*, Lublin 1989, 2<sup>nd</sup> ed., revised, Rome, 1990. Szostek’s work is in German translation as: *Natur – Vernunft – Freiheit. Philosophische Analyse der Konzeption „schöpferischer Vernunft” in der zeitgenössischen Moraltheologie*, Frankfurt am Main: Verlag Peter Lang 1992.

„three font” theory of the morality of human acts (*finis operis, finis operantis*, circumstances), frequently citing Pope John Paul II’s encyclical, *Veritatis splendor*. (May includes a commentary on the encyclical in chapter one). May weaves the teaching of the encyclical together with the theory of the „basic human goods” of which he and Grisez have been exponents for more than three decades. Starting from the First Principle of Practical Reason – „do good and avoid evil” – it is then necessary to specify what the good is. Grisez argues that the basic human goods are eight: life, speculative knowledge, aesthetic experience, play, integrity, authenticity, friendship and religion<sup>13</sup> These goods are incommensurable, i.e., any other human goods are reducible to one or several of these eight basic goods (e.g. health is an aspect of the good of life; marriage can be deemed an aspect of the good of life and an aspect of the good of friendship, etc.) but the basic goods themselves are not further reducible. The basic human goods are not *things*; they are not something separate from the human person. They are, rather, aspects of the human persons, goods that perfect the human person. Thus, a person is more truly human the more deeply he shares in basic goods like life, friendship, speculative knowledge and religion.

Because the basic human goods are incommensurable *personal* goods, each perfects some aspect of the person that the others cannot. Each in its own way is indispensable and, therefore, each in its own way is the most important. Emphatic that there is no „master good” to which all the other basic human goods can be reduced, Grisez equally resists attempts to create any hierarchy among the basic goods. One might suggest the analogy of white light passing through a prism. For the light to be what it is it must contain the seven visible colors of the spectrum; to exclude one would be to disfigure the white light itself.

To attempt to create a hierarchy among the basic goods, Grisez maintains, would be to say that some aspects of humanity are less important, and that he will not do. Grisez knows what often underlies such attempts: a Cartesian notion of the person that reduces him to mere consciousness with all the

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<sup>13</sup> G r i s e z, S h a w, *Beyond the New Morality*, 1<sup>st</sup> ed., chapters 7 and 8. Admitting that Grisez has subsequently revised his list of basic human goods (see, e.g.: *The Way of the Lord Jesus: Christian Moral Principles*, pp. 121-125, 135-138) the present author believes that Grisez’s earlier formulation was more accurate and will follow it in this article.

other aspects of the persons reified, i.e. turned into something at the service of this disembodied „person”<sup>14</sup>.

May clearly understands that a genuine bioethic must grapple with the good of life; bioethics must be at the service of that good. He also touches (albeit too briefly) on the problem of human freedom, writing that genuine human freedom rests upon conformity of the agent’s will with the truth (and not just self-will)<sup>15</sup>

May’s explicit focus on „the gift of human life” clearly sets this book apart from the ever-growing literature in bioethics. May’s starting-point gives this book a somewhat unique place in contemporary bioethical literature. While this essay will take note of the overall contents of the book, particular focus will be centered on those aspects that are May’s unique contributions or unique aspects of May’s academic career. By „unique” we do not mean eccentric; we mean those special emphases that are often wholly neglected and those dilemmas that are often wrongly resolved in bioethics today. (We bear in mind the paradox that, for many contemporary practitioners of bioethics, the notion that a problem could be „wrongly” resolved may seem either mistaken or arrogant).

### III. SEX WITHOUT BABIES

Chapter four, „Contraception and Respect for Human Life”, is one such example. May begins by admitting that „[c]ontraception is usually considered an issue in sexual ethics, rather than one proper to bioethics”<sup>16</sup>. Indeed, outside of Catholic books on bioethics, contraception is rarely even mentioned. For many people, Catholic opposition to contraception is akin to the Jehovah’s Witnesses’ opposition to blood transfusions: it is regarded as a peculiar, sectarian hang-up of one specific group against something that society at-large long ago accepted as a positive good.

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<sup>14</sup> See: G. G. G r i s e z, „Dualism and the New Morality” *Atti del Congresso Internazionale Tommaso d’Aquino nel suo Settimo Centenario*, vol. 5, *L’Agire Morale*, Naples: Edizioni Domenicane Italiane 1974, pp. 323-330.

<sup>15</sup> M a y, *Catholic Bioethics*, pp. 54-55. I say „albeit too briefly” because the problem of the relationship between freedom and the good, a classic problem in philosophy and theology, returns with particular vengeance in contemporary bioethics, where a Sartrean notion of good (what is good is what is done freely) often prevails. A recent work on genetic engineering, for example, takes as its ethical lodestone the principle of individualistic „reproductive freedom”. See: B u c h a n a n [et al.], *From Chance to Choice*, chapter six generally.

<sup>16</sup> M a y, *Catholic Bioethics*, p. 119.

In light of such attitudes, May's analysis is all the more important. May has previously written persuasively on contraception as a rejection of the basic good of human life<sup>17</sup>. Much of that writing occurred within the context of polemics with theologians who defend contraception<sup>18</sup>. In his current book, May rightly begins with a broader perspective than the intramural debates which have plagued recent Catholic moral thought in the West. He starts with an examination of contraception's contribution to the broader „culture of death” about which people of good will-Catholics and non-Catholics alike-are increasingly concerned.

