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Catholic Bioethics from Pius XI to Pope Francis I

DON O'LEARY

The origins of Catholic bioethics can be traced back, although tenuously, to the writings of bishops and Church scholars of the patristic period.[1] Catholic bioethics encompasses a range of topics, including abortion, contraception, assisted human reproduction, human embryonic stem cell research, the duty to preserve human life, and assisted dying. It overlaps with the social teaching of the Church to include the right to healthcare and the morally appropriate distribution of resources within national health services. In a broader context, Catholic bioethics engages with environmental issues where humans are seen as interconnected with Earth's biotic community and morally responsible for sustaining ecosystems and biodiversity.[2] Pope Francis, in his encyclical *Laudato si'* (May 24, 2015), extended the concept of the "common good" beyond social life to include the entire natural world.[3] In this chapter, considerations of space rules out a comprehensive study of such a broad view of bioethics. Instead, attention will be focused on those biomedical topics which have given rise to considerable differences of opinion and controversy amongst Catholics and between Catholics and non-Catholics.

A country-by-country analysis is clearly beyond the scope of this, or any other study. The Roman Catholic Church is the largest religious community of believers in the world. Although the worldwide Church is highly

1 See Lucia Pozzi, "Popes, Contraception, and Abortion," in this volume.

2 For an analysis of Catholic teachings about environmental topics, see John Hart, *What Are They Saying about Environmental Theology?* (New York, 2004).

3 Pope Francis, *Laudato si'*, May 24, 2015. http://w2.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20150524_enciclica-laudato-si.html. Agricultural scientist and geographer, Lorenzo Orioli (University of Florence, Italy) observed that *Laudato si'* was the first papal encyclical entirely concerned with social and environmental issues. However, Orioli discerned that Italian Catholics (about 85 percent of the population) were mainly influenced by secular green movements and ideas "remote" from Catholic culture. Lorenzo Orioli, "*Laudato si*' and the New Paradigm of Catholic Environmental Ethics: Reflections on Environmentalist Movements in Italy," *Journal of Agricultural and Environmental Ethics* 29 (2016): 933, 941–42.

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centralized and governed by universal principles, it is culturally diverse. The influence of the Church on public policies at national level has varied from one jurisdiction to another, even in those with Catholic majorities.[4] This variability is shaped by the interplay between the Church, culture, and politics.[5] Every community of Catholics, at national level, has its own unique history. In this chapter, attention will be focused mainly on the universal Church and the teaching authority.

There are limits to what we can know, in a historical sense, about Catholic bioethics in the context of the Church as a community of faith. Very few Catholics left a written record for posterity or expressed opinions for publication. The Catholic reproductive rights movement is a key element of the history of Catholic bioethics but research potential here is limited. It is in this context that Patricia Miller observed in her *Good Catholics* (2014) that "firsthand historical recollections are a precious commodity."[6] Priests played a key role in transmitting Church doctrine to the laity and yet Leslie Woodcock Tentler found "surprisingly few" documents in diocesan archives that were informative about their lives.[7] Notwithstanding these observations, there is a vast volume of published research. Numerous books and articles yield historical insights relating to Roman Catholicism and bioethics, especially contraception[8] and

4 See for example, Susana Aguilar Fernández, "Fighting against the Moral Agenda of Zapatero's Socialist Government (2004–2011): The Spanish Catholic Church as a Political Contender," *Politics and Religion* 5 (2012): 671–94. Fernández compares Spain with other predominantly Catholic countries in Europe – Italy, Portugal, Ireland, Poland, and France.

5 France suffered heavy military losses in the First World War, which intensified the fear of demographic decline in the interwar years. This in turn influenced the passing of legislation which was pronatalist. In this case, nationalist-driven opposition to contraception and abortion harmonized with Catholic teaching on these issues. See Jesse Olszynko-Gryn and Caroline Rusterholz, "Reproductive Politics in Twentieth-Century France and Britain," *Medical History* 63 (2019): 124–25. For further examples of historical and contemporary contingencies, see Roberto Santiso-Galvez and Jane T. Bertrand, "The Delayed Contraceptive Revolution in Guatemala," *Human Organization* 63 (2004): 57–67; Michele Dillon, "Cultural Differences in the Abortion Discourse of the Catholic Church: Evidence from Four Countries," *Sociology of Religion* 57 (1996): 25–36; and Lorenzo Beltrame, "The Italian Way to Stem Cell Research: Rethinking the Role of Catholic Religion in Shaping Italian Stem Cell Research Regulations," *Developing World Bioethics* 17 (2017): 157–66.

6 Patricia Miller, *Good Catholics: The Battle over Abortion in the Catholic Church* (Berkeley, CA, 2014), Acknowledgements, ix.

7 Leslie Woodcock Tentler, "Evidence and Historical Confidence," *American Catholic Studies* 127 (2016): 10–13.

8 These include Leslie Woodcock Tentler, *Catholics and Contraception: An American History* (Ithaca, NY, 2004); Alana Harris (ed.), *The Schism of '68: Catholicism, Contraception and "Humanae Vitae" in Europe, 1945–1975* (London, 2018); Seth Meehan, "From Patriotism to Pluralism: How Catholics Initiated the Repeal of Birth Control Restrictions in Massachusetts," *Catholic Historical Review* 96 (2010): 470–98; Teresa Ortiz-Gómez and

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abortion.[9] Sources range from Church pronouncements; public policy documents published by governments and political parties; pamphlets published by voluntary associations; newspaper reports; opinion polls; and archival documents – both religious and secular.

