

“Globalization and the Culture of Life Consensus Statement”
was the product of an international colloquium
held at the University of St. Michael’s College, Canada
July 29–August 3, 2003

An introduction to the statement is provided here by

William Sullivan, M.D., Ph.D.
Director
Canadian Catholic Bioethics Institute
Toronto, Ontario

and

John Heng, M.A.
Researcher
Canadian Catholic Bioethics Institute
Toronto, Ontario

Globalization and the Culture of Life Consensus Statement

International Colloquium of Catholic Bioethics Institutes

History

In July 2003, an international colloquium for directors and representatives of Catholic bioethics institutes was held at the University of St. Michael's College, Toronto, Canada, to discuss ethical issues relating to the care of the frail elderly and the dying. The colloquium was co-sponsored by the Canadian Catholic Bioethics Institute and the Canadian Association of the Order of Malta. Invitations to attend were issued based on recommendations from two advisory committees, one local and the other international, to ensure the widest geographical representation. Fifty-seven bioethicists from nineteen countries were able to come; they represented forty-four different bioethics institutes in Africa, Asia, Europe, North America and the Caribbean, Oceania, and Central and South America. The bioethicists participated in frank and lively discussions over five days, and highlights from those discussions were synthesized in a Consensus Statement, to which participants were free to add their names.

Besides producing a Consensus Statement, other goals of the international colloquium were to share perspectives from around the world, to identify questions for further research, and to explore plans for ongoing collaboration and mutual support among Catholic bioethics institutes. The papers discussed at the international colloquium will be published separately in a single volume. Plans are being pursued for a second international colloquium to be held in Melbourne, Australia, in 2005 and for establishing a system of regular communications among Catholic bioethics institutes.

Process

Commissioned papers by Nicholas Tonti-Filippini of Australia, Christine Jamieson of Canada, and Dan Sulmasy of the U.S. were circulated to participants beforehand so that the colloquium itself could be devoted primarily to discussion. These papers

focused attention on three related areas of inquiry: 1) ethical issues in aging and end-of-life care and the range of positions that bioethicists commonly take on these issues; 2) globalization and its impact on systems of health-care delivery; 3) practical strategies for Catholic bioethicists to promote the culture of life in the care of the frail elderly and the dying. On each of the first three days of the colloquium, one of the authors of the commissioned papers would propose questions to be addressed in facilitated small-group discussions. The highlights of these discussions were then presented to all the participants and debated in the panel session that concluded each day. Finally the results of each day's discussions were incorporated into the consensus statement that was drafted by Barry Brown of Canada. On the fourth day of the colloquium, this draft was examined and discussed clause by clause in small groups, and a team consisting of a representative of each of the small groups worked on consolidating and considering the proposed revisions to the draft. A final plenary session allowed for discussion of the revisions and led to the unanimous approval of the Consensus Statement by all those who were present. The Consensus Statement was circulated by e-mail to all participants after the colloquium to obtain feedback concerning minor changes in wording and to invite any who so wished to add his or her name to a list of bioethicists affirming this Consensus Statement.

Content

The focus of the Consensus Statement is care of the frail elderly and dying globally. Populations around the world are aging rapidly. Elderly people face challenges and are subject to vulnerabilities that increase over time. There are disparities among nations in access to health care and to social and spiritual supports. Also, in a growing number of Western countries, stem-cell and genetic technologies as well as euthanasia are being offered as "solutions" to aging and dying. In the view of the signatories, we live in a global culture of killing in which, paradoxically, there is a growing denial of death. This culture influences the degree to which health-care resources are shared and the frail elderly and the dying are cared for in a way that respects their human dignity.

According to Joseph Boyle, a member of the local advisory committee for this colloquium, the Consensus Statement highlights some general principles concerning Catholic social teaching and the dignity of the human person, and some rather specific moral norms derived from them. For Boyle, the extent of the consensus achieved was surprising and heartening. It stakes out sharply the difference between Catholic and secular approaches to the care of the frail elderly and the dying.

Not included in this statement are those issues with respect to which there is no definitive teaching by the Church and where a range of judgments among participants at the international colloquium was evident. One issue, for example, is the conditions under which artificial nutrition and hydration for severely cognitively impaired patients, such as those in a so-called persistent vegetative state, ought to be morally obligatory. Another issue was the extent of the contribution of families and other loved ones to a cognitively capable patient's medical decision making and their role in representing a cognitively impaired patient. Identifying such issues helps to establish research priorities for Catholic bioethicists and bioethics institutes worldwide.

