



# Pastoral Bioethics and the Central Question of Being Human

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## **SUMMARY PARAGRAPH & KEY TAKEAWAYS**

Ministry in today's world requires pastors to be aware of the bioethical issues that reflect both the complexities and hardships of life and death. Christians need to have a robust theological framework to discuss the ethical challenges that come with the various issues that fall under the bioethical umbrella, such as artificial reproductive technologies and end-of-life issues. Bioethics spans the spectrum of life from fertilization to death. Central to issues in bioethics is the question of what it means to be human.

- Technological advancements have changed the way we view issues of life and death, treating people as problems to be solved rather than as holistic beings made in the image of God.
- At the center of bioethical issues is human dignity and personhood, as medical decisions, especially reproductive and end-of-life matters, are determined by the definition of personhood.
- A pastoral approach to bioethics requires pastors to exercise wisdom and virtue as they assist people dealing with the complex, highly personal, and emotionally fraught issues of life and death.

## **INTRODUCTION**

Ministry has never been easy, but today it seems even more challenging, given the types of moral issues, debates, and questions swirling around the Church and throughout our wider culture. From contentious debates over abortion and LGBTQ+ issues to the challenges of end-of-life issues and reproductive technologies, church leaders are often faced with an ever-evolving set of bioethical concerns. The questions surrounding bioethics are deeply intimate, endlessly complex, and at times, extremely uncomfortable.

Yet, it is vital to navigate these issues alongside our people with wisdom, grounded in God’s word. Nearly every day, those in our churches and communities are confronted with what feel like insurmountable challenges in their families, with their friends, and in their local communities. But pastors and ministry leaders can often feel overwhelmed at how to best navigate these questions with biblical wisdom—rooted in both truth and grace. For many, it feels like we have not been exposed to the debates or prepared to face these issues head-on, even if we have been blessed with seminary or ministry training.

As I spend time with pastors and serve in pastoral ministry myself, it is striking that many of the questions and debates that we encounter were not directly addressed in our theological education. Many of the questions we face in daily life are often tied more to ethics than to questions of doctrine and interpretation. While theology and ethics are intricately related and deeply intertwined, much of theological education tends to focus on the former to the neglect of the latter.<sup>1</sup> Without a doubt, church leaders must know how to rightly handle God’s Word and faithfully approach questions of doctrine, but we also need to be prepared to navigate the deeply personal moral questions that our people are facing in their daily lives as well—whether that be the devastating pains of infertility and the ethical questions surrounding the beginning of life or the searing and inevitable pain of loss at the end of life. Most ministry training programs include a single course in ethics, and perhaps just a session or two at most on the pressing moral questions we encounter in any given week in the life of the local church. Given the types of moral questions the church faces today, we need more, not less, ongoing training in ethics, especially as that relates to ministry and pastoral decision-making in the field of bioethics.

Pastoral bioethics is not a new field of study per se, yet it is a vitally important lens for faithful ministry in the technological age, particularly as our technological advancements shape how we view the human person and the nature of medicine. Christians face an ever-evolving set of bioethical questions and often do not know where to turn for answers to the questions they face in the hospital waiting room or a clinician’s office. The Church needs to prepare to answer those questions as we walk alongside those in our churches and communities. At the core of all bioethical debates are foundational questions of anthropology and particular visions of what it means to be human that drive our approaches to these issues. Our people often encounter several conflicting frameworks and beliefs about human dignity from medical providers that may not align with their faith or the biblical vision of what it means to be human as image bearers of God. Whether we know it or not, everyone—including doctors and medical providers—brings their worldview, their understanding of human identity and morality, to these debates. However, these beliefs often operate beneath the surface of the questions asked and answers given. These answers are often shaped by several principles that have guided the study of bioethics for generations, including a developmental view of the human person, which is directly at odds with a biblical understanding of human dignity.

