There are few books available to professors of Bioethics that present the Catholic theological-ethical tradition in a competent and comprehensive manner. David Kelly’s book does this by analyzing the Catholic tradition honestly and reflectively, showing both the strengths and the ambiguities of this tradition and its application to medical issues over the centuries. This book can be used as a textbook for graduate and undergraduate students as well as members of institutional ethics committees in Catholic hospitals.

Kelly’s book is divided into three distinct parts—theological anthropology, methodology and application. Part I gives a concise history of Bioethics from an American perspective showing how it owes a great deal to its religious forbearers, especially “the Roman Catholic tradition that has been most influential.” (3) Both the Catholic and Jewish traditions have done much to shape contemporary health care ethics today, especially in the area of understanding the full dimensions of the human person upon which an ethics of health care can be based. The influence of religion on health care ethics is often lost to many secular bioethicists today.

Kelly then gives an extensive analysis of the Christian anthropology that forms the basis of his theological analysis. Through the doctrines of Creation-Fall-Incarnation-Redemption and Resurrection, Kelly shows that human persons are created in dignity “that makes them both creatures and cocreators with God.” (14) The intrinsic dignity of every human person is at the center of the Christian story and grounds all theological reflection in the area of health care ethics. He emphasizes the integrity of the human person by rejecting all forms of dualism. Therefore, health care professionals have a responsibility to treat and care for the whole person—body and spirit. Finally, Kelly tackles the issue of individuality versus social corporateness. Human persons are individuals but also members of a community. This social dimension of personhood has serious implications in health care today regarding the right to health care, allocation of resources, etc. For Kelly, theological anthropology serves as a hermeneutic that helps in interpreting the meaning of the human person and how this meaning
impacts on health care today.

Part II focuses on methodology, explaining the two general levels of ethics: normative ethics and metaethics. Kelly’s historical analysis of the deontological and teleological approaches to ethics is comprehensive. However, the majority of this section is a historical analysis of natural law, which is the methodology used in Catholic Bioethics. The shifts in methodology from physicalism (in which each act is analyzed by itself according to its physical properties) to personalism (which emphasizes the personal and human dimensions of the act in its circumstances, including its consequences) and from deontology to proportionalism are explained in a way that may frustrate some within the Catholic tradition because Kelly points out the ambiguities and inconsistencies that have resulted from this shift.

One of the strengths of this book is Kelly’s analysis of the three stages in the development of Catholic Medical Ethics. He lays out these three stages—Traditional (1100-1960), Transitional (1960-1970) and Contemporary (1970-Present)—and then shows how medical ethical decisions were made from a metaethical and normative approach. His basic point is that

once the method shifted from physicalism to personalism, many traditional conclusions, which had been derived from physicalist premises, came to be questioned and even rejected by the revisionsists from their personalist approach of deciding about right and wrong based on the human person adequately considered. (96)

To illustrate how this shift from a deductive to inductive method of reasoning has impacted medical ethics, Kelly summarizes the development of the Church’s teaching on contraception. His conclusion is that “[t]he official Catholic teaching on contraception as it is now proposed by the magisterium is a conclusion in search of a reason.” (107) The problem is that since not all have accepted the methodological revision approved by Vatican II, many still advocate the older approaches and their conclusions. He ends this section by giving an informative analysis of the principle of double effect and its application.

Part III focuses on the application of Kelly’s interpretation of theological-anthropology and methodology to various important issues in contemporary health care ethics. The majority of the examples center on end-of-life issues. Kelly explains that beginning in the 1990s, it is possible to talk about an American consensus in law, medicine and ethics about the rightness and wrongness of foregoing life-sustaining
treatment. This consensus is based on three pillars of support: the distinction between ordinary/extraordinary means, the distinction between direct killing and allowing to die; and the right to privacy, autonomy and liberty. The first two pillars are rooted in the Catholic tradition and the third in American jurisprudence.

Kelly applies these three pillars to questions of hydration-nutrition, physician assisted suicide, medical futility, and pain management. In all of these ethical dilemmas, Kelly shows how a theological anthropology based on the dignity and integrity of the human person and a natural law methodology grounded in personalism can allow individuals or their proxies to withdraw or forego extraordinary medical treatment and be allowed to die with dignity and respect. However, one can never directly take the life of an innocent person. The focus must always be on the human dimensions of the act in its circumstances, which includes intentionality, not just the act itself. Kelly draws a moral distinction between intending death “as a means” and intending death “as an end to be sought.” In cases of palliative sedation or withdrawal or forgoing of nutrition and hydration when patients are terminal, he applies the principle of double effect and shows that in these cases, “many families do see death as a way for the patient to end suffering; they do in a sense ‘intend death as a means.’ But they do not intend it ‘as an end to be sought.’” (140) This position is grounded in the Catholic tradition of natural law and an anthropology that has as its foundation the dignity and integrity of every person. His explanations of advance directives, competency and proxy consent are not only informative but also critical to ensuring that treatments are in the best interest of the patient. His analysis of medical futility could have been expanded to include futility policies. There are a number of Catholic hospitals that have initiated medical futility policies that have been quite controversial. I believe these policies would also protect the best interests of the person.

Part III ends with an analysis of ethics committees, stem cells, genetic engineering and the right to health care in a just society. It is curious that Kelly does not include the issues of assisted reproductive technologies and HIV/AIDS, which would have been quite appropriate in this context. Kelly’s analysis of the right to health care is not only timely but right on target. The Catholic Church has been at the forefront of making absolute normative judgments about issues like stem cells, abortion, euthanasia, etc, yet she has been less forceful in the application of these principles and norms to the allocation of medical resources and the right to health care in general. Kelly clearly states that “[o]fficial Catholic teaching prohibits direct sterilization, but there is no norm
against expensive neonatology, no insistence that the money be spent instead on prenatal care.” (288) The right to adequate health care and the just allocation of medical resources are grounded in the Catholic tradition on the principles of the dignity of the human person and the common good. Kelly’s emphasis on these issues should be a wake up call for the magisterium that the application of Catholic principles and norms must be applied fairly and justly for the good of humanity.

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