The participants of the international colloquium also called for further research and reflection to support or explore more deeply the points of consensus under each of the four sections of the statement. In the first section on “Bioethical Issues near the End of Life,” the conclusions point to the need to consolidate and advance thinking on the Christian basis for palliative care in order to come up with practical guidelines for appropriate care near the end of life. Participants were concerned that the palliative care movement in some parts of the world was slowly and subtly being co-opted by attitudes and practices that favor intentionally hastening death.

In the second section on “Catholic Social Teaching and Care of the Frail Elderly and the Dying,” the need to include bioethicists and bioethics institutes representing less affluent peoples and societies in discussions on bioethical matters is acknowledged. Their voices are essential not only for understanding the health-care needs of developing nations and the impact of globalization, but also the strengths of these societies.

The third section on “Implications for Catholic Health Care Delivery” issues a call to Catholic bioethicists and bioethics centers to take seriously the demands of the Church’s teaching on social justice. Catholic bioethicists devote much of their efforts to clinical conflicts related to patient treatment choices and institutional policies. Often these clinical questions are posed by the very cultural trends, technologies, systems of care or research agendas that Catholic bioethicists ought to evaluate critically rather than enable.

The final section on “Implications for Catholic Bioethics Centres and Catholic Bioethicists” presents a vision of Catholic bioethics as essentially an interdisciplinary enterprise involving the empirical sciences, the humanities, and theology. The data of bioethics are too broad and the necessary skills required to address these data are too diverse for any individual or group from a single academic discipline to master. Accordingly, we need to reflect on, and test, fruitful methods for effective interdisciplinary integration and collaboration in bioethics.

Significance

This Consensus Statement was an attempt to consolidate some important ethical principles and norms from the teachings of the Church to apply them to emerging issues in the care of the frail elderly and the dying resulting from globalization. With respect to these issues, it also identified topics that seem to require greater research and deeper reflection within the Catholic bioethics community.

Perhaps the most significant aspect of this Consensus Statement is that it illustrates an emerging capacity and enthusiasm for collaboration by Catholic bioethicists from around the world. In a relatively brief period of time, participants at the international colloquium were able to identify and substantially discuss some of the critical bioethical issues of our day. They addressed these issues from a common viewpoint of faith in the teachings of the Church, respecting and working through differences of opinions on matters that have not yet been settled definitively. Such an achievement was possible because the group was knowledgeable about the facts relating to care of the frail elderly and the dying and the impact of globalization, in substantial agreement on the values at stake, and, above all, discussed these issues in

a setting that emphasized prayer and friendship. More than anything, the Consensus Statement highlights this potential for genuine discussion and cooperation by Catholic bioethicists from different academic backgrounds, cultures, and living conditions. If nurtured appropriately, this “catholic” or universal collaboration may prove to be a valuable and hitherto under-realized resource for the Church in its global mission to promote the Gospel of Life in health care in the 21st century.

INTERNATIONAL COLLOQUIUM OF CATHOLIC BIOETHICS INSTITUTES:
GLOBALIZATION AND THE CULTURE OF LIFE
CONSENSUS STATEMENT

Globalization

Globalization refers to the historical process of transformation by which the nations and peoples of the world become more closely connected through the mediums of markets, banking, international business and trade, travel, telecommunications, transportation and other technologies. This process, like technology, holds the promise of good and the threat of what is harmful. The good effects relate to better knowledge of, and a greater exchange of knowledge from, other lands, cultures and traditions, and in the opportunities to share in the benefits of health care, industrial development and wealth. It also involves the commitment of a high percentage of nations and peoples to the Universal Declaration of Human Rights which transcends national boundaries and cultures. The harmful effects relate to consumerism, the degradation of cultures, political and economic control, and exploitation of the poor. Care must be taken to recognize and respect not only the values which all share in common, but also the diversity of cultures.¹

The adverse consequences of globalization, according to a U.N. report on human rights, can be serious and extensive:

[T]he negative impact of globalization—especially on vulnerable sections of the community—results in the violation of a plethora of rights guaranteed by the Covenants. In particular, the enjoyment of fundamental aspects of the right to life, freedom from cruel, inhuman, or degrading treatment, freedom from servitude, the right to equality and nondiscrimination, the right to an adequate standard of living (including the right to adequate food, clothing, and housing), the right to maintain a high standard of physical and mental health, and the right to work accompanied by the right to just and fair conditions of labor, freedom of association and assembly, and the right to collective bargaining, have been severely impaired.²

¹“Globalization can also be conceptualized as a transformation of human perception: the compression of the world and the intensification of consciousness of the world as a whole ... concrete global interdependence and consciousness of the global whole in the twentieth century.” Roland Robertson, *Globalization: Social Theory and Global Culture* (London: Sage Publications, 1992), 8.