Historical research is not exclusive to professional historians. Some major contributions to historical research have been written by authors whose primary professional status was not that of a historian. Notable examples are *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists* (first published in 1965), by John T. Noonan, US federal court judge and polymath; and *The Encyclical That Never Was* (1985), by journalist Robert Blair Kaiser.[10] Future historical research will benefit considerably from published works in other disciplines.[11]

Contraception and abortion were the main bioethical issues of concern in Catholic discourse from 1930 to 1978. The first successful *in vitro* (in glass) fertilization (IVF) procedure in 1978 raised new bioethical issues, such as the status of embryos outside the womb, the manipulation of embryos for research, and their use as sources of human embryonic stem cells. It created

Agata Ignaciuk, "The Fight for Family Planning in Spain during Late Francoism and the Transition to Democracy, 1965–1979," *Journal of Women's History* 30 (2018): 38–62; Bibia Pavard, "The Right to Know? The Politics of Information about Contraception in France (1950s–80s)," *Medical History* 63 (2019): 173–88; Christina Ewig, "Hijacking Global Feminism: Feminists, the Catholic Church, and the Family Planning Debacle in Peru," *Feminist Studies* 32 (2006): 633–59; Virginia Guzmán, Ute Seibert, and Silke Staab, "Democracy in the Country but not in the Home? Religion, Politics and Women's Rights in Chile," *Third World Quarterly* 31 (2010): 971–88; Aníbal Faúndes, Luis Távara, Vivian Brache, and Frank Alvarez, "Emergency Contraception under Attack in Latin America: Response of the Medical Establishment and Civil Society," *Reproductive Health Matters* 15 (2007): 130–38.

9 For example, Cara Delay, "Pills, Potions, and Purgatives: Women and Abortion Methods in Ireland, 1900–1950," *Women's History Review* 28 (2019): 479–99; Karissa Haugeberg, "How Come There's Only Men up There?" *Journal of Women's History* 27 (2015): 38–61; Robert N. Karrer, "The National Right to Life Committee: Its Founding, Its History, and the Emergence of the Pro-Life Movement Prior to Roe *v.* Wade," *Catholic Historical Review* 97 (2011), 527–57; Kimba Allie Tichenor, "Protecting Unborn Life in the Secular Age: The Catholic Church and the West German Abortion Debate, 1969–1989," *Central European History* 47 (2014): 612–45; Daniel K. Williams, "The Partisan Trajectory of the American Pro-Life Movement: How a Liberal Catholic Campaign Became a Conservative Evangelical Cause," *Religions* 6 (2015): 451–75.

10 The 1986 edition of John T. Noonan's book is cited in this chapter (see n. 14).

11 Sources include: Debra B. Stulberg, Rebecca A. Jackson, and Lori R. Freedman, "Referrals for Services Prohibited in Catholic Health Care Facilities," *Perspectives on Sexual and Reproductive Health* 48 (2016): 111–17; Susan E. Rubin, Surah Grumet, and Linda Prine, "Hospital Religious Affiliation and Emergency Contraceptive Prescribing Practices," *American Journal of Public Health* 96 (2006): 1398–401; Maryam Guiahi, Jeanelle Sheeder, and Stephanie Teal, "Are Women Aware of Religious Restrictions on Reproductive Health at Catholic Hospitals? A Survey of Women's Expectations and Preferences for Family Planning Care," *Contraception* 90 (2014): 429–34.

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new avenues to parenthood through donation of gametes and embryos. Surrogacy challenged traditional understandings of family life and the very nature of parenthood.[12] The year 1978, therefore, may be seen as the beginning of a new era in the history of reproductive medicine. The response of the institutional Church to new challenges presented by the emerging technologies was very much conditioned and circumscribed by its teachings on abortion and contraception.

Historical research in the medical humanities and religion are essentially interdisciplinary, relying on insights from the social sciences, law, medical ethics, reproductive medicine, and theology. This will be reflected by frequent references to books and journals in these disciplines, especially in relation to the years after 1978.

In this chapter, attention will first be given to contraception and abortion and a chronological approach to the subject matter will be maintained as much as possible. These topics are examined in this volume also by Lucia Pozzi. There are notable differences between the two studies. Attention will not be given here to Catholic understandings of gender. Also, the timeframe is narrower, mainly from 1930 to the pontificate of Pope Francis I.

Casti connubii (1930)

The papacy played a central role in the development of Catholic teaching and attitudes towards bioethical issues. In the nineteenth century, the ultramontane movement, the definition of papal infallibility by the First Vatican Council, and the gradual erosion of the independence and authority of bishops, all contributed to the emergence of a highly centralized Church with enormous power entrusted to the pope.[13] At the same time, both the papacy and the Church had to contend with the loss of the Papal States to the *Risorgimento*, the *Kulturkampf* in Bismarck's Germany, and anticlericalism – especially in France. In the early decades of the twentieth century, especially during the pontificate of Pius X (r. 1903–14), the Church was in the grip of a doctrinal and disciplinary crisis. This crisis arose because many biblical scholars, theologians, historians, and philosophers proposed revisions to traditional Church teachings on the basis of their research findings. Bioethical issues were eclipsed by more pressing concerns which were seen to threaten

12 Robert G. Edwards, "Introduction and Development of IVF and Its Ethical Regulation," in *In Vitro Fertilisation in the 1990s: Towards a Medical, Social and Ethical Evaluation*, ed. Elisabeth Hildt and Dietmar Mieth (Aldershot, 1998), 3–18.

13 Eamon Duffy, *Saints and Sinners: A History of the Popes* (New Haven, CT, 1997), 234–35.

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the future of the Church. Before 1930, bioethical issues received only scant and intermittent attention from the papacy.