May has no illusions about the controversy he will engender: „The suggestion that contraception is «anti-life» and has led to the «culture of death» will offend many people, both Catholic and non-Catholic, who do not regard contraception as an anti-life kind of act and who can see no connection whatsoever between contraception and the «culture of death» [...]. [T]he suggestion that there is a link between contraception and the «culture of death» is considered outrageous [...]”<sup>19</sup>

Yet, like the geocentric solar system or the notion that the world is flat, a widely held consensus does not necessarily mean that the consensus is true. Those who would deny that contraception fuels the culture of death must respond to the phenomenon that there is no country where the use of artificial contraception became widespread that did not legalize abortion-on-demand within one generation<sup>20</sup>. This phenomenon, in turn, casts doubt upon argument used to berate the Church, viz., if one was truly „pro-life” one would support widespread access to contraception. That widely held modern myth asserts that as contraception becomes more available, recourse to abortion will decline. But real experience shows that contraception and abortion

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<sup>17</sup> See, e.g.: L a w l e r, B o y l e, M a y, *Catholic Sexual Ethics*, 1<sup>st</sup> ed., pp. 153-167; Updated ed., pp. 153-167.

<sup>18</sup> See, e.g.: M a y, *On Understanding „Human Sexuality”*; M a y, *Contraception, Humanae Vitae and Catholic Moral Thought*, May wrote that essay in response to A. Kośnik [et al.'s] (*Human Sexuality: New Directions in American Catholic Thought*, New York: Paulist 1977).

<sup>19</sup> M a y, *Catholic Bioethics*, p. 119.

<sup>20</sup> See: E. A n s c o m b e, *Contraception and Chastity*, London: Catholic Truth Society [1975], pp. 5-6. Pope John Paul II discusses this same notion in *Evangelium vitae*, 13. More than 30 years ago, Wojtyła posed a question still unanswered satisfactorily by the „development experts” ready to export condoms around the world: Why is „reaction against the Pop's word [in *Humanae vitae*] [...] in inverse proportion to proximity to the «hunger belt?»” (K. W o j t y ł a, „Crisis in Morality” in *Crisis in Morality: The Vatican Speaks Out*, Washington: United States Catholic Conference 1969, p. 4).

rates – contrary to the popular mythology – have generally tended to grow in direct rather than inverse ratio.

May quotes *Evangelium vitae*<sup>21</sup> to show that Pope John Paul II does not treat contraception as an „anti-life” as much as an „anti-love act”<sup>22</sup>. But May also argues that defense of contraception usually presupposes a Cartesian anthropology that subpersonalizes the body (and, with it, man’s procreative dimension). May signals this shift in the emphasis he puts upon clearly distinguishing between acts of „procreation” and acts of „reproduction” The two terms have specific meanings for May; they are neither synonyms nor distinctions without a difference. „Procreation” refers to sexual intercourse between persons who are cognizant that what they are doing participates in the good of human life. The outcome of their intercourse may be a human person, equal in dignity to them, begotten of their love<sup>23</sup> „Reproduction,” on the other hand, regards intercourse as a process resulting in a product: a conceptus, a fetus, a batch of cells, a baby (depending entirely on what the producer

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<sup>21</sup> M a y, *Catholic Bioethics*, p. 124. He relies on *Evangelium vitae*, 13 and *Familiaris consortio*, 32.

<sup>22</sup> „For [Pope John Paul II] [...] contraception directly violates marital chastity and not the good of human life” (M a y, *Catholic Bioethics*, pp. 124-125). At the same time, May acknowledges that John Paul II has called contraception and abortion „fruits of the same tree” (*EV*, 13, in: M a y, *Catholic Bioethics*, p. 124) and would not deny that Wojtyła deemed contraception a violation of the „existential” meaning of the sexual urge. On the latter subject, see: K. W o j t y ł a, *Love and Responsibility*, transl. H. T. Willetts, New York: Farrar, Straus, Giroux 1981, pp. 51-54. See also: J. M. G r o n d e l s k i, *Fruitfulness as an Essential Dimension of Acts of Conjugal Love: An Interpretative Study of the Pre-Pontifical Thought of John Paul II*, Ph.D. Diss., Fordham University 1985. May himself speaks of contraception as both „anti-love” and „anti-life”: *Catholic Bioethics*, pp. 137-39.

<sup>23</sup> It was Marshall McLuhan, I believe, who said that every major change, every revolution, was preceded by a change of language. May is acutely aware of this truth and of how euphemisms have served to conceal moral evil by redefining words (e.g., pre-natal murder becomes „termination of pregnancy”). May therefore often calls attention to terminology and the precise meaning of words, demanding that we be precise with them. In *Catholic Bioethics* (p. 68), for example, he reminds us: „The marital act is not simply a genital act between men and women who happen to be married. Husbands and wives have the capacity to engage in *genital* acts because they have genitals. Unmarried men and women have the same capacity. But husbands and wives have the capacity (and the *right*) to engage in the *marital* act only because they are married, i.e., husbands and wives, spouses. The marital act, therefore, is more than a simple genital act between people who just happen to be married. As marital, it is an act that inwardly participates in their marital unity, in their one-flesh unity, a unity open to the gift of children. The marital act, in short, is an act inwardly participating in the „goods” or „blessings” of marriage, i.e., the good of steadfast fidelity and exclusive conjugal love, the good of children, and, for Christian spouses, the good of the „sacrament” (emphasis original).



wants to call it). The product may be unwanted (in which case contraception and back-up abortion are indicated) or highly wanted (in which case any number of reproductive technologies may be employed)<sup>24</sup> But whether the parents consciously speak in these terms or not, this is how they think. The child is not valued just because it *is* but because it meets some additional criterion, e.g. it is *wanted*. Whether explicitly admitted or not, the child becomes the parents' inferior<sup>25</sup>: his value derives from the meaning they attach it to and, ultimately, to their sufferance of his existence.