²United Nations Economic and Social Council, “The Realization of Economic, Social, and Cultural Rights: Globalization and Its Impact on the Full Enjoyment of Human Rights,” June 15, 2000 (E/CN.4/Sub2/2000/13), n. 44.

Globalization has effected the perception of self as belonging not only to family and local communities, but also to the world community. Crucial to a sound understanding of the human community is respect for the inviolability, purposefulness, and inestimable worth of each human being and of the relationships between human persons.

Social Justice

The Catholic social justice tradition has foundational principles that can be used as tools of analysis to offer valuable direction for those immense issues that face a global world. These principles and tools of analysis include solidarity, subsidiarity, the common good, and the preferential option for the poor. Solidarity includes the responsibility of the community for itself and its members at every one of its levels. Particular concerns are the exploitation of the poor in all nations as the subjects of medical research, and the setting of priorities in health care and social support. Subsidiarity entails that community responsibility is to be exercised at the individual and local levels where the effects are felt and where those levels are capable of exercising that responsibility. A commitment to the common good involves the collaboration of all members of society to assist its members to realize those goods that human beings need in order to flourish. Some examples are water supply, police force, and an education system. In applying the principle of the common good to the development of new technologies and research priorities, the needs of the less affluent are to be given priority.

It follows that the world community has responsibility for the protection and promotion of human life in its biological, intellectual, social, moral, and spiritual dimensions.

Promoting a Culture in which Human Beings Flourish

A culture where human beings flourish is a culture of life. That culture is achieved by enhancing what promotes human flourishing and avoiding what is restrictive of human flourishing or what causes human decline. The meaning of life is found in giving and receiving love. Love gives meaning to suffering and death. Suffering and death are a mystery, but the process of illness and dying is an opportunity for growth in understanding and love. Science and technology should always be at the service of humanity and the development and flourishing of each person in a way that is consistent with the Christian tradition. More particularly, science and technology ought to enhance the formation of relationships that support and sustain a person in love and empathy.³

Bioethical Issues near the End of Life

1. We must regain an understanding of the mystery of death in order to understand the ethics of dying.
2. For the frail elderly and dying this has particular meaning for the application of technology in a way that defends and promotes the inherent dignity and intrinsic value of each person, particularly their need for meaning and hope.

³John Paul II, *Evangelium vitae*, n.81.

3. Even at the end of life, there is an obligation to be truthful in communicating a terminal diagnosis. Information may be communicated step by step, without lying or deception, according to the patient's ability to accept it. Securing informed consent or informed refusal of treatment varies according to culture: it is deemed imperative that the patient understands the diagnosis and treatment. The wishes of a suicidal patient, professionally assessed to be so, may be overridden on the grounds that the right to life is inalienable (cannot be given away). Under certain conditions, incompetent patients may, if necessary, be treated in accordance with their best interests, with due regard to their known or presumed wishes.

4. Life is a precious, basic good, but the obligation to preserve life is not absolute and overriding. Withholding or withdrawing measures that are disproportionately burdensome or fail to serve a reasonable purpose may be morally justified. This does not constitute euthanasia, which we understand to be, in the strict sense, "an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering."⁴ Therefore the term "passive euthanasia" is confusing, ambiguous, and misleading. It does not lead to sound moral analysis and should be avoided.

5. The reasons for withholding treatment may also justify withdrawal of that treatment at a later time.

6. This colloquium affirms the Church's traditional position that assisted suicide and euthanasia are morally illicit.

7. The colloquium acknowledged that the World Health Organization defines palliative care as an approach that "intends neither to hasten or postpone death" and that "improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other physical, psychosocial, and spiritual problems."⁵

8. This colloquium asserts that palliative care, properly defined, is the antithesis of euthanasia. In the care of the dying, palliative care is best understood as one aspect of hospice, a profoundly Christian practice, both historically and ethically, that is dedicated to making the last days of a person's life comfortable and meaningful. This is achieved by supporting and sustaining the person, relieving pain and discomfort, and maintaining function in order to assist the patient to live with dying.