In the early twentieth century, demographic trends in Western Europe (especially France) and the USA, were causing concern in the upper echelons of the Church. New technological innovations enhanced birth control methods. Falling birth rates pointed to declining Catholic populations if remedial action was not taken.[14] Furthermore, the Anglican bishops had changed their stance on birth control at their Lambeth Conference (1930).[15] This put them at variance with Catholic sexual morality as elaborated by the papacy. The Anglican bishops acknowledged a "clearly felt moral obligation to limit or avoid parenthood" in some circumstances. Complete abstinence from sexual intercourse "as far as may be necessary" was the preferred method but the bishops conceded that "other methods may be used" in accordance with Christian principles.[16] In sharp contrast to this, Pius XI's encyclical, *Casti connubii* (December 31, 1930), left little scope for the exercise of individual conscience. Also, the encyclical elevated papal teaching on contraception to a higher authoritative level within the Roman Catholic Church. It was now more difficult for Catholics to conveniently misunderstand or ignore what the Church demanded of them.[17]

The publication of *Casti connubii* may be seen as an attempt by the papacy to preserve, if not enhance, its power and moral authority against a background of social transformation and shifting mores. Church doctrine was not just about morality and maintaining a sense of identity as the one true Church – it was also about the exercise of power. Popes had to contend with external religious influences, non-compliant Roman Catholics, and secular states.[18] The Church asserted power over the human body on the basis that

14 John T. Noonan, *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists* (Cambridge, MA: 1986), 414–32; and Sharon M. Leon, *An Image of God: The Catholic Struggle with Eugenics* (Chicago, 2013), 94.

15 The Anglican Church had decided to sustain its moral objection to the use of contraceptives at its Lambeth conferences in 1908 and 1920, even when there were pressing medical and economic reasons for birth control. But the Church came under increasing pressure to change its stance because it was clear that many couples were using birth control methods to limit the size of their families. Caitriona Beaumont, "Moral Dilemmas and Women's Rights: The Attitude of the Mothers' Union and Catholic Women's League to Divorce, Birth Control and Abortion in England, 1928–1939," *Women's History Review* 16 (2007): 473–74.

16 Anglican Consultative Council, *The Lambeth Conference: Resolutions Archive from 1930*, resolution 15. www.anglicancommunion.org/media/127734/1930.pdf.

17 Leslie Woodcock Tentler, "'The Abominable Crime of Onan': Catholic Pastoral Practice and Family Limitation in the United States, 1875–1919," *Church History* 71 (2002): 307–8.

18 Isacco Turina, "Vatican Biopolitics," *Social Compass* 60 (2012): 138.

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it was created by God, and the Church was the supreme authority in judging what was moral and immoral in matters pertaining to marriage, birth control, and the termination of life. Historian Sharon M. Leon observed that Pius XI "sought no less than to arrest cultural change" when he issued his encyclical against the background of changing gender roles in highly industrialized societies and what seemed to be the declining status of marriage in Europe and North America.[19] Leon's historical perspective resonates with that of Etienne Lepicard, who viewed the encyclical as part of a broad papal strategy to thoroughly re-Christianize modern societies – "a kind of modern *Reconquista*."[20]

Casti connubii was best known for its prohibition of contraception but it also condemned civil divorce, extra-marital sex, eugenic sterilization, voluntary sterilization, and abortion.[21] The prohibitions of *Casti connubii* were intended not only for Roman Catholics but also for those outside the Church because the encyclical was based on principles of natural law amenable to reason. The Church could therefore insist that public authorities uphold its moral prescriptions based on the common good with its concept of family as a focal point. Pius XI's promulgation of Church authority in relation to both the state and the reproductive freedom of citizens was not nuanced. Any act that deprived sexual intercourse of "its natural power to generate life" was "an offence against the law of God and of nature" and was "a grave sin."[22] The only method of birth control acceptable to the Church was "virtuous continence," when both husband and wife were in agreement.[23]

The encyclical dissipated uncertainty about the moral permissibility of sterilization amongst Catholics. Public authorities had no power over the bodies of law-abiding citizens. Therefore, compulsory sterilization of individuals deemed unfit to marry and reproduce was forbidden.[24] Eugenics – the controlled breeding of human populations to improve desirable traits – had gained widespread support in the USA and in Western Europe at this time. The eugenics movement flourished in the USA in the 1920s. Twenty-three state legislatures had passed sterilization laws by 1927.[25] Pius XI was not especially concerned here to protect the reproductive rights of citizens against the

19 Leon, *An Image of God*, 94.
20 Etienne Lepicard, "Eugenics and Roman Catholicism: An Encyclical Letter in Context: *Casti connubii*, December 31, 1930," *Science in Context* 11 (1998): 534.
21 Pius XI, *Casti connubii*, 31 December 1930. https://w2.vatican.va/content/pius-xi/en/encyclicals/documents/hf_p-xi_enc_19301231_casti-connubii.html.
22 Ibid., para. 56.
23 Ibid., para. 53.
24 Ibid., para. 70.
25 Leon, *An Image of God*, 67.

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intrusive powers of the state. On the contrary, he insisted that citizens did not have a right to undergo sterilization procedures to avoid pregnancies.[26] His purpose was to assert the primacy of the Church over both the state and its citizens in bioethical matters. Pius XI's opposition to eugenics was subsequently vindicated when the racist policies of Nazi Germany, and its mass murder of those who suffered from physical and mental disabilities, brought eugenics into disrepute, eroding much of its support.

Papal bioethics was extensively supported within the Roman Catholic Church. Its influence was further enhanced because of a convergence of religious and nationalistic concerns about declining populations and extra-marital sex.[27] *Casti connubii* was widely distributed and was generally regarded as authoritative by Roman Catholics. Priests were burdened with the onerous task of communicating its challenging moral strictures to their congregations. Declining birthrates amongst Catholics indicated a lack of universal compliance with the precepts of the encyclical. Although some jurisdictions prohibited the manufacturing, distribution, and sale of contraceptives, some methods of birth control were beyond the reach of state intervention. *Coitus interruptus* ("the sin of Onan"), for example, was commonly practiced.[28] Falling birthrates occurred against a background of social changes driven by industrialization, urbanization, increasing numbers of women in employment, and greater access to education.