Amid these competing visions in the public square, doctor’s office, and lamentably even at times in the local church, Christians have a clear word on what it means to be human, rooted in the biblical doctrine

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<sup>1</sup> For more on the relationship of theology and ethics, see Herman Bavinck. *Reformed Ethics*. Edited by John Bolt. Vol. 1. (Grand Rapids: Baker, 2019), §1:58. and Carl F. H. Henry, *Christian Personal Ethics*, Second Edition (Grand Rapids: Baker, 1979), 486.

of the *imago Dei*—the image of God—that ought to drive these consequential bioethical decisions. Contrary to popular belief and practice, human dignity and moral personhood are not built upon claims of autonomy or gained on some type of a sliding developmental scale. God has created every human according to his very image (Gen. 1:26–27), and from that status flows both our dignity as beings, wholly dependent on him for life. Our perceived usefulness or value does not determine our inestimable worth as moral persons, but rather our creation by God himself does (Gen. 1:26–28; 2:7). Ministry leaders must be aware of these principles, values, and beliefs in order to prepare themselves better to engage these questions from a robust theological foundation so that we can best equip our people to navigate both the moral challenges and opportunities of our biotech century.

## BIOETHICS AND PRINCIPLES GUIDING DECISION-MAKING

Bioethics is a relatively “new” subdiscipline of ethics, even though many of the fundamental questions have been asked for centuries, such as what is a human being. In Greek, *bios* is used to describe life, and ethics comes from *ethos*, which traditionally refers to customs, habits, character, or disposition. Bioethics is a specialized field that focuses on questions of right and wrong, as well as how we pursue a virtuous, well-lived life in relation to issues of life. Bioethics focuses on overlapping questions of human life, medicine, biotechnology, human sexuality, public health, public policy, law, philosophy, and theology. The study of bioethics covers a host of different areas, including vital questions over abortion, contraception, birth control, reproductive technologies, medical care, physician-assisted suicide, euthanasia, and so much more. These questions are not abstract ruminations or mere policy battles, but deeply intimate concerns and hard questions that many feel ill-equipped to navigate.

The field of contemporary bioethics is widely acknowledged to have begun in the 1960s as new forms of technology were changing how we viewed the human person as well as shifting the language used in the debates over the beginning and end of life.<sup>2</sup> This shift in language surrounding a human being is especially evident in debates over the end of life, where even definitions of death have been shaped amid emerging technologies. Early biotechnologies could keep the heart and lungs functioning beyond the point traditionally associated with death. The shift from the traditional cardiopulmonary death to whole brain death was spurred on by a host of biotech advancements.<sup>3</sup> With the rise of these novel medical technologies, we were able to do things once thought impossible, as new pathways for caring for people were opened. However, these advances also brought subtle and harmful effects, as no technology is neutral, nor is it all good or all bad. These technologies were not merely tools we used, but tools that were shaping everything about our world, including how we viewed ourselves as human beings.<sup>4</sup> Philosopher Robert Spaemann rightly notes that this type of shift in language and practice is often represented in how we see persons as objects rather than subjects, something versus someone.<sup>5</sup>

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2 For more on the history of bioethics particularly in the United States, see <https://www.thehastingscenter.org/bioethics-timeline/>

3 Liederbach, Mark, and Evan Lenow. *Ethics as Worship: The Pursuit of Moral Discipleship*. Philipsburg, NJ: P&R Publishing; 2021, 528–531

4 See my essay “Simply A Tool? Toward a Christian Philosophy of Technology” in Thacker, Jason, ed. *The Digital Public Square: Christian Ethics in a Technological Society*. Nashville: B&H Academic, 2023, 3–26.

5 Spaemann, Robert. *Persons: The Difference Between “Someone” and “Something.”* Translated by Oliver O’Donovan. Oxford Studies in Theological Ethics. Oxford: Oxford University Press, 2017.

Technology, especially biotechnology, is usually billed as patient-centric, yet ironically pushes us to see the world merely through technical means where we often reduce people made in the very image of God to mere things.<sup>6</sup>

Amid the biotechnical innovations of our day, we begin to treat people as mere machines and problems to be solved, rather than as holistic persons made in God's image. This reality hit me viscerally a few years ago when my wife was going through cancer treatments. We had countless doctors and medical professionals taking care of us, but at times it felt like with a handful of them my wife was a technical puzzle or mere problem to solve, rather than a person to be loved and cared for holistically. They were leaders in their field of oncology, and the Lord ultimately used them to save her life. But at times, to some, it felt like a few never really saw her as more than simply her disease. They lacked what we often call "bedside manner" and took the distinctly human elements out of practicing medicine.<sup>7</sup> While we cannot and should not lay the blame for this solely on technology, these tools nevertheless play a role in shaping our perspective of the world, including the dignity and value of our neighbor, often through hyperindividualistic lenses. A holistic biblical approach to bioethical questions is vital to any distinctly Christian approach to bioethics, and it is especially important for pastors and ministry leaders as they engage these issues with their people. Amid the rapid growth in technology in our day, especially related to reproduction and the beginning of life, the Church needs to become even more precise in our language, contrasting common frameworks with a biblical vision rooted in the dignity of all human beings, regardless of their age, stage of development, or perceived utility.