By analyzing the choices that inherently must enter into a decision to resort to contraception, May concludes that „[s]ince contraception is specified precisely by the choice to impede the beginning of new human life, it is an anti-life kind of act, one expressing a contra-life will [...]. Ultimately, [this] [...] decision is rationalized and motivated by the judgment: «It is not good that a new human person should exist». Contraception is always seriously wrong because it is always gravely immoral to damage, destroy or impede the good of human life”<sup>26</sup>.

#### IV BABIES WITHOUT SEX

If, however, the procreative-unitive nexus of the sexual act can be broken – contrary to what Pope Paul VI taught in *Humanae vitae*<sup>27</sup> – then if one can have sex without babies why cannot one have babies without sex?<sup>28</sup> Chapter three, „Generating Human Life”, focuses precisely on the latter problem. In that chapter, May reviews the explosion of reproductive technologies, most of which presuppose some use of *in vitro* fertilization and embryo transfer (IVF-ET) techniques. Cloning receives some attention<sup>29</sup> though it is a pro-

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<sup>24</sup> Herein lies the great dilemma of modern gynecology and obstetrics: any objective notion of „healthy/unhealthy,” „good/evil” has been lost in favor of a consumer-oriented fulfillment of customer's desires. In this sense, contemporary gynecology and obstetrics has moved away from being a branch of objective medicine to a type of cosmetic surgery (with sometimes lethal consequences for the unborn child).

<sup>25</sup> M a y, *Catholic Bioethics*, p. 86.

<sup>26</sup> Tamže, p. 136.

<sup>27</sup> Pope P a u l VI, *Encyclical Letter „Humane vitae”* 12.

<sup>28</sup> The broadest extension of this claim was presented in a case before the British courts by a woman claiming the right to be inseminated using sperm from her dead husband: see: *R v. Human Fertilisation and Embryology Authority, ex parte Blood*, [1997], 2 All ER 687.

<sup>29</sup> M a y, *Catholic Bioethics*, pp. 78-79.

blem likely to grow in significance in coming years<sup>30</sup> May's specifically important contributions relative to moral analysis of reproductive technologies are two: (1) his analysis of various techniques to assist fertilization which are or might be deemed compatible with Catholic teaching; and (2) his analysis of moral issues connected with efforts to „rescue” frozen embryos.

One of the reasons artificial means of reproduction have become popular is the plight of couples who want to have a baby of their own but cannot<sup>31</sup> The problem has been exacerbated in recent years by a rise in rates of infertility. Various techniques have been developed to attempt to address the dilemma of childless couples who also seek to be faithful to Catholic teaching concerning marriage and sex. The larger bioethical community, which has few or no problems with IVF-ET, has devoted little or no attention to procedures which might help childless couples but are still consonant with Catholic thought. May, happily, addresses these issues. He argues that techniques like Low Tubal Ovum Transfer (LTOT) or moving sperm deposited in the vagina into the uterus or Fallopian tubes are moral. He examines techniques like Gamete Intrafallopian Tube Transfer (GIFT), accumulation of sperm from multiple acts of intercourse followed by their reinsertion into the body, and sperm/ova „washing” and „capacitation,” finding them morally wanting<sup>32</sup>.

Another consequence of the proliferation of techniques of artificial reproduction has been the fate of frozen embryos<sup>33</sup> Most IVF-ET procedures typically involve administering fertility drugs to the prospective mother to encourage superovulation. Multiple ova are then removed and fertilized in a petri dish; since only one or two of these ova are usually implanted in a woman<sup>34</sup>, what is to be done with the „surplus” ova? They are destroyed,

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<sup>30</sup> See, e.g.: *The Path Ahead*, [In:] G. K o l a t a, *Clone: The Road to Dolly and the Path Ahead*, London: Allen Lane/Penguin Press 1997, pp. 194-211.

<sup>31</sup> See: J. M. G r o n d e l s k i, *The Disembodiment of Parenthood*, „Homiletic and Pastoral Review”, 1993, nr 5, pp 30-31, 43-47.

<sup>32</sup> M a y, *Catholic Bioethics*, pp. 89-94.

<sup>33</sup> The French geneticist Jerome LeJeune has eloquently articulated the plight of frozen embryos in his book (*The Concentration Can: When Does Human Life Begin? An Eminent Geneticist Testifies*, San Francisco: Ignatius Press 1992). The title of the book is a play on words in English: concentration camp (*obóz koncentracyjny*) and concentration can (*puszka koncentracyjna*). Like inmates in concentration camps, frozen embryos are imprisoned in their chilled existence, „products of conception” that have been left in the freezer, waiting for their expiration date.

<sup>34</sup> Except in cases where more fertilized ova are implanted and then subsequently killed by selective abortion, euphemistically called „pregnancy reduction”

used for experimentation, or frozen. The last choice is employed when a couple might be expected to want to bear another child in the future.