In the late 1930s, information about the rhythm (or calendar) method of periodic abstinence was communicated to Catholics mainly through the Catholic Action movement. Women with regular menstrual cycles could

26 Pius XI, *Casti connubii*, para. 71.

27 Catholic opposition to contraception was more effective when it was aligned with other conservative interests. See, for example, Christopher van der Krogt, "Exercising the Utmost Vigilance: The Catholic Campaign against Contraception in New Zealand during the 1930s," *Journal of Religious History* 22 (1998): 320–35. In July 1920, the French parliament, influenced by both Catholic and nationalistic concerns, passed a law that worked against the proliferation of birth control clinics. Fascist Italy's *Codice Penale* (1931) prohibited sterilization and prescribed fines and imprisonment on those who publicly promoted birth control. Legislative measures against contraception in Belgium, Ireland, and Spain were all influenced by Catholic values. Noonan, *Contraception*, 410–12. For a detailed study of collaboration between Church and state in fascist Italy, see Lucia Pozzi, "The Regulation of Public Morality and Eugenics: A Productive Alliance between the Catholic Church and Italian Fascism," *Modern Italy* 25 (2020): 317–31. For a study of Catholic influence in Ireland, in this context, see Brian Girvin, "An Irish Solution to an Irish Problem: Catholicism, Contraception and Change, 1922–1979," *Contemporary European History* 27 (2018): 1–22.

28 Gianpiero Dalla-Zuanna, "Tacit Consent: The Church and Birth Control in Northern Italy," *Population and Development Review* 37 (2011): 363. The "sin" of Onan was singled out for condemnation in *Casti connubii*, para. 55, with reference to St. Augustine and the Old Testament (Gen. 38:8–10).

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calculate the probable period of ovulation and days of fertility. There was no reference to the rhythm method of birth control in *Casti connubii*. Pius XII addressed this issue on October 29, 1951, when he declared that it was morally permissible for married couples to take advantage of the sterile phase of the menstrual cycle. But there was still an obligation on married couples, who were sexually active, to have children. Exemption from such an obligation was permissible only in grave circumstances (medical or socio-economic).[29]

The rhythm method was highly unreliable, especially in relation to women with irregular menstrual cycles. Adherence to the rhythm method required prolonged abstinence which imposed stress on marriages, sometimes leading to marital breakdown. Those who failed to comply with the Church's teaching were distressed when refused absolution and deprived of Communion.[30] Marginalization and guilt gave way to resentment and the assertion of conscience over authority. This in turn undermined the influence and power of the magisterium on issues of sexual morality and reproduction.

Increasing access to the contraceptive pill after 1960 intensified discontent with the status quo. Many Catholics believed that the oral contraceptive was a landmark scientific improvement on birth control techniques and was, in a moral sense, no different from mucous tests and temperature readings associated with the rhythm method.[31]

Papal Authority and Catholic Consciences

Reforms introduced by the Second Vatican Council created an expectation that Church teaching on birth control would be revised. The council itself had not addressed the issue. Instead, Paul VI referred the question of birth control to the Pontifical Commission for the Study of Population, Family,

29 Pius XII, "Address to Midwives on the Nature of Their Profession," October 29, 1951. www.papalencyclicals.net/pius12/p12midwives.htm, and Noonan, *Contraception*, 445–46.

30 For the case of Quebec, see Diane Gervais and Danielle Gauvreau, "Women, Priests, and Physicians: Family Limitation in Quebec, 1940–1970," *Journal of Interdisciplinary History* 34 (2003): 301–5.

31 Lara V. Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (New Haven, CT, 2001), 218; see also 222–24. One of the main "architects" of the contraceptive pill was John Rock, a Catholic doctor who undertook scientific research in 1952 to develop a method of birth control that manipulated the menstrual cycle in a way that would make it compatible with papal teaching. David Geiringer, "Catholic Understandings of Female Sexuality in 1960s Britain," *Twentieth Century British History* 28 (2017): 235.

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and Births. A "majority report" of the commission argued that, although Christian marriages had to be open to children, each act of sexual intercourse did not. This could have been presented as a development of, rather than a change of, doctrine.[32] Even if doctrinal change was acknowledged this could have been justified on the basis that Church teaching on this matter was not infallible. However, the idea that doctrine could change was seen as a threat to the authority of the Church. On the other hand, a decision not to change would also damage the Church.[33]

By 1965, those in the upper echelons of the Church were acutely aware of dissenting opinions amongst the laity – opinions that were sometimes expressed with bitterness about the rhythm method which was widely regarded as unreliable and inimical to marital happiness. But they may also have considered the possibility of an angry reaction from compliant Catholic couples who had suffered from adherence to *Casti connubii*. Furthermore, there was a troubling theological consideration in relation to the other Christian churches – especially the Anglican Church: "Was the Holy Spirit at Lambeth, and not therefore with the Roman Catholic Church?"[34]

Paul VI received the final report of the commission in summer 1966 but he did not respond in a timely manner. This delay only served to heighten expectations of change. Paul VI finally issued his judgment through the medium of an encyclical, *Humanae vitae* (July 25, 1968). Catholic couples were permitted to practice birth control by taking advantage of the infertile days of the menstrual cycle.[35] The moral distinction between natural and artificial means of birth control was retained.[36] It did not matter that, in both cases, the intention was the same.

The reaction to *Humanae vitae* was in stark contrast to the response to *Casti connubii*. A storm of protest arose within the Church as optimism turned to bitter disappointment. Some Catholics left the Church but most stayed – on their own terms. Many theologians and priests disagreed with the contents of the papal document and some were compelled to leave their posts when

32 Leslie Woodcock Tentler, "Four Reflections on 'Pastoral Approaches,' IV," *American Catholic Studies* 129 (2018): 17–21.

33 Robert Blair Kaiser, *The Encyclical that Never Was: The Story of the Pontifical Commission on Population, Family and Birth, 1964–66* (London, 1987), 162–63.

34 Ibid., 211.

35 Paul VI, *Humanae vitae*, July 25, 1968, para. 12, in *Vatican Council II: More Post Conciliar Documents*, gen. ed. Austin Flannery (Collegeville, PA, 1982).

