THE ALTERNATIVE

235 East Thirteenth St., 4D, New York, NY 10003

Vol. XXXVIII No. 4
May 2012

Dear Reader,
This issue is about two public discussions each of which might be improved if the two were linked by the question: How is human nature related to human artifice? The artificial is intended to be a help to human beings and most of the time that is the way mechanical things start out. They relieve some humans of burdens that no longer need to be carried. Later generations marvel at how earlier people got along without washing machines, airplanes, automobiles, antibiotics, or smart phones. But what might not be noticed is that each invention carries a possible drawback. An airplane makes travel more convenient but at an enormous cost to the physical environment; preservatives in food can cause health problems; antibiotics always do collateral damage to the body.

The two crucial moments in which nature and artifice converge are getting born and dying. What "nature" offers on these two occasions can be painful for human nature. With some success, humans have created artificial helps to ease birthing and dying but always with the risk that the machines can get out of control. What should be clear from the experiences of birth and death, but in fact is terribly confused by the language we speak, is that "human nature" is not simply one case of "nature." It is the nature of humans to be makers of artifice and users of what they have made.

The relation between nature and human nature creates a tension which human beings have to live with. Human-nature, while not a part of nature, also does not exist apart from nature. In the seventeenth century the primary meaning of nature shifted from meaning a particular kind of living being to the object which can be conquered with human artifice. When people speak today of what is natural it is often unclear whether they mean natural as opposed to human artifice or whether they mean (human) nature which includes artifice.

Confusion about the relation between nature and artifice may seem like an abstruse philosophical problem but understanding this issue is quite literally a matter of life and death. Public discussions about contraception, abortion and birth are entangled in a terrible confusion of language. Similarly, public discussions about dying, to the extent that there are any discussions at all, are shrouded in bad arguments and secret practices. The standard dichotomy of "pro-life vs. pro-choice" exemplifies the confusion. No human being is opposed to all life; but all human beings make distinctions between different kinds of life and when an individual human life has reached its conclusion. No human being is against human choice but all human beings recognize that some choices are good while other choices are bad. In questions of birth and death the best choice is to work out the tension between nature and human nature in a way that is non-violent or, if violence is unavoidable, in a way that has the least violence.

THE CATHOLIC CHURCH'S MISSED OPPORTUNITY
By Gabriel Moran

My interest here is tracing the Catholic Church's involvement in two areas of life and death during the last half century. If the church had seen these two areas as parallel it might have gone a different route in its decisions about the beginnings of life. In this second area, however, the question was not only about "life" but about sex, an area in which Catholic Church leaders badly misunderstood the question.

The year 1958 was the crucial moment. On questions about the end of life, 1958 was the beginning of a positive role that Catholic tradition has played in the complicated world of contemporary medicine. At the same time, regarding questions about the beginning of life there was an opening which was not pursued. Attention to what science and medicine were doing might have led to thinking anew about conception and control of birth. In both areas there was a question about the relation between the "natural" and the "artificial." Neither word has a simple definition. There is room for endless debate about their relation in particular cases. The starting point, however, is that the two are not inherently opposed. It is obvious that some artifice has been an improvement in human life; it is just as obvious that some artifice has proved to have had deleterious effects.

Few people would be aware of two documents published in 1958 by Pope Pius XII. One document spoke about legitimate reasons for removing a respirator from a dying patient, the other about the legitimate use of the pill that came to be called the birth control pill. In both cases, this very conservative pope was ahead of the curve. The era of contemporary medicine was only at its beginning; most people had no idea of technology's ability to prolong a person's dying almost indefinitely. As for the pill, the pope was two years ahead of the FDA approval of *enovid* as a pill that allowed women to control pregnancy. The pope was not endorsing the use of the pill to control conception; it would have taken a leap of imagination to integrate that use of the pill into existing church teaching. Nonetheless, Pope Pius XII had taken a first step in rethinking the place of artifice in the control of life's functions.