When navigating these types of issues, it is wise to slow down and consider the principles, frameworks, and beliefs that often drive much of the contemporary bioethical debate, as well as how debate may subtly shape even a Christian approach to these issues. A classic text that undergirds so much contemporary conversation in bioethics notes that there are four fundamental clusters of principles that ought to guide all bioethical decision-making. Philosopher Tom L. Beauchamp and ethicist James F. Childress write that respect for autonomy, nonmaleficence, beneficence, and justice serve as the foundational principles in bioethics that ought to guide these debates.<sup>8</sup> While certain aspects of this framework ought to inform a faithful pastoral approach to bioethics, we must cultivate a wise and discerning posture to ensure that these principles align with a distinctly Christian worldview and ethical framework.

First, they point out that respect for autonomy, which they define as a norm for respecting and supporting autonomous decisions, "runs as deep in morality as any principle."<sup>9</sup> Autonomy, in many ways, is one of the defining beliefs of contemporary society, as it is appealed to across moral and ethical debates as a respect for individual dignity and self-definition. The word is derived from the Greek *autos* ("self") and *nomos* ("rule," "law," or "governance"). While originally used to describe the independent nature of city-states, personal

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<sup>6</sup> Philosopher and physician Jeffrey Bishop highlights this shift by noting how technology shapes medicine and the care of human beings, seeing other human beings as technical problems to be solved rather than people to be cared for. See Bishop, Jeffrey P. *The Anticipatory Corpse: Medicine, Power, and the Care of the Dying*. Notre Dame Studies in Medical Ethics. Notre Dame, IN: University of Notre Dame Press, 2011, 119–121.

<sup>7</sup> For more on this shift from medicine in the Hippocratic tradition to a "provider of services model", see Curlin, Farr A., and Christopher Tollefsen. *The Way of Medicine: Ethics and the Healing Profession*. Notre Dame Studies in Medical Ethics and Bioethics. Notre Dame, IN: University of Notre Dame Press, 2021.

<sup>8</sup> Beauchamp, Tom L., and James F. Childress. *Principles of Biomedical Ethics*. Eighth edition. New York Oxford: Oxford University Press, 2019.

<sup>9</sup> Beauchamp and Childress, 99.

moral autonomy has become a rallying cry across bioethical issues and a linchpin in our contemporary social imaginary where we see ourselves as whole, independent, self-defined beings.<sup>10</sup> Farr and Tollefsen point out that autonomy and individual choice are often the primary criteria used to make the use of medical technology “ethical.”<sup>11</sup> Beauchamp and Childress note that there are two general conditions which are essential for autonomy: *liberty* (independence from controlling influences) and *agency* (a capacity for intentional action).<sup>12</sup> Autonomy is often seen as not only central to who is considered a moral person in bioethical debate but also central to whom our respect and protection are owed—both of which are built upon a particular vision of the human person that may not always align with a central tenet of a Christian approach to bioethics rooted in a creaturely dependence upon our creator God. No human being is truly autonomous or self-governed, as we are ultimately wholly dependent upon God and interdependent upon one another from the moment of fertilization until natural death. This principle has vast implications on a Christian understanding of bioethics, as often autonomy is the driving force behind assisted reproductive technologies (ARTs) and debates over physician-assisted suicide (PAS). The ethical questions behind these debates are not simply over bodily autonomy, but honoring our God-given creatureliness and dependency upon God and others. We are not the captains of our own ship within a robust Christian framework of bioethics.