36 *Humanae vitae*, para. 16. Catholics could "rightly use a facility provided them by nature" – as distinct from "means which directly exclude conception" and "obstruct the natural development of the generative process." See also para. 11.

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they spoke out against it.[37] Those who disagreed with the traditional stance of the Church, but felt unable to challenge it, were confronted with the difficulty of speaking credibly about sexual morality and tended to remain silent. This greatly weakened the transmission of authority from the papacy to lay Catholics.

Pronouncements from Rome left little scope for the exercise of conscience when Catholics were confronted with complex bioethical issues. Paul VI insisted in *Humanae vitae* that there was an "inseparable connection" between the sexual ("unitive") and reproductive ("procreative") aspects of "the marriage act."[38] The Church's teaching on sexual morality was "indisputable" and Catholics were admonished not to question the papal interpretation of "the natural moral law."[39] And yet it was highly questionable, despite the authoritativeness of such a pronouncement! John T. Noonan observed that the "inseparable connection" was, in effect, relinquished when Pius XII expressed approval of the rhythm method in 1951.[40] Taking advantage of the sterile days of the menstrual cycle was, in effect, separating the unitive from the procreative. Nevertheless, for compliant Catholics, *Humanae vitae* not only ruled out artificial contraception but most methods of assisted human reproduction (AHR) also, notwithstanding that *Humanae vitae* was written to address birth control, not AHR (which had not yet received much attention). The belief that a pre-implantation embryo could be regarded as a person in a moral sense was also very restrictive for Catholics who endeavored to reconcile Church doctrine with their everyday lives. This ruled against contraceptive products that were thought to prevent implantation and, later in the twentieth century, AHR protocols which generated supernumerary embryos. The moral permissibility of human embryonic stem cell research was to be rejected for the same reason.

37 See, for example, Sacred Congregation for the Clergy, *The Washington Case*, in Flannery, *Vatican Council II* (1982), 417–22; Joseph Parkinson, "Humanae vitae II: Conscience, Contraception and Holy Communion," *Australasian Catholic Record* 90 (2013): 300; and Duffy, *Saints and Sinners*, 281. No bishop, administering a diocese, publicly dissented from the encyclical, although there is some evidence to indicate that a minority of bishops disagreed with some of the encyclical's contents. See Tentler, *Catholics and Contraception*, 269. Dissenting theologians included Charles Curran at the Catholic University in Washington, DC. Curran and his university colleagues resisted attempts by Cardinal Patrick O'Boyle and other prelates to remove them. Kaiser, *The Encyclical that Never Was*, 256–57.

38 *Humanae vitae*, para. 12.

39 Ibid., para. 4.

40 Noonan, *Contraception*, 445–47. See also Miller, *Good Catholics*, 15–16; reference to Rosemary Radford Ruether, "A Catholic Mother Tells: 'Why I Believe in Birth Control,'" *Saturday Evening Post*, April 4, 1964.

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In the 1960s and 1970s, Church leaders in Rome were very much aware of concerns about overpopulation and the pressing need in many parts of the world for "responsible parenthood."[41] But the moral law, as they saw it, took precedence over psychological, socio-economic, and environmental issues. This set them on a collision course with many Catholics who not only felt unable to comply with the onerous restrictions of Church teaching, but also questioned its morality. Pronouncements from Rome clashed with feminist demands for change and were seen as morally questionable in relation to concerns about overpopulation, food shortages, and high rates of infant mortality in many countries. It was also argued that Church teaching was corrosive of marital relationships and detrimental to the well-being of children in families that had grown too large.[42] The authoritative and rigid stance of the magisterium on issues of sexual morality and human reproduction exposed it to a loss of credibility and influence, especially from the 1960s onwards.[43] Surveys of Catholic opinion, after the publication of *Humanae vitae*, consistently indicated that over 80 percent of married couples ignored the encyclical.[44]

The rapid spread of HIV/AIDS[45] from the 1980s onwards presented yet another challenge to the sustainability of Church teaching on contraception. The Church responded energetically to the crisis, providing healthcare to millions of HIV/AIDS victims worldwide through its network of clinics, hospitals, hospices, and AIDS education centers. However, in parallel with this, an ethical dilemma arose for traditionalist Catholicism. Condoms, used for birth control, greatly diminished the transmission of the virus. This raised the question: was it morally permissible for sexually active people to use condoms to safeguard health and save life? Continual debates about this topic

41 *Humanae vitae*, paras. 7 and 10; and Sacred Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion* (*Quaestio de abortu*, November 18, 1974), paras. 18 and 27, in Flannery, *Vatican Council II* (1982).

42 See Tentler, "Four Reflections on 'Pastoral Approaches,' IV," 19–20; Mark S. Massa, "Four Reflections on 'Pastoral Approaches,' I," *American Catholic Studies* 129 (2018): 8; John McGreevy, "Catholics, Democrats, and the GOP in Contemporary America," *American Quarterly* 59 (2007): 674.

43 The prominent American Catholic journalist John Cogley believed that *Humane vitae* was "a dreadful mistake" that would diminish papal authority, create dissension within the Church, and inflict a heavy blow against the ecumenical movement. Rodger Van Allen, "John Cogley's Dissent from *Humanae Vitae*," *U.S. Catholic Historian* 26 (2008): 76–78.