On the use of artifice at the end of life, Catholic tradition asserted that a person has a duty and a right to ordinary means in the service of life. A distinction between ordinary and extraordinary *things* can be misleading today. Instead of some objects being ordinary and others extraordinary, the important distinction is between actions that humanly make sense and actions that no longer make sense in particular situations. Human beings have a right to care from the human community; that includes provision of air to breathe, food to eat, water to drink, basic medical care, and physical security. Modern medicine has routinely provided help to extend the average life span by several decades. Which treatments make sense for a particular patient at a particular time have to be decided by informed patients (or their proxies) and competent health care professionals.

It has become a cliché that "death is natural." Death is natural but human death is not; it is more than natural; it is historical, social, artistic, religious and artificial. We prolong our lives every day by "artificial means." But at some point what is being prolonged is

the act of dying. In a hospice, where the ideal is not "natural death," a liberal drug policy is often helpful for a person moving toward death but hospice excludes some technology as interfering with a humane death. The inability to eat can be a sign of the body shutting down in preparation for death. If the artificial substitute for eating no longer makes sense and is discontinued, the patient is not starved to death; the body's dying runs its course.

Pope Pius XII addressed the question of removing a respirator from a dying person. The decision involves reflecting on the relation between the person's nature and the artifacts of modern medicine The main reasons for removing a respirator are medical, the lack of any hope that a person can recover a place in the human community. Surprisingly, the pope included an economic reason. Continuing to pour tens of thousands of dollars into treatment which is not working can ruin a family's chance for a decent life. The pope surely knew the danger of appearing to say that people should be allowed to die if it is too expensive to keep them alive. But the pope was acknowledging that economics is unavoidably involved in whatever decisions affect living and dying.

Many secular writers today bundle together euthanasia and abortion and pronounce the Catholic Church to be the main obstacle to humane policies in both areas. The critics are often unaware of church doctrine and actual practice in the care of the dying. In many of the famous cases in the U.S. the Catholic Church has been a participant on the side of humane treatment allowing a person to die. The Church does have some legitimate concerns about the treatment of dying people. The Church continues to resist the idea of giving over the power to kill to a physician or anyone else. The line between killing and allowing death to occur is sometimes blurred but in most cases it is quite clear. When the ethical difference between killing and letting die is dismissed, people are sometimes accused of being murderers after they have tearfully accepted the death of a loved one.

On the issue of the birth control pill, Pope Pius XII approved its use in 1958 to treat hormonal disorders. He was aware that "indirectly" it would prevent conception. On the issue of controlling births the Catholic Church had begun to recognize the need when it approved what was called the rhythm method in 1936. Before the twentieth century, the need was for large families; children could be an economic blessing; and almost half of children did not make it beyond infancy. From about 1900, world population began growing exponentially. There is a desperate need to control the number of births; the need is greatest in the poorer parts of the world, most dramatically in Africa. The big questions are how is population to be controlled and by whom.

Similar to death, sex is natural but human sexuality is not; it is an historical, imaginative, artistic, ethical, religious and artificial transformation of animal biology. The human race will be the poorer if a connection between sexual activity and the beginning of human life is ever entirely severed. But the human race discovered at an early stage what every teenager discovers, namely, that sexual activity is a pleasure, an important part of life that needs integration with the rest of life. When the Catholic Church recognized the need for the control of birth it looked for a way to protect the integrity of sexual activity. If it had been more imaginative it might have joined the call for better artifice to regulate

pregnancy. Condoms do not do violence to the body but they are a primitive technology that does not aid the expression of love and they have a significant rate of failure.

On May 11, 1960, the FDA announced approval of the birth control pill. The person most associated with the project was Dr. John Rock, a devout and conservative Roman Catholic. He was determined to convince Catholic leaders that this pill was their way out of an increasingly indefensible position. Rock insisted that the pill was "an adjunct to nature," that it worked by extending the "safe period," a method recognized by the church. He was wrong about exactly how the pill worked but he had the right principle that the Catholic Church could have lived with and worked with.