9. Catholic bioethics affirms the use of medication, consistent with the rule of double effect, when the dying patient requires doses of medication that might unintentionally hasten death, provided that the intention is only to relieve specific symptoms such as pain or shortness of breath, and the suffering caused by these symptoms is proportionately grave. By definition this is not euthanasia.

10. In regard to medical research, the Church's role is to represent the interests of vulnerable people to prevent all forms of exploitation, particularly those related to research conducted in less affluent societies.

⁴John Paul II, *Evangelium vitae*, n. 65.

⁵World Health Organization, *Cancer Pain Relief and Palliative Care*, technical report series no. 804 (Geneva, Switzerland: World Health Organization, 1990).

Catholic Social Teaching and Care of the Frail Elderly and the Dying

11. The alleviation of material, social, and spiritual poverty of the frail elderly is a fundamental obligation that Catholic health care and Catholic bioethics must address, according to the preferential option of the poor.

12. Globally, discussions about the care of the frail elderly and the dying must involve the participation of less affluent peoples and societies.

Implications for Catholic Health-Care Delivery

13. Decision making and setting organizational priorities in health care require not only sound procedures, but also attention to foundational goals and ends of care which are consistent with human flourishing.

14. Health-care workers trained in personalist ethics should promote a culture in which human beings flourish, and collaborate in international outreach programs.

15. Catholic hospitals, to remain Catholic, must abide by Church teaching, and engage staff who agree to practice their profession in accordance with the teachings of the Church.

Implications for Catholic Bioethics Centers and Catholic Bioethicists

16. Bioethics is essentially an interdisciplinary enterprise involving the collaboration of several different competencies, including matters having to do with political and organizational structures.

17. Bioethicists should analyze health care as a necessary antecedent to understanding health-care ethics. We will not understand health-care ethics unless we recognize the limits of medicine in treating ills that are moral and spiritual in nature.

18. Interfaith bioethics, which emphasizes dialogue and understanding, is a reflection of the multi-cultural world and needs to be actively fostered.

Conclusion

Morality should be formative of law reform and not determined by it. Critical reflection ensures that foundations and moral sources are as important as the process of decision making. The moral formation of Catholics involves increasing awareness and understanding of these foundations and sources, and attending to how to be a fully human person, and a true follower of Christ.

List of Signatories

Angeles Tan Alora	Philippines
Théodore Arcand	Canada
Joseph Boyle	Canada
Barry Brown	Canada
Luigi Castagna	Canada
Eoin Connolly	Canada
Most Rev. Maurice Couve de Murville	England
Frank Crothers	Bahamas
Kris Dierickx	Belgium

Fr. Stephen Fernandes	India
Rory Fisher	Canada
Fr. John Fleming	Australia
Fr. Norman Ford, S.D.B.	Australia
Luke Gormally	England
John M. Haas	USA
John Heng	Canada
Christine Jamieson	Canada
Nuala Kenny, O.C.	Canada
Jaroslav Kotalik	Canada
Fr. Alfonso Llano, S.J.	Colombia
Fr. Michael McCabe	New Zealand
Moira McQueen	Canada
Jude Chua Soo Meng	Singapore
Fr. Mark Miller C.Ss.R.	Canada
Patricia Murphy	Canada
Fr. Paulinus Odozor, C.S.Sp.	Nigeria
Fr. Renzo Pegoraro	Italy
Fr. Léo Pessini, O.S. Cam	Brazil
Fr. François Pouliot, O.P.	Canada
Katherine Rouleau	Canada
Josef Seifert	Liechtenstein
Fr. Noël Simard	Canada
William Sullivan	Canada
Daniel Sulmasy, O.F.M.	USA
Bernadette Tobin	Australia
Nicholas Tonti-Filippini	Australia
Patricio Ventura-Juncá	Chile
Michael Vertin	Canada
Rev. Antonia von Bose	Germany
Rev. Henry von Bose	Germany
Fr. Leo Walsh, C.S.B.	Canada
Neil Weir	England