44 Richard P. McBrien, *Lives of the Popes: The Pontiffs from St. Peter to John Paul II* (New York, 2000), 380.

45 Acquired immune deficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV).

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frustrated many Catholics who believed that it overshadowed the Church's charitable activities.[46]

Pope John Paul II did not yield on *Humanae vitae*. He declared on February 6, 1993, that the "sexual restraint of chastity is the only safe and virtuous way to put an end to the tragic plague of AIDS which has claimed so many young victims."[47] Pope Benedict XVI was at least as resolute as his predecessor in ruling out the use of condoms – even within marriage.[48] These pronouncements did not elicit consensus within the Church. Catholic moralists were divided on the issue and some cardinals and bishops expressed the view that a married couple should have a choice when either the husband or wife was HIV positive. They acknowledged that everyone had a right to act in self-defense when confronted with a threat to life.[49] It is evident from Archbishop Agostino Marchetto's "HIV/AIDS and its effects on refugee situations in a Christian perspective" (August 2006) that the papacy was aware that women were frequently deprived of choice.[50] Its stance on the use of condoms was seen as irreconcilable with a core principle of Catholic philosophy – the moral imperative to defend human life.[51] However, there was some concession towards victims of rape. Women and girls had a moral right to "defend" themselves against "a potential conception." It was morally permissible to use medications that would prevent

46 John L. Allen, "Condom Debate Frustrates," *National Catholic Reporter* 4(6) (October 1, 2004). http://nationalcatholicreporter.org/word/pfw100104.htm.

47 Archbishop Agostino Marchetto, "HIV/AIDS and its Effects on Refugee Situations in a Christian Perspective," *People on the Move* 101 (August 2006). www.vatican.va/roman_curia/pontifical_councils/migrants/pom2006_101/rc_pc_migrants_pom101_hiv-aids.html.

48 Anon., "Condom Sense; Pope Benedict XVI is Wrong," *Washington Post*, March 19, 2009. https://search-proquest-com.ucc.idm.oclc.org/printviewfile?accountid=14504. Pope Benedict XVI, when traveling to Africa in March 2009, stated that the AIDS epidemic could not be "resolved" by distributing condoms, and that condoms exacerbated the AIDS crisis. This provoked critical responses, especially when more deaths due to AIDS occurred in Africa than in any other continent. Benedict's comments were seen as inimical to the implementation of public health policies.

49 Marchetto, "HIV/AIDS and its Effects on Refugee Situations." Marchetto referred to the Southern Africa Bishops' Conference for this opinion. Cardinal Georges Cottier, theologian to the pontifical household, also acknowledged that it was morally permissible to use a condom to reduce the risk of HIV transfer during sexual intercourse in circumstances where people were acting under duress. "Papal Theologian Weighs Condom Use against AIDS," *Catholic Culture*, February 1, 2005. www.catholicculture.org/news/features/index.cfm?recnum=34990.

50 Marchetto, "HIV/AIDS and its Effects on Refugee Situations." Archbishop Marchetto was Secretary of the Pontifical Council for the Pastoral Care of Migrants and Itinerant People.

51 Daniele Maria Scalise and Giulio Bognolo, "The New Pope and Medical Ethics," *British Medical Journal* 330 (2005): 1281–82.

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fertilization. But treatments that would destroy a fertilized ovum, or interfere with its implantation, were forbidden.[52] Therefore, a woman's right to bodily autonomy was deemed a lesser right than the right to life of a fertilized ovum, morula, or blastocyst. Many women, including Catholic women, disagreed with such a moral judgment.

Abortion

Belief in the sanctity of human life from conception to death is the foundation principle of Catholic bioethics. It rests on the religious concept of the person as a composite of physical body and immortal soul.[53] The presence of the immortal soul elevates humans above all other species of life on earth. The Church acknowledged in its *Declaration on Procured Abortion* (November 18, 1974) that it was generally believed that the spiritual soul was not present in the first few weeks of pregnancy. Those who were given responsibility for "resolving cases" took cognizance of this when evaluating the gravity of the sin and deciding on the severity of penal sanctions. They tended to be relatively lenient in cases of early stage abortions.[54] If no immortal soul was deemed to be present, then termination of pregnancy was thought to be not so grievous. In 1869, this consideration was swept aside when Pius IX took a more hardline stance.[55] His bull, *Apostolicae sedis moderationi*, imposed the canonical penalty of automatic excommunication for all abortions, regardless of whether or not it was thought that the immortal soul had entered the embryo or fetus ("ensoulment").[56] Condemnation of abortion was reiterated by popes Pius XI, Pius XII, John XXIII, and Paul VI, and by the Second Vatican Council.[57] A Catholic who procured an abortion incurred the spiritual penalty of excommunication *latae sententiae* (i.e., automatically).[58]

52 United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 5th. ed. (November 17, 2009), para. 36. www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Ethical-Religious-Directives-Catholic-Health-Care-Services-fifth-edition-2009.pdf.

53 Hazel J. Markwell and Barry F. Brown, "Bioethics for Clinicians: 27. Catholic Bioethics," *Canadian Medical Association Journal* 165 (2001): 189–92.

54 Sacred Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion*, para. 7.

55 Pozzi, "Popes, Contraception, and Abortion."

56 Brian V. Johnstone, "Early Abortion: Venial or Mortal Sin?" *Irish Theological Quarterly* 70 (2005): 60.

57 Sacred Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion*, para. 7.

58 *Catechism of the Catholic Church* (Dublin, 1995), para. 2272; referring to the *Codex iuris canonici*, canons 1314 and 1398.

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The Sacred Congregation for the Doctrine of the Faith (SCDF) was adamant that arguments about ensoulment ("animation" or "immediate hominization") were not relevant to the moral status of human embryos. The issue of ensoulment was held to be a philosophical problem which had not been resolved. A "later animation" could not be ruled out. The probability of an immortal soul in early embryonic development was deemed sufficient to morally prohibit the termination of life. It was "objectively a grave sin to dare to risk murder." One could not prove the absence of an immortal soul.[59] This was not a reasonable argument. In philosophical discourse, the burden of proof is with the proposer of a hypothesis – not the target audience.