The Catholic Church missed the opportunity to rethink its past teaching. Since the Church had accepted the need for birth control and the Pope had said that the pill did not violate nature, the pill would seem to be acceptable. Of course it is "artificial" but that is irrelevant. If the Church's main concern had been violence to the reproductive system of women, it might have listened to medical research and supported women's demands for a safer pill for women (or men), that is, a pill clearly in nonviolent accord with the human body's nature. The Catholic Church could have staked a claim that it was defending life, including the integrity of sexual relations. Instead, the Church removed itself from any debate about improving the means of contraception. There was an explosive reaction against the pill in 1970 by women who were angry that its side effects had been hidden from them. Fifty percent of women stopped taking the pill in the 1970s.

Within the Catholic Church, a hopeful sign in the summer of 1964 was that Pope Paul VI appointed a committee to advise him on the issue of birth control. There were only two women in the nineteen person committee. The committee began by being almost unanimously against admitting change and it concluded by almost unanimously acknowledging the need for change. The Pope rejected the committee's advice and his response was the 1968 encyclical *Humani Vitae*. In that document the Pope declared that "each and every marriage act must remain open to the transmission of life." The principle makes no sense. It is based on a remnant of medieval biology together with an unwillingness to accept sexual activity as a good, even though a good that requires discipline in one's life. The principle of open to conception when applied to a married couple in their sixties is an obvious fiction. If sixty-year olds can choose to express their love sexually without any reference to pregnancy, why cannot thirty-year olds?

Humani Vitae was a disaster. One of the few things that liberals and conservatives agree upon is that the encyclical split the Catholic Church. On one side, there was instantaneous objection by many Catholic theologians and on the other side defenders of the encyclical made acceptance of it a chief test of orthodoxy. Millions of Catholics were not interested in fighting; they simply voted with their feet. Millions of other Catholics maintained that they were loyal members of the Church while they followed their consciences and rejected the papal teaching. They were claiming that responsibly controlling birth was a more accurate following of Catholic Church tradition at its best than the Pope's distorted vision of human sexuality.

In the 1970s the bishops and the pope had seemed to redraw a line of defense around abortion. That was especially true in the United State after Roe v. Wade. Many bishops and moral theologians in the 1960s had unwisely tied together birth control and abortion. Birth control had to be stopped, it was said, or abortion would be next. It was a terrible premise to assume that birth control and abortion should be condemned on the same basis. Encouraging the use of nonviolent forms of birth control is one of the main ways to oppose abortion as the most violent form of birth control.

Whereas the control of birth is a moral necessity, abortion is a moral failure. No one thinks abortion is good; nearly everyone thinks it is bad. But there are degrees of being bad. Charging tens of millions of people with being murderers is not a helpful strategy if one wishes to reduce the number of abortions and limit the violence in those that do occur. Nationwide, three out of ten pregnancies end in abortion; in New York City, four out of ten do. This is a national problem that needs to be addressed. A consensus probably exists about many of the needed steps to reduce abortions but not much is being done, other than to put obstacles in the way of women who have decided on an abortion.

Since the 1970s there had seemed to be a tacit agreement in the Catholic Church not to make a public fuss about contraception. Catholics had decided either to move out or to stay in the church while quietly following their consciences on sexual matters. There was little inclination to denounce birth control from the pulpit. Suddenly in 2012 it was as if the last forty years had not happened. The issue of contraception was suddenly in play when Rick Santorum, speaking of contraception like a 1950s Catholic, managed to get his competitors to take up the issue.

Then the Obama administration unluckily unleashed a whole new discussion. A federal rule on insurance coverage for contraceptives exempted churches but not institutions that are church related. Since similar laws already existed in twenty-eight states, the White House probably gave little thought to possible negative reaction. If contraception had not just remerged after forty years of near silence, the reaction might have been limited to a few questions raised and some quiet adjusting. Republicans in the House and on the campaign trail pounced on this unlikely issue. The issue they claimed was not just contraceptives but an attack on religious liberty. The claim was that the White House had opened war on the Catholic Church, religion and the God given liberty of every American. The Catholic bishops seemed happy to have an issue on which to reassert their authority. Every poll warned them that they had no chance on this issue with the fertile part of the Catholic population.