A number of cases have, however, raised the further issue: what becomes of these frozen embryos if their parents die or simply abandon them? Secular bioethics, which evades a formal commitment as to when life begins (while maintaining an unspoken understanding that embryonic life is not *really* human), has emerged with such protocols as, e.g., the destruction of such embryos after five years of being frozen<sup>35</sup> If these embryos, however, really are human beings, should they just be left in their liquid nitrogen baths? Can another woman morally „rescue” such a frozen embryo by agreeing to bear the child?<sup>36</sup>

The debate among Catholic moral theologians over such „rescue” efforts began in America in 1995. Msgr. William Smith, a moral theologian at the New York Archdiocesan Seminary, said „no” He claimed that such „rescue” is indistinguishable from surrogate motherhood, violating the principle that pregnancy should result from an act of marital intercourse.

Germain Grisez (and, ultimately, William May) accept the morality of such „rescues” They maintain that surrogacy is something different because the surrogate mother in fact is in agreement with the initial act that resulted in a child being created outside of marital intercourse. But the intention of the rescuer is different. Her involvement need be in no way directly associated with the „reproduction” of a child. Her intention is not to collude in the making of a baby but in the saving of a life. As to whether *pregnancy* must result from an act of marital intercourse, Helen Watts makes explicit a question which, before the advent of reproductive technologies, Catholic theology did not need to ask: while „ideally intercourse *should* precede uterine pregnancy [is it rather not] [...] the only *absolute* moral requirement [...]

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<sup>35</sup> The studies behind Britain’s Human Fertilisation and Embryology Act 1990 originally sought a five year limit on storing frozen embryos, a limit extended in certain cases by the Human Fertilisation and Embryology (Statutory Storage Period for Embryos) Regulations 1996, SI 1996/375, reg. 2, Schedule.

<sup>36</sup> One author even asks whether a single woman might rescue a frozen embryo. May says that Grisez would regard it as „imprudent” but not „intrinsically evil” (M a y, *Catholic Bioethics*, p. 104). May shares that stand, indicating it „is preferable for frozen embryos to be rescued by a married couple prenatally and, in meeting their obligation as adoptive parents [...] having it transferred to the wife’s womb” (ibid., p. 107). He does not, however, rule out allowing a single woman to carry the embryo to term and then surrender the baby for adoption.

that intercourse precede—and indeed directly cause-*in vivo* conception?”<sup>37</sup> May answers „yes” He ultimately accepts such rescue efforts to save the life of these children by using the analogy of adoption: the rescuer is adopting the child, or at least providing him a foster home<sup>38</sup> It is a telling commentary on the impoverishment of modern society when babies need to find foster care even before they are born.

The value of embryos has, in fact, suffered some cruel twists. If in the late 1960s (the heyday of the abortion-on-demand movement) embryos were stripped of all value because they were „unwanted” by their parents, by the late 1970s (with the advent of IVF-ET) they suddenly acquired enormous value by parents who „wanted” babies but could not have them or did not want the troubles of pregnancy. Today these „value-less” embryos have become a hot new commodity, not just for parents wanting a baby of their own but to researchers and drug companies in search of stem cells. The totipotent qualities of embryo stem cells, because of their immature adaptability, appear to hold great therapeutic promise in alleviating or even curing illnesses like Alzheimer’s or Parkinson’s<sup>39</sup> Such promise obviously has appeal in many aging, babyless societies in the West, where high annual abortion rates seem to provide a large pool of „raw material.”

May obviously condemns such efforts as wrong. He points out that they are in fact doubly wrong, not only because the proposal is intrinsically evil but also because it is unnecessary. „Ironically, there are procedures for obtaining human stem cells that do not require the destruction of human embryos”<sup>40</sup> One rarely hears about them, however, amid the drumbeat of propaganda in favor of „unfettering scientific research.”

## V. BABIES AS GUINEA PIGS: EMBRYO EXPERIMENTATION

It is also ironic that although contemporary bioethics has made the principle of informed consent one of its pillars<sup>41</sup>, this tenet has not deterred the

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<sup>37</sup> M a y, *Catholic Bioethics*, p. 99, quoting Watt in: L. Gormally (Ed.), *Issues for a Catholic Bioethic*, London: Linacre Centre 1999, pp. 349-350, emphasis original.

<sup>38</sup> M a y, *Catholic Bioethics*, pp. 107-108.

<sup>39</sup> Tamže, pp. 214-215.

<sup>40</sup> Tamže, p. 215.

<sup>41</sup> See, e.g.: A. C. V a r g a S.J., *Main Issues in Bioethics* (New York: Paulist 1980); T. B e a u c h a m p, J. C h i l d r e s s, *Principles of Biomedical Ethics*, New York: Oxford University Press 1983, 5<sup>th</sup> ed. 2001; R. F a d e n, T. B e a u c h a m p, *A History and Theory*

professional bioethics crowd from trying to endorse embryo stem cell research. May could rightly retort „I told you so” because he was one of the leading figures in the debate, thirty years ago, over whether parents could morally give proxy consent for nontherapeutic experimentation on their children. Back then, the issues were simpler: could a parent agree to allow his child to be used for experiments that were not directly therapeutic for him but which did not involve significant risks and which promised to yield useful information (e.g., how a child might react to a new pediatric drug)? May and the late Prof. Paul Ramsey of Princeton University were vehemently opposed; the late Rev. Richard McCormick, S.J., was a key proponent. The latter position came to be accepted in secular circles in America<sup>42</sup> Had the May-Ramsey position prevailed – that persons are persons (even if they are children) for whom someone else cannot give proxy consent for experimentation not directly aimed at their good – then debates about the „harvesting” of embryos would not be an issue today<sup>43</sup>

Before leaving the realm of the beginnings of life, however, one more contribution by May deserves mention: his analysis of ectopic pregnancy. The discussion is found at the end of his larger chapter on abortion<sup>44</sup>, where he masterfully sets straight the Catholic history of the treatment of abortion against those who would distort it and effectively demolishes attempts to revive „delayed hominization” theories of the beginning of human life with talk about „pre-embryos” and like chimera.