Second, the authors highlight the principle of nonmaleficence, a norm for avoiding the causation of harm (do no harm) or allowing no harm to come to patients.<sup>13</sup> This is one of the oldest principles in medical ethics and bioethics, especially in the Christian and Hippocratic traditions.<sup>14</sup> Some specific rules or guidelines for bioethical debate include the promise not to kill, not to cause pain or suffering, not to incapacitate, not to cause offense, and not to deprive others of the goods of life.<sup>15</sup> This principle can be applied to a number of pressing questions that we face in this life, including questions often asked of pastors and ministry leaders of whether one should withhold treatment, debates over the use of various treatments designed to extend life, and the intended and foreseen yet not desired effects of particular treatments. Doing no harm to another or oneself is often at the forefront of a pastoral approach to bioethics, as many in our churches seek counsel on how best to love and care for their loved ones amid deep suffering on the doorstep of death, especially with the growing push for euthanasia and PAS.

Third, an intricately related principle to nonmaleficence is beneficence, which is “a group of norms pertaining to relieving, lessening, or preventing harm and providing benefits and balancing against risks and costs.”<sup>16</sup> This term denotes acts of mercy, kindness, friendship, generosity, charity, and more. This principle naturally corresponds to the previous one, as nonmaleficence relates to doing no harm to others and beneficence deals with benefiting and caring for others. They are in many ways two sides of the same coin.

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10 Thacker, Jason. “Why Roe Is About More than Just Abortion: Individualism, Moral Autonomy, and the Sexual Revolution.” ERLC, July 21, 2022.

11 Curlin and Tollefsen, 9.

12 Beauchamp and Childress, 100.

13 Beauchamp and Childress, 13.

14 Beauchamp and Childress note that this principle does not directly appear in the Hippocratic writings but nevertheless is incorporated into the Hippocratic oath taken by medical professionals and is a “venerable statement.” Beauchamp and Childress, 155. For more on a distinctly Christian approach to the Hippocratic tradition, see C. Ben Mitchell, *Bioethics and Medicine: A Short Companion*, ed. C. Ben Mitchell and Jason Thacker, Essentials in Christian Ethics. Brentwood, TN: B&H Academic, 2025.

15 Beauchamp and Childress, 159.

16 Beauchamp and Childress, 13.

Beauchamp and Childress note that some principles here include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, rescuing persons in danger, and others.<sup>17</sup>

Both of these principles are a natural extension of the biblical call to love God and to love our neighbor as ourselves, as highlighted in Jesus' own words in Matthew 22:37–39 and Mark 12:30–31, which focus on loving by protecting and doing good for a neighbor in need. However, these moral principles that ought to guide a robust pastoral approach to bioethics can be similarly built upon a particular vision of who counts as a person and seeing persons as subjects, not mere objects. While both Christians and non-Christians may ascribe to them, we may nevertheless come to these principles on different grounds with different presuppositions. This foundational principle reminds us that we care for others and do good to them as we champion the value of life at all stages, not to first promote self-focused desires at the expense of others or mere utility in debates over the beginning or end of life.

Lastly, Beauchamp and Childress frame contemporary approaches to bioethics on the pursuit of justice, which they defined as “a cluster of norms for fairly distributing benefits, risks, and costs.”<sup>18</sup> Even a basic gloss of history or contemporary society illustrates just how complex and debated the concept of justice is in moral and philosophical circles. Justice means so many different things to different people, as it is always rooted in a particular worldview, philosophy, or conceptual framework of reality and how we live accordingly. This principle can have several different meanings, ranging from concepts of fairness and rightness to the distribution of certain goods and entitlements. As Beauchamp and Childress note, there are several competing visions of justice, ranging from one rooted in utility to deontic and virtue theories.<sup>19</sup> Often, these theories revolve around an understanding of individual rights and moral persons in the study of bioethics and apply to a host of pressing questions intricately related to the vision of autonomy and the individual human person. It is important for ministry leaders to note that both principles of respect for autonomy and justice were later additions to the traditional Hippocratic understanding of medicine and morality.

How one applies these four principles to the myriad of questions ministry leaders face today requires much more than simply following a set of predefined rules. A pastoral approach to bioethics is rooted in the cultivation of wisdom and virtue as we meet people where they are amid the certain challenges of life and realities of death in our biotech age. Yet, each of the above principles is built upon and presupposes a foundational belief about human identity and dignity, which often goes underdiscussed in the study and application of pastoral bioethics. The language we use matters especially as we approach the consequential bioethical decisions before us today in ministering to the people God has entrusted to us.