The Obama administration immediately backed off and offered a compromise that would save face for both the White House and Catholic officials. But at this point compromise was unacceptable. And so the Catholic bishops aligned themselves with the far right's opposition to extending health care to all citizens. That may qualify as pro-life to some people but it is not a support of the living beings who lack health insurance. On the whole, the Catholic Church has been on the side of protecting human beings against the violent intrusions of technology. It would be tragic for society to lose that perspective because of the distorted picture of sexuality by church officials.

BEING RESPONSIBLE ABOUT DYING
By Susan Jacoby

The hospice room and pain-relieving palliative care that my mother received cost about $400 a day, while the average hospital stay costs Medicare about $6000 a day. A third of the Medicare budget is now spent in the last year of life, and a third of that goes for care in the last month. Those figures would surely be lower if more Americans, while they were still healthy, took the initiative to spell out what treatments they do – and do not – want by writing living wills and appointing health care proxies.

As the aging baby boom generation places unprecedented demands on the health care system, there is little that ordinary citizens can do to influence either the cost or the quality of the care they receive. However, end-of-life planning is one of the few actions within the power of individuals who wish to help themselves and their society. Too few Americans are shouldering this responsibility.

Public opinion polls consistently show that most Americans worry about too much rather than too little medical intervention. In a Pew Research Center poll released in 2006, only 22 percent said a doctor should always try to save a patient's life, while 70 percent believed that patients should sometimes be allowed to die. More than half said they would tell their doctor to end treatment if they were in great pain with no hope of improvement.

Yet only 69 percent had discussed end-of-life care with a spouse and just 17 percent had done so with their children. Only one third of Americans had a living will and even fewer have taken the more legally enforceable measure of appointing a health care proxy to act on their behalf if they cannot act for themselves. The latter omission is especially disturbing because by 2030, more than 8.5 million Americans will be over 85 – an age at which roughly half will suffer from Alzheimer's disease or some other form of irreversible dementia. For many members of the baby boom generation – more likely to be divorced and childless than their parents – there may be no legal next of kin.

Without advance directives, even a loving child may be ignorant of his or her parents' wishes. There is a clear contradiction between the value that American society places on personal choice and Americans' reluctance to make their own decisions, insofar as possible, about the care they receive as death nears. Obviously, no one likes to think about sickness and death. But the politicization of end-of-life planning and its entwinement with religion-based culture wars provide extra, irrational obstacles to thinking ahead when it matters most.

As someone over 65, I do not consider it my duty to die for the convenience of society. I do consider it my duty, to myself and younger generations, to do everything in my power to ensure that I will never be the object of medical intervention that cannot restore my life but can only prolong a costly living death.

SIMPLIFYING SEX

By Jo McGowan

The current debate over health care and contraception has raised interesting questions, especially for Catholics. I'm past menopause, and so contraception is not an issue for me. Yet I'm interested in it – in the same way I remain interested in pregnancy or childbirth. Avoiding or embracing pregnancy is the stuff of real life – the vivid centerpiece of youth and middle age. As a woman, a mother and a Catholic, I'm part of it. I remember the drama, the excitement, the fear. Pregnancy, childbirth, and breastfeeding are intense experiences. For the sustained nature of the physical bond, nothing compares. But it begins with sex and sex is never simple.

It is unsettling when men who may have never experienced sex feel qualified not just to speak about it but to pronounce on it with certainty. The *New York Times* of Feb. 18 quotes a Father Roger Landry as saying: "What happens in the use of contraception is that, rather than embracing us totally as God made the other, with the masculine capacity to become a dad, or the feminine capacity to become a mom, we reject that paternal and maternal learning."