Ectopic pregnancy is rarely treated in secular bioethics texts because if abortion for convenience is not a problem for them, neither obviously would abortion be in such cases. Yet the increased incidence of ectopic pregnancy makes it all the more important for Catholics wanting to live according to Catholic teaching to have solid guidance in this field. May justifies „expec-

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*of Informed Consent*, New York: Oxford University Press 1986; R. M. Veatch, *Theory of Medical Ethics*, New York: Basic Books 1981.

<sup>42</sup> Paradoxically, May notes that it also appears to have been accepted in some Catholic American Church circles, e.g. the „Ethical and Religious Directives for Catholic Health Care Services,” the norms governing Catholic hospitals in the United States, also takes the position that such proxy consent is acceptable. May brands this position „erroneous” and at variance with the teaching of the universal Magisterium; see: M a y, *Catholic Bioethics*, p. 213.

<sup>43</sup> For the larger issue of „Experimentation on Human Subjects” see: M a y, *Catholic Bioethics*, pp. 199-233. For P. Ramsey, see his *Patient as Person: Explorations in Medical Ethics*, New Haven: Yale University Press 1970.

<sup>44</sup> M a y, *Catholic Bioethics*, pp. 151-197.

tant therapy”<sup>45</sup> and partial salpingectomy. He rejects craniotomy, salpingos-  
tomy and methotrexate treatment protocols<sup>46</sup>.

## VI. THE END OF LIFE: DEATH AND DYING

While much of contemporary bioethics may have started with issues connected with the beginnings of life, increasingly attention has also been devoted to life’s end. May is a dedicated opponent of euthanasia. He returns to the distinction, made earlier in the book, between freedom and the good in critiquing the argument of „freedom of choice” that is today being used to promote physician-assisted suicide as it was once employed to advance abortion-on-demand. He distinguishes between „euthanasia” and „benemortasia” – the latter understood as allowing a person to die by not resorting to useless interventions to prolong that life while simultaneously respecting that life – a distinction relevant to creating a climate wherein genuine „death with dignity” could take place. May also uses the discussion to explain the difference between „ordinary” and „extraordinary” means of preserving life<sup>47</sup> He explores the debate over the artificial provision of nutrition and hydration to the permanently unconscious, arguing that food and drink constitute ordinary care and are thus morally obligatory<sup>48</sup> Artificially supplied nutrition and hydration has been the subject of some debate in the United States and now United Kingdom Catholic circles<sup>49</sup> The present author regards it as a soft wedge to promote euthanasia; again, it is an area where secular bioethics (and the

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<sup>45</sup> „«Expectant therapy» simply means that nothing is done and one simply waits for the pregnancy to resolve itself by spontaneous abortion or miscarriage. This may occur in as many as 64 percent of cases” – M a y, *Catholic Bioethics*, p. 183.

<sup>46</sup> Rejecting craniotomy is one of the few times that May separates his position from Germain Grisez’s. For May on ectopic pregnancy, see: *Catholic Bioethics*, pp. 176-186.

<sup>47</sup> M a y, *Catholic Bioethics*, pp. 240, 252-263.

<sup>48</sup> Ibidem, pp. 263-270. This author shares May’s position see: J. M. G r o n d e l s k i, *Removal of Artificially Supplied Nutrition and Hydration: A Moral Analysis*, „*Irish Theological Quarterly*”, 1989, nr 4, pp. 291-302; i d e m, *The NCCB „Statement on Euthanasia”: Overview and Commentary*, „*The Medical-Moral Newsletter*” 1992, nr 3, pp. 9-12; i d e m, *Catholicism and the „Right” to Die*, „*Linacre Quarterly*”, 1992, nr 4, pp. 50-56. This author reserves the right to revise some of his conclusions in light of the debate over Alan Shewmon’s research, *post*.

<sup>49</sup> See: A. D u n n e t t, *Euthanasia: The Heart of the Matter*, London: Hodder and Stoughton 1999. The book is a collection of essays on the Bland case in England. Note especially the interview with Scotland’s late Cardinal Winning.

health care systems that follow it) have moved beyond where Catholic circles appear to have bogged down in prolonged indecision. Secular bioethics by and large has simply declared such care to be „futile”<sup>50</sup> and its patients dead. Alas, in these cases such declarations of death are also self-fulfilling prophecies.

May’s last major contribution in this book is a work-in-progress: his rejection of „brain death” as a valid criterion for determining death. The discussion, which concludes May’s treatment of „Defining Death and Organ Transplantation”<sup>51</sup>, is based upon recent research by neurologist Alan Shewmon<sup>52</sup>, work that only became prominent in Catholic circles in the late 1990s. As a result of Shewmon’s work, May concludes „I can no longer in conscience accept «brain death» as equivalent to the death of a human person”<sup>53</sup>

Traditionally, death was understood as the total and irreversible cessation of heart and lung activity. For centuries, it was an adequate way of determining when death took place. This traditional definition came under challenge, however, with the growth of organ transplantation. Because organs start deteriorating quickly once cardio-pulmonary action ceases, a rapid way of determining when death occurred became important. Because technology allowed one to maintain oxygenation and blood circulation even after the heart and lungs had ceased working on their own, the desire for clarity about when death took place was even greater.