## **THE LANGUAGE WE USE MATTERS IN BIOETHICS**

Philosopher Christopher Kaczor, writing on questions of abortion, notes that our loaded language in these vital debates over human life often “needlessly inflames or conceals,” which will naturally shape how

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<sup>17</sup> Beauchamp and Childress, 219.

<sup>18</sup> Beauchamp and Childress, 13.

<sup>19</sup> Beauchamp and Childress, 271–277.

we think about these types of issues and how we ought to respond.<sup>20</sup> For example, the language used in the abortion debate is striking. Take the differences between the language of being pro-life, anti-abortion, anti-choice, pro-choice, or pro-abortion. These labels often indicate a particular moral position on abortion, but many tend to conceal what is truly taking place. All frame their own position as normative and the other often as dangerous, dehumanizing, and completely out of bounds for actual and thoughtful debate. The use of this type of banal language is common in the debates over end-of-life issues, as well as seen in the shift from PAS and euthanasia to assisted death (AD), medical aid in dying (MAID), and the so-called “death with dignity” movement.

In contemporary bioethics, the popular language we employ often desensitizes us to the reality of what is truly at stake in these debates. The abortion debate is not simply about “choice,” nor is the end-of-life debate simply about “dying with dignity.” The “choice” is over the life of a child made in the image of God, and “dying with dignity” concerns one choosing when they die or to take the life of another deemed of lesser value than you or I. Recognizing the charged nature of these debates, clarifying the language we use, and asking the hard questions about what is truly happening in these debates is central to any informed and compassionate pastoral approach to bioethics.

As the field of bioethics has evolved alongside technological innovations, questions about what constitutes a human being and the language used to decide who counts as a person have grown in intensity. Biotechnology has pushed the boundaries of what we have long considered the beginning and end of life, glossing over the realities of what is at stake in these debates concerning human life. One of the great dangers of our technologically rich day is that we begin to see ourselves as captains of our own ships and take the place of God, deciding who counts as a moral person based on certain characteristics, capacities, or attributes.<sup>21</sup> While it might initially sound odd, it is quite common in contemporary bioethical debates to distinguish between a human being and a moral person. This distinction often seeks to highlight that not all human beings are truly moral persons or may not have yet achieved that type of moral status and are deserving of rights. This false division sees a difference between being genetically human and human in a moral sense, where we do not have a moral obligation to protect and honor all human life. This division has devastating effects on how we view the dignity of every human life, as it often champions one’s personal autonomy at the expense of another and is used to explain why abortion is permissible in particular worldviews. According to many of these flawed views on human nature, a child in the womb may be a human being genetically speaking, but not be considered a moral person deserving of dignity and rights, given their developmental stage and lack of particular characteristics often associated with being fully human. The language we use in these debates matters, especially as we are tasked as ministers with walking with our people through the challenges they face.

In our society, shifting the pro-life debate, protecting human life, and ushering in a true culture of life will take more than just getting others to see the truth that the baby in the womb, the woman on her

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20 Kaczor, Christopher, *The Ethics of Abortion: Women’s Rights, Human Life, and the Question of Justice*, Third edition, Routledge Annals of Bioethics (New York/London: Routledge, 2023), 7.

21 For a helpful treatment on the dangers of an attribute-based account of human value, see Kilner, John F. *Dignity and Destiny: Humanity in the Image of God*. Grand Rapids: Eerdmans Pub. Company, 2015.

deathbed, or those dealing with a terminal illness are genetic human beings. While some today would say that babies in the womb or those at the end of their life are not or no longer truly human, the most honest will acknowledge that these individuals are human beings—biologically speaking—but not yet a moral person or no longer a moral person due to various extraneous factors such as attributes or capacities. These philosophers wrongly argue, though, that personhood is acquired once a certain threshold of capacity or independence is gained. By the same logic, some even argue that moral personhood can be lost once certain capacities and any semblance of autonomy are lost or damaged. Many of these capacities used to distinguish between mere human beings and moral persons center on a set of attributes, such as self-awareness, consciousness, the ability to feel pain, capacities for relationships with others, self-motivated activity, and/or the use of language.