The SCDF turned to science for assistance. Immortal souls of course could not be detected by science because science could only illuminate the physical, not the spiritual or supernatural. What science seemed to offer was confirmation that individual human life began when the ovum was fertilized.[60] But developments in twentieth-century embryology militated against the plausibility of such a belief.[61] Individual human life was not established when a human ovum was fertilized. This occurred later in embryonic development when the primitive streak was formed (after implantation). Before the formation of the primitive streak, it was possible that two embryos could fuse to become one embryo, or one embryo could undergo fission to generate identical twins. If individuality was not established then there was no plausible argument for ensoulment because an immortal soul, created directly by God (not "produced" by the parents) was indivisible. Nor could two or more immortal souls be fused to become one.[62] The magisterium's insistence that human life was sacred from the beginning lacked a coherent philosophical argument and was based on a misunderstanding of embryological development.[63]

59 Sacred Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion*, para. 13, and n. 19.

60 Ibid., paras. 12–13. The *Declaration on Procured Abortion* states that: "From the time that the ovum is fertilized, a life is begun which … is the life of a new human being … Modern genetic science offers clear confirmation. It has demonstrated that from the first instant there is established the programme of what this living being will be: a man."

61 Feorillo P. A. Demeterio III, "A Foucauldian Reexamination of the Aristotelian, Aquinian, and Contemporary Roman Catholic Theories of Hominization," *Φιλοσοφια: International Journal of Philosophy* 18 (2017): 65. https://pdfs.semanticscholar.org/doec/03552c673557e3bc2e70732f3f5379d5fcec.pdf.

62 *Catechism of the Catholic Church*, paras. 365–66.

63 Don O'Leary, *Biomedical Controversies in Catholic Ireland: A Contemporary History of Divisive Social Issues* (Cork, 2020), 91–93, 334–35.

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Traditionalist Catholic teaching about abortion was especially vulnerable to criticism because it failed to give due consideration to the health and safety of women. Pius XI declared in *Casti connubii* that the state was obligated to protect the lives of the innocent, including "infants hidden in the mother's womb."[64] Abortion was not morally permissible even when the life of the mother was "gravely imperiled."[65] The prohibition of abortion in cases where the life of the mother was endangered by pregnancy was reiterated by Pius XII in his address to midwives on October 29, 1951. Pius XII told his audience that "to save the life of the mother is a very noble act; but the direct killing of the child as a means to such an end is illicit."[66]

In 1974, the SCDF acknowledged that the issue of abortion was not straightforward in a moral sense. It observed that sometimes a pregnancy presented a serious risk to the health or life of the mother or a high probability that the child might be "abnormal or retarded." But none of these considerations conferred the right "to dispose of another's life," at any time in pregnancy.[67] The SCDF also ruled out sterilization in its document, *Sterilization in Catholic Hospitals* (March 13, 1975), even in circumstances where the intention was "subjectively right" and the aim was to cure or prevent "a physical or psychological ill-effect" which was "foreseen or feared" due to a pregnancy.[68] The congregation was aware that many theologians disagreed with its rigid stance on sterilization but was dismissive of such dissension on the basis that the teaching of the magisterium took primacy over theological opinion.[69] The right to life was regarded as the greatest of human rights but the prohibition of sterilization, in cases where a pregnancy would present a serious risk to the life of the mother, was difficult to reconcile with this pre-eminent right.

The principle of double effect was sometimes invoked in cases of abortion where the intention was to save the life of the mother. The death of

64 Pius XI, *Casti connubii*, para. 67.
65 Ibid., para. 64.
66 Pius XII, "Address to midwives on the nature of their profession." A professor of moral theology, Gerald Kelly, observed that the principle of totality permitted the removal of an organ or tissue to save a life. The principle of totality did not apply in the case of a pregnant woman because both mother and child were considered "distinct persons." The principle of double effect needed to be invoked. Kelly was commenting on Pius XII's address to the Twenty-Sixth Congress of the Italian Society of Urologists, on October 8, 1953. Gerald Kelly, "The Principle of Totality … Part-for-the-whole," *Linacre Quarterly* 23 (1956): 70–76.
67 Sacred Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion*, para. 14.
68 Sacred Congregation for the Doctrine of the Faith, *Sterilization in Catholic Hospitals* (*Haec sacra congregatio*), para. 1, March 13, 1975.
69 Ibid., para. 2.

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the embryo or fetus was permitted or foreseen (indirect abortion), but not desired. This was distinguished from direct abortion where the intention was to terminate the life of the unborn.[70] However, ethical directives based on this principle were difficult to understand and subject to misapplication, sometimes with tragic consequences for women.[71]

Assisted Human Reproduction

Although very little attention was given to assisted human reproduction before 1978, Pius XII had expressed his views on assisted insemination as early as September 29, 1949, when he addressed the fourth International Convention of Catholic Doctors at Castelgandolfo. On that occasion, he ruled out artificial insemination – even within marriage and when no third-party donor was involved. Artificial methods were not to be ruled out simply because they were artificial or new. Some technical methods were morally permissible if the intention was to "facilitate" or "enable the natural act" – but not to replace it.[72] This theological declaration was elevated to a higher authoritative level when it was reiterated in *Humanae vitae* in 1968. The papal insistence on the "inseparable connection" between sexual intercourse and reproduction, expressed in paragraph 12 of the encyclical, applied equally to contraception and to AHR.

Paragraph 24 of *Humanae vitae* called on scientists to pursue research consistent with Catholic ethics but many scientists did not feel constrained by this. The first human birth due to IVF occurred ten years after the publication of the encyclical. This landmark event was due to the collaboration between gynecologist Patrick Steptoe, physiologist Robert Edwards, and embryologist Jean Purdy. It generated much greater awareness of the infertility problem

70 For example, in cases of aggressive uterine cancer, diagnosed in early pregnancy, removal of the uterus to save the mother's life would inevitably cause the death of the embryo. The principle of double effect was also invoked in cases of ectopic pregnancy that posed a threat to the life of the mother, and were non-viable.

71 There is a lack of consensus amongst Catholic moralists about how to interpret and apply the principle of double effect. See, for example, Ron Hamel, "Early Pregnancy Complications and the Ethical and Religious Directives," *Health Progress* 95 (2014): 49, 51–52; and Tad Pacholczyk, "When Pregnancy Goes Awry," National Catholic Bioethics Center. https://web.archive.org/web/20130613072915/www.ncbcenter.org/Page.aspx?pid=940.