Eventually, the definition of death as total and complete cessation of all brain activity, including activity in the brain stem, began being treated in

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<sup>50</sup> The term „futility” came into vogue in American secular bioethics in the early 1990s in order to characterize, essentially, cases whose outcomes were not explicitly conscious activity. But, as one author notes „[t]he concept of medical futility, with few exceptions, is value-laden” (D. L a m b, *Therapy Abatement, Autonomy and Futility*, Aldershot, England: Avesbury 1995, p. 89). The present author would agree: „futility” is laden with value-of-life judgments usually inimical to the patient’s survival.

<sup>51</sup> M a y, *Catholic Bioethics*, pp. 283-316.

<sup>52</sup> May cites works by Shewmon in *Catholic Bioethics* (p. 312 note 29). For the ease of Polish readers, I offer some of his references to A. Shewmon’s articles: *Recovery from „Brain Death” A Neurologist’s Apologia*, „Linacre Quarterly” (February) 1997, pp. 30-96; *Chronic „Brain Death”: Metanalysis and Conceptual Consequences*, „Neurology” 1998, nr 51, pp. 1538-1545; *Definitions of Death, the Persistent Vegetative State and Anencephaly „The Bishop and the Future of Catholic Health Care: Proceedings of the Sixteenth Workshop for Bishops”* D. Maher (Ed.), Braintree: Pope John XXIII Medical Moral Research and Education Center 1997, pp. 136-153; and *Is It Reasonable to Use the UK Protocol for the Clinical Diagnosis of ‘Brain Stem Death’ as a Basis for Diagnosing Death?* [in:] L. Gormally (Ed.), *Issues for a Catholic Bioethic*, pp. 315-333.

<sup>53</sup> M a y, *Catholic Bioethics*, p. 306.

most American States as the clinical and legal equivalent of heart/lung cessation in defining death<sup>54</sup>

Underlying such definitions of death was the traditional understanding that death was the complete and irreversible breakdown of unified bodily functioning. When heart and lungs failed, this breakdown was apparent. The brain death definition of death, however, made a big assumption that Shewmon's research suggests is false: that the brain is the integrating *organ* of the body. When the brain goes, it is claimed, integrated functioning goes, too.

But Shewmon's clinical experience argues that this is *not* the case. He provides examples, including one Japanese boy whose heart and lungs are functioning (albeit on a ventilator) 15 years after he was deemed brain dead, fulfilling all criteria of that definition of death.

Clinical theory asserted that once brain death took place, the heart and lungs would eventually cease functioning even with ventilator support. Clinical practice reveals, however, that this is not the case. Shewmon therefore argues that the brain is not the central integrating *organ* and that centrally integrated *functioning* cannot be identified with the brain alone. Shewmon would instead put the anatomical criterion for death in „a critical degree of molecular level damage [...] throughout the body, beyond a thermodynamical «point of no return»”<sup>55</sup> His clinical test for death would be „sustained cessation of circulation of oxygenated blood” for 20-30 minutes in normal temperature conditions<sup>56</sup>. He also develops a protocol for retrieving organs for transplantation that he argues is consistent both with the approach for determining death he explicates and the need for quick retrieval for transplant of perishable organs<sup>57</sup>

Shewmon's work raises important issues for ethicists and moralists, work to which May indicates there has not yet been an adequate response<sup>58</sup> This author does not intend to address the merits of Shewmon's research here, but

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<sup>54</sup> Today there are those who advocate dropping the „brain stem” requirement and defining death as the cessation of upper brain activity. Such a change would enshrine Cartesian dualism in law and condemn the permanently unconscious and anencephalic children to death (because they are „already” dead). May warns against these trends in *Catholic Bioethics* (pp. 292, 302-303).

<sup>55</sup> A. S h e w m o n, „Brainstem Death” „Brain Death” and „Death”: A Critical Re-Evaluation of the Purported Evidence, „Issues in Law and Medicine” 1998, nr 14.2, pp. 141-142; quoted in: M a y, *Catholic Bioethics*, p. 299.

<sup>56</sup> M a y, *Catholic Bioethics*, p. 299.

<sup>57</sup> Ibidem, pp. 299-302.

<sup>58</sup> Ibidem, pp. 302-306.



he does signal that when a serious theologian like William May finds Shewmon's conclusions compelling on such a serious issue as determining when people die, the topic requires more study.

## VII. MAY'S LACUNAE

Given all the contributions that May has made to Catholic bioethics, one hesitates to dwell on his omissions. Still, *lacunae* in his book do detract from the work's overall completeness and thus require mention.

There is no explicit treatment of AIDS in this book. A Catholic treatment of AIDS prevention is needed, especially in the face of efforts to promote „safe sex” through condom distribution. A discussion of condoms and of marital relations for HIV-infected spouses needs sensitive but explicit treatment for Catholic health care personnel wanting to act in a manner consistent with Catholic teaching.

May does not address the social dimension of health care, including rights and access to health care and the distribution of limited health care resources. While scarcity of resources may not be as acutely felt in the United States as in other countries with socialized healthcare (e.g. Britain or Canada) or in countries changing the economic infrastructure of their healthcare system (e.g. central and eastern Europe), it remains an issue for Americans, too. One only need consider whether some Americans suffer diminished access to healthcare due to lack of medical insurance.