For Christian leaders navigating these difficult bioethical questions, one of the most important frameworks informing this debate over the language we employ and questions of human dignity comes from philosopher Mary Anne Warren, who describes a developmental account of personhood in the defense of abortion.<sup>22</sup> Even though published in 1973, this account of personhood as distinct from simply being a human being is quite influential today as similar arguments are made by contemporary philosophers such as Kate Greasley and Peter Singer.<sup>23</sup> Warren rightly highlights in this article the centrality of the question of being human in the abortion debate, citing judge John T. Noonan who notes that “the fundamental question in the long history of abortion is, How do you determine the humanity of a being?”<sup>24</sup> This question of who counts as human is vital to any robust and well-informed pastoral approach to bioethics.

In this landmark article, Warren argues that “a fetus (while a human being), whatever its stage of development, satisfies none of the basic criteria of personhood, and is not even enough *like* a person to be accorded even some of the same rights on the basis of this resemblance.”<sup>25</sup> Here she seeks to draw a distinction between two senses of how we traditionally use the term *human*, by noting that there is a genetic sense and a moral sense of that term. A genetic human is biologically human or a member of our species.<sup>26</sup> She contrasts this genetic sense with a moral sense used to define “a full-fledged member of the moral community” with particular rights to be honored and protected.<sup>27</sup> Warren points out that this distinction is vital in a defense of abortion, as not all genetic human beings are moral persons even if they may possess some type of potentiality for becoming human in a moral sense at some point in the future. She starkly points out that “the moral community consists of all and only *people*, rather than all and only human beings” as she goes on to use an illustration of alien lifeforms being defined as moral persons.<sup>28</sup>

Central to her argument for developmental personhood is a set of traits that she views as basic and, for the most part, incontrovertible. While she acknowledges that they are quite broad and hard to apply to

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22 Warren, Mary Anne. “On the Moral and Legal Status of Abortion.” *The Monist*, Women’s Liberation: Ethical, Social, and Political Issue, (1973) vol. 57 (1): 43–61.

23 For example, see Greasley, Kate, and Christopher Kaczor. *Abortion Rights: For and Against*. Cambridge: Cambridge University Press, 2018. and Singer, Peter. *Practical Ethics*. 3rd ed. Cambridge: Cambridge University Press, 2011.

24 Warren, “On the Moral and Legal Status of Abortion,” 46.

25 Warren, “On the Moral and Legal Status of Abortion,” 47.

26 Warren, “On the Moral and Legal Status of Abortion,” 53.

27 Warren, “On the Moral and Legal Status of Abortion,” 53.

28 Warren, “On the Moral and Legal Status of Abortion,” 54.

specific situations at times, she roughly notes that five basic traits make up the notion of a moral person, which include:

1. consciousness (of objects and events external and/or internal to the being), and in particular the capacity to feel pain;
2. reasoning (the *developed* capacity to solve new and relatively complex problems);
3. self-motivated activity (activity which is relatively independent of either genetic or direct external control);
4. the capacity to communicate, by whatever means, messages of an indefinite variety of types, that is, not just with an indefinite number of potential contents, but on indefinitely many possible topics;
5. the presence of self-concepts, and self-awareness, either individual or racial, or both.<sup>29</sup>

While each of these principles ought to be unpacked at length and interrogated by thoughtful readers, they nevertheless illustrate that *most, but not all*, human beings meet these criteria for moral personhood. Warren highlights that there may be some problems in “formulating precise definitions of these criteria, let alone in developing universally valid behavioral criteria for deciding when they apply,” but these criteria are both common and that any being that satisfies none of them “is certainly not a person” in the moral sense.<sup>30</sup> These criteria, though, do not simply apply to the abortion debate as they also influence contemporary questions over the value of life at all stages of development and ages.

In a moment of honest reflection, she goes on to say that “If the opponents of abortion were to deny the appropriateness of these five criteria, I do not know what further arguments would convince them. We would probably have to admit that our conceptual schemes were indeed irreconcilably different, and that our dispute could not be settled objectively.”<sup>31</sup> Indeed, Warren is right that these conceptual schemes or anthropological beliefs so central to one’s worldview are presented as irreconcilably different at the most foundational level, as a biblical vision of human dignity is not rooted in capacities, attributes, or perceived usefulness, but in an unchanging, undeserved gift of life from our creator God. The question that Christians must consider is not if these attributes and capacities are present in most human beings, but whether they are *requisite* for us to deem one to be a moral person with full rights and dignity. Does dignity and value exist on a sliding scale, or is it intrinsic to who one *is*, not simply what one *does*?