Well, no, Father Landry, we don't. We don't *reject* it. We make a decision about it. We recognize that pregnancy is a possibility, and we decide whether this is the right time for us to have a baby. One of the surest signs of youth – in any profession – is an unswerving adherence to literal interpretations. Parish priests preach the letter of the law, while their parishioners refuse to follow rules created without reference to the reality they know. But the rules are not just unrealistic. They are often irrelevant, based on incorrect or incomplete information.

Fr. Landry goes on to say: "Contraception makes pleasure the point of the act, and any time pleasure becomes the point rather than the fruit of the act, the other person becomes the means to that end. And we're going to hurt the people we love." He is right that a relationship that's only about the pursuit of pleasure is demeaning and ultimately hurtful. He is wrong, though, to assume that using contraception automatically makes "pleasure the point of the act." This is how adolescents think. Adults understand that good sex, with or without contraception, goes deeper than pleasure. It is complex and demanding. And pleasure isn't necessarily a part of it. Any human encounter requiring honesty and surrender has the potential for both revelation and pain. The communication, healing and strengthening that good sex ensures is foundational to a marriage.

To defend contraception within marriage is not to defend sexual license. Married couples who have pledged a lifetime of commitment to each other and their families have the right and the duty to make their own decisions about contraception. The church's role is to help them to arrive at the decision that is right for their lives. It is not to dictate one-size-fits-all rules that have no foundation in practical experience. The church has made a spectacle of itself by promoting an immature version of sexuality that is missing the sinew of lived experience. It used to frighten people into submission. Now it simply makes them smile a little sadly. I'm a pro-life Catholic who practiced only Natural Family planning. But I'm smiling too. Because I'm sad for my church

DOCTOR TALK
By Stephen Workman

The narrative of medicine, the stories doctors love to tell and patients love to hear, is that we can identify the problem and fix it. It's hard to say when that's no longer true, but there comes a time for all of us. If physicians challenge their belief that they can cure everyone, they will identify a lot of people who are dying or at risk of dying. And generally, care gets pretty rational after that. Once we recognize that someone is dying and dying people have a claim upon us, things become more humane and compassionate.

You're always struggling against expectations. Something can always be done; there's always another test and another treatment. So it's important to let people know when we foresee death. When I see patients who I think are at risk of dying, I say to the family and patient, "You could die during this hospital stay. Is that something you've been thinking about?" Then you go forward and ask, "What are your expectations?" When you plant the seed that death may be the outcome, people have more acceptance.

They can initially be very shocked: "My goodness, I never knew he was that sick." They need time to come to terms with it. So you give them more time, rather than tell them in the I.C.U. that it's time to turn off the ventilator. If you support them and attend to their needs, most patients and families are very accepting. Doctors often say someone is "doing badly" or is "seriously ill." But if you say, "Your father may well die," you will get a different response. When you tell someone that, you create a moral obligation to deal with the fallout, the tears and grief and anguish. Attempting to avoid that is like wanting to do surgery but not ever wanting to see a patient bleed. You can't give honest, compassionate, effective care if you're not comfortable seeing someone cry, and you'll never give good care at the end of life.

We have to acknowledge the impotence of our attempts at some point: "We're not winning. The treatment's not working. She's dying despite our best efforts." People understand if you make it clear that treatment has failed. It's not that we're giving up; it's that we really tried, and we can't save her. It is not "She's failing to respond to treatment." That is shifting responsibility. "The patient is failing to respond" – that naughty patient. As if a good patient would get better. I prefer, "Our treatments are not working." That puts the responsibility on me.

Let's acknowledge that the human body is incredibly complex and our treatments are simple and only sometimes work. The problem is not the patient; it's our technology. Let's be more humble. I don't say that I switch to comfort care. I discontinue any treatments that don't contribute to comfort. Because if this is the day you're switching to comfort, what kind of care are you switching from? A patient's symptoms, like pain or shortness of breath – weren't these important yesterday? There is no switch. We are always providing comfort care. We're going to stop the things that don't help you to be more comfortable. Once you acknowledge that a patient is dying, nobody says, "Continue doing the things that hurt."