May also needs to speak to Catholic institutional identity in healthcare. In a country like the United States this issue is relevant for several reasons: mergers of hospitals can result in affiliations between Catholic and non-Catholic facilities; legal pressures may be exerted in the name of patient „autonomy” and, where a Catholic facility is the sole local healthcare provider, „tolerance”, to provide procedures (especially in the obstetrics-gynecology area) incompatible with Catholic witness to human life; and some Catholic hospitals themselves (e.g. some Sisters of Mercy hospitals) have compromised their institutional identities by providing sterilization. Problems of material and formal cooperation in contemporary healthcare require treatment in this book.

Finally, May might have added some additional comments on the care of newborns, especially those suffering from handicaps. Given the pressure to „euthanize” them by „selective non-treatment”<sup>59</sup>, such discussion is needed.

Despite these gaps, however, *Catholic Bioethics* is a welcome addition to the literature in that field. It is doubly welcome because it addresses many issues „mainstream” (i.e., secular) bioethics ignores.

## VIII. CATHOLIC BIOETHICS AND THE PUBLIC SQUARE

And, speaking of secular bioethics, is it not time that the Catholic medical ethics tradition reasserted itself? A recent essay pointed out that contemporary bioethics arose in large part because of a desire to exclude the God-question from contemporary bioethical discussion<sup>60</sup>. Secular bioethics then assumed a privileged position in public policy deliberations on a „naked public square”<sup>61</sup> bioethics helped strip. Public policy in bioethics is thus buffeted by strains of utilitarianism or Kantianism while the whole Catholic medical moral tradition has not only been sidelined but effectively gagged<sup>62</sup>. Hopefully Catholics will reject a bioethics paradigm that excludes their voice from public policy formulation. Hopefully Catholic theologians and philosophers will contribute to an effort of retaking the public square by articulating a robust Catholic bioethic, a bioethic of Christian humanism.

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<sup>59</sup> See, e.g.: R. F. W e i r, *Selective Treatment of Handicapped Newborns: Moral Dilemmas in Neonatal Medicine*, New York: Oxford University Press, 1984; H. K u h s e, P. S i n g e r, *Should the Baby Live? The Problem of Handicapped Infants*, New York: Oxford University Press 1985.

<sup>60</sup> „In a keen moment of semi-candor, [Daniel] Callahan tells us, «The first thing that [...] bioethics had to do-though I don't believe anyone set this as a conscious agenda-was to push religion aside». And while surely there are bioethicists who are believers, when it comes to public policy to invoke «God-talk» is bad manners, akin to chewing your nails in public” D. A n d r u s k o, *A Human Rights Bioethics*, „National Right to Life News” 2001, nr 4, pp. 2 ff, accessible at: <http://www.nrlc.org/news/2001/NRL04/edit.html> (accessed June 2, 2001).

<sup>61</sup> R. J. N e u h a u s, *The Naked Public Square: Religion and Democracy in America*, Grand Rapids: Eerdmans 1986. The problems of a „naked public square” in modern bioethics, devoid of religious considerations, deserves scholarly study, especially from Catholics.

<sup>62</sup> We prescind here from a discussion about the debilitating effect dissident „Catholic” theologians such as Richard McCormick, S.J., have had on public policy discussions of bioethics by blunting and marginalizing Church teaching on medical ethics through their public undermining of that Magisterium within the Church.

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WILLIAM MAY – KATOLICKI BIOETYK  
 NA MARGINESIE NAJNOWSZEJ JEGO KSIĄŻKI  
*BIOETYKA KATOLICKA A DAR ŻYCIA*

## Streszczenie

Z pomocą znoszących się nieraz nawzajem, ale za to nośnych w społecznym odbiorze haseł: „prawa do posiadania dzieci”, „eliminacji cierpienia” i „swobody badań naukowych” medyczna wykonalność została uznana przez wielu za nową granicę etycznej dopuszczalności