While writing primarily in defense of abortion, Warren connects these criteria to other bioethical issues as well, noting that,

a man or woman whose consciousness has been permanently obliterated but who remains alive is a human being which is no longer a person; defective human beings, with no appreciable mental capacity, are not and presumably never will be people; and a fetus is a human being which is not yet a person, and which therefore cannot coherently be said to have full moral rights. Citizens of the next century should be prepared to recognize highly advanced, self-aware robots

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29 Warren, “On the Moral and Legal Status of Abortion,” 55.

30 Warren, “On the Moral and Legal Status of Abortion,” 56.

31 Warren, “On the Moral and Legal Status of Abortion,” 56.

or computers, should such be developed, and intelligent inhabitants of other worlds, should be found, as people in the fullest sense, and to respect their moral rights. But to ascribe full moral rights to an entity which is not a person is as absurd as to ascribe moral obligations and responsibilities to such an entity.<sup>32</sup>

If one's dignity is tied to particular traits or capacities and one does not exhibit them in part or in full, it follows that one's dignity and rights can be called into question using this type of framework. Within the Christian community, Kilner illustrates the consequential nature of this idea in bioethics by stating that "people vary in the extent to which they have these attributes—and are in God's image . . . [Thus] the door to devastation is open as soon as people begin to define being in God's image in terms of currently having attributes of God."<sup>33</sup> The question of "who counts" and why is one of the most consequential questions we face in bioethics. Yet, it often operates underneath the surface of the myriad of bioethical questions we face each day.

These traits, as described by Warren, are often referred to as a "developmental account" of personhood, where a being "obtains" personhood at some point and, in some cases, may also lose it over time. While these things are routinely present in human beings, deeming us to call each other moral persons, are these things requisite for us to call someone a moral person with inherent dignity, worthy of our protection and respect? Does the lack of any of these markers allow us to say that our neighbor is somehow not a moral person worthy of our care, protection, and respect? While many of these traits are often seen in human beings, they are not required to make one human person, as only biological membership in the human race does that. As German Catholic philosopher Robert Spaemann notes, "human beings have certain definite properties that license us to call them 'persons'; but it is not the properties we call persons, but the human being who possess the properties."<sup>34</sup> He later rightly points out that "there are, in fact, no potential persons. Persons possess capacities i.e. potentialities, and so [a] person may develop. But nothing develops *into* a person."<sup>35</sup> He writes that "there can, and must, be one criterion for personality, and one only; that is biological membership of the human race."<sup>36</sup> Human beings are a specific kind of creature who exhibit certain characteristics and attributes, but human dignity is not rooted in those attributes. This is a key truth that should undergird any pastoral approach to bioethics, as it reminds us that dignity is not ours to gain, lose, or determine but something given to us by our creator God.

## CONTINUED LEARNING IN BIOETHICS AND NEXT STEPS

Pastors and ministry leaders face a myriad of challenges each day as we seek to shepherd those entrusted to us through some of the most consequential decisions they face related to life and death. While our ministry training may not have included extensive training in bioethics and how best to minister to those

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32 Warren, "On the Moral and Legal Status of Abortion," 57.

33 Kilner, *Dignity and Destiny*, 3.

34 Spaemann, *Persons*, 236.

35 Spaemann, *Persons*, 245.

36 Spaemann, *Persons*, 247.

in our midst facing such challenging questions, God has given his church all that is necessary for a life of godliness, as we are reminded in 1 Timothy 3:16–17. This sufficiency of God’s Word includes the rich doctrines of our faith and how to rightly handle God’s Word, but also how we ought to navigate the plethora of ethical challenges we face today, especially the deeply intimate and difficult questions of bioethics. While not all questions we face are specifically addressed with a particular chapter and verse, God has given us all we need to live a life of godliness. Beginning to read widely, including perspectives outside of our own on questions of autonomy, justice, and the debates over personhood, can help sharpen our minds and prepare our hearts to care for those in our midst facing these life-and-death issues. Let’s all commit to continued learning and prayerfully seek to cultivate wisdom as we walk alongside those in our midst who are navigating the intensely intimate, endless, complex, and vital questions of bioethics.