eksperymentów i zabiegów. William E. May należy do grona wybitnych etyków katolickich (jak np. G. Grisez, J. Finnis), którzy od dawna głoszą alternatywną wobec owych krzykliwych propozycji *teorię podstawowych dóbr ludzkich*, odwołującą się do oryginalnej Tomaszowej *koncepcji prawa naturalnego*. W opublikowanym wyżej artykule pt. *William May – bioetyk katolicki* J. M. Grondelski podjął się prezentacji wkładu, jaki pod niewątpliwym wpływem nauczania Jana Pawła II, a także w kontekście degeneracji poziomu laickiej dyskusji nad problemami bioetycznymi, wniósł do myśli katolickiej W. E. May. Jego najnowsza książka pt. *Katolicka bioetyka i dar ludzkiego życia* odsłania problematyczność tych rozwiązań, które przy całym współczesnym rozwoju nauki i techniki popadają w agnostycyzm co do określenia początku życia wraz z jego poczęciem, przez co wyłączają troskę o nie z kręgu etycznej odpowiedzialności. Zdaniem Grondelskiego May próbuje nadrobić dla katolickiej bioetyki czas stracony na mordercze spory wokół fundamentów współczesnej teologii moralnej, przecięte w pewnym stopniu przez encyklikę *Veritatis Splendor*, której nauczanie splata amerykański bioetyk ze wspomnianą wcześniej *teorią podstawowych dóbr ludzkich*. O wyjątkowości bioetyki Maya stanowi potraktowanie życia jako fundamentalnego dobra i szczególnego daru, doświadczanego w dramacie ludzkiej wolności, co widać zwłaszcza w zestawieniu ze współczesną literaturą przedmiotu, która często nie bierze w ogóle pod uwagę możliwości pobłądzenia człowieka w jego moralnych wyborach. Na tym tle amerykański bioetyk prezentuje paradoksy postaw współczesnego człowieka wobec życia, zestawiając ze sobą fenomeny, jak to ujął Grondelski, „seksu bez dzieci” i „dzieci bez seksu”. W czasach, gdy katolickie odrzucenie antykoncepcji próbuje się porównywać do praktykowanej przez Świadków Jehowy odmowy transfuzji krwi, May unaocznia powiązanie postaw antykoncepcyjnych z faktycznie narastającą *kulturą śmierci*. Wbrew przewidywaniom zwolenników antykoncepcji, która miała jakoby wyeliminować potrzebę aborcji, we wszystkich krajach popierających zachowania antykoncepcyjne w ciągu jednego pokolenia wprowadzono także aborcję na żądanie. Idąc śladem encykliki *Evangelium Vitae* amerykański bioetyk stwierdza także, iż antykoncepcja godzi nie tylko w życie, ale przede wszystkim w miłość. Rozróżnia przy tym pozornie zamienne pojęcia „prokreacji” i „reprodukcji”. Pierwsze z nich zakłada płciowe współżycie osób świadomie ukierunkowanych na uczestnictwo w dobru, jakim jest życie osoby poczętej przez nich z miłości; tymczasem drugie z nich sprowadza poczętą osobę do kategorii produktu, który może być przez producenta pożądany lub nie. Dziecko „reprodukowane” nie jest już dla rodziców wartością samą w sobie, ale tylko taką, za jaką ją oni uważają (dziecko niechciane). May poświęcił osobny rozdział omawianej pracy zjawisku „dzieci bez seksu”, związanemu z rozwojem sztucznych technik reprodukcyjnych mających w pierwotnym zamyśle wspomagać pary nie mogące zająć w ciąży w zwyczajny sposób. Oryginalny wkład autora w tę tematykę dotyczy oceny zgodności poszczególnych technik wspomagających z nauką Kościoła (niektóre z nich są zgodne), a także analiz wyzwań moralnych związanych z „ratowaniem” zamrożonych nadliczbowych embrionów, pozostałych po zabiegach *in vitro*. W nie pozbawionej kontrowersji dyskusji May, posługując się analogią do adopcji, popiera wysiłki kobiet podejmujących się, dla ratowania nowego życia, donosić ciążę powstałą w wyniku wszczepienia *nadliczbowego embrionu* od obcej pary. Ostro natomiast skrytykował zarówno nieterapeutyczne eksperymenty na ludzkich zarodkach, jak i pozyskiwanie *komórek macierzystych* z ludzkich embrionów jako podwójnie błędne: nie dość, że wewnętrznie złe, to jeszcze niepotrzebne w obliczu możliwości pozyskania tych komórek innymi metodami, o których się milczy w imię proaborcyjnej propagandy. W projekcie katolickiej bioetyki nie mogło zabraknąć także problematyki *eutanazji* i *benemortazji* – ta druga odnosi się do poniechania *terapii uporczywej*, angażującej nadzwyczajne środki podtrzymywania życia. Kwestie te wiążą się z pytaniem o kryterium końca życia, nabrzmiałe w kontekście współczesnej transplantologii. Ani ustanie jednoczesnej akcji płuc i serca, ani *śmierć mózgu* nie jest – zdaniem Maya podążającego za opinią Shewmona – osta-

tecznym kryterium śmierci. Może się nim raczej okazać *nieodwracalne ustanie krążenia natlenowanej krwi w zwyczajnych warunkach termicznych*, co wymaga dalszych studiów nad tym zagadnieniem. Pomimo wielkiego wkładu w katolicką bioetykę, spuścizna Maya wymagałaby kilku przynajmniej uzupełnień. Zabrakło u Maya, zdaniem Grondelskiego, szczególnego katolickiego podejścia do AIDS i promocji wierności małżeńskiej. Innym pominiętym zagadnieniem jest etyczny wymiar dostępności usług medycznych, a także sposób świadczenia tych usług przez podmioty z definicji katolickie (np. obecne w USA katolickie szpitale), których personel pod presją źle pojętej tolerancji dopuszcza się, zwłaszcza w obszarze ginekologiczno-położniczym, praktyk niezgodnych z nauką Kościoła. Przydałoby się również podjęcie zagadnienia właściwej opieki szpitalnej nad noworodkami, przede wszystkim upośledzonymi, którym zagraża eutanazja w wyniku poniechania działań leczniczo-pielęgnacyjnych. Podsumowując swoje rozważania nad twórczością Maya, Grondelski stwierdził, iż we współczesnych dyskusjach bioetycznych mamy do czynienia z laickim paradygmatem, wpływającym z wykluczenia problematyki Boga. Nie jest to na szczęście paradygmat jedynie słuszny z uwagi na jego skażenie utylitaryzmem i kantyzmem, którym z kolei nauka Kościoła zdołała się skutecznie oprzeć. Tym bardziej potrzebna jest obecność katolickich teologów i filozofów dobitnie prezentujących, jak May, pryncypia chrześcijańskiego humanizmu w publicznej debacie nad problematyką życia i śmierci.

*Streścił ks. Filip Krauze*

**Key words:** bioethics, William May, contraception, euthanasia, death, artificial reproduction, embryo experimentation, basic goods theory.

**Słowa kluczowe:** bioetyka, William May, antykoncepcja, eutanazja, śmierć, sztuczna reprodukcja, eksperymenty na embrionach, teoria dobra podstawowego.