72 Pius XII, "The Holy Father Condemns Artificial Insemination," translation of an address to the Fourth International Convention of Catholic Doctors, September 29, 1949, *Linacre Quarterly* 16 (1949): 1–6. Pius reaffirmed his judgment on October 29, 1951. Gerald Kelly, "The Teaching of Pope Pius XII on Artificial Insemination," *Linacre Quarterly* 23 (1956): 6–7, 17.

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worldwide. In this medical procedure, egg cells (ova) were removed from the body of a woman unable to conceive normally and were fertilized externally in a petri dish under carefully regulated conditions. In some cases, two or three of the resultant embryos were then transferred to the woman's uterus. Usually, only one embryo survived and adhered to the uterine wall. Further developments, such as the ability to freeze and thaw embryos, greatly improved the success rate of IVF.

After 1978, thousands of couples turned to IVF in response to infertility problems.[73] By 2011, over four million children worldwide had been born through the use of IVF.[74] In some cases, babies were born through surrogacy agreements and/or through the use of donor gametes. Supernumerary embryos were frequently generated and were allowed to perish or were used for human embryonic stem cell research. Such practices were seen as incompatible with the Church's teaching on marriage, contraception, and abortion. Despite this, there was widespread uncertainty amongst Catholics about whether recourse to AHR was morally permissible.[75] The Congregation for the Doctrine of the Faith (CDF) lacked expertise in bioethics and needed to consult leading Catholic bioethicists before it issued a response. It seems that the consultation process was biased in favor of conservative moral theologians and in conformity with the views of high-ranking Vatican officials.[76] The CDF published its *Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation* (more commonly known as *Donum vitae*) on February 22, 1987, under the prefecture of Cardinal Joseph Ratzinger – the future Pope Benedict XVI. Moral principles were reiterated in *Donum vitae* which were very restrictive for those loyal Catholics who would otherwise have turned to the new biomedical technologies to address infertility problems. Not surprisingly

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73 Fertility treatment centers were set up in Australia (1980), the USA (1981), and in France and Sweden (1982). In 1983, the International Federation of Fertility Societies reported "[e]xciting progress." Robert F. Harrison, "The Development of IVF Practice in Ireland – A Personal View," *Human Fertility* 15 (2012): 4. Prof. Harrison pioneered the development of IVF services in Ireland.

74 Deirdre Madden, *"In vitro* Fertilization: The Embryo: Ethical Issues," in *An Irish Reader in Moral Theology*, ed. Enda McDonagh and Vincent MacNamara (Dublin, 2013), 216.

75 This is acknowledged in the Foreword to the *Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation*, issued by the Congregation for the Doctrine of the Faith, February 22, 1987. www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19870222_respect-for-human-life_en.html. The Instruction is hereafter referred to as *Donum vitae*.

76 John Collins Harvey, "Speculations Regarding the History of *Donum Vitae*," *Journal of Medicine and Philosophy* 14 (1989): 481–91. Harvey was a professor of medicine at Georgetown University, Washington, DC.

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then, Roman Catholicism was seen as the most restrictive global religion in relation to AHR.[77]

The CDF saw a connection between IVF and the destruction of embryos. A fertilized egg (a zygote) was to be treated as if it was a person with full human rights. Human life was to be respected and protected from conception onwards. It was deemed immoral to discard embryos or to destroy them for research purposes. To do so was comparable, in a moral sense, to the practice of induced abortion. The freezing of embryos was unacceptable because it was deemed offensive to human dignity and exposed embryos to dangers of manipulation. Every child had the right to be conceived, carried in the womb, and born within marriage. In every marriage the wife and husband could only become parents through each other. Conception was to be brought about "through the specific and exclusive acts of husband and wife."[78] Procreation exclusively within marriage was deemed essential for the well-being of civil society.

The CDF referred to paragraph 12 of *Humanae vitae* to reiterate the theological principle that there is an "inseparable connection" between the unitive and procreative aspects of sexual intercourse.[79] The creation of human life through artificial means was seen as accepting the "domination of technology over the origin and destiny of the human person." A child conceived as a result of biomedical intervention could be regarded as "an object of scientific technology," which was morally objectionable because it was offensive to human dignity.[80] The CDF did not oppose all medical interventions. Nevertheless, it objected to what it saw as the excessive power of biologists and medical doctors.[81] It called on legislatures

77 Danielle Czarnecki, "Moral Women, Immoral Technologies: How Devout Women Negotiate Gender, Religion, and Assisted Reproductive Technologies," *Gender and Society* 29 (2015): 716–17, 719. The Church approved of some infertility treatments, such as hormonal therapies and laparoscopic diagnostic procedures. The Church was supportive of "naprotechnology" (Natural Procreative Technology), which was seen as an ethical alternative to IVF and was focused mainly on female fertility. However, this infertility treatment was seldom referenced in international medical literature and was very much open to criticism by gynecologists who specialized in treating infertility. Magdalena Radkowska-Walkowicz, "Between Advanced Medical Technology and Prayer: Infertility Treatment in Post-Socialist Poland," *Sociologický časopis/Czech Sociological Review* 50 (2014): 939, 949.

78 *Donum vitae*, Introduction: Teachings of the Magisterium. The creation of embryos by asexual means (i.e., without sex), through splitting in the very early stages of development ("twin fission") or cloning, was found to be immoral. Ibid., I. Respect for Human Embryos.

79 Ibid., II. Interventions upon Human Procreation: Homologous Artificial Fertilization.

80 Ibid.

81 Ibid.

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to control the application of biomedical techniques to safeguard the welfare of society.[82] In some jurisdictions, the Church and its political allies impeded and limited the scope of legislative initiatives on AHR that were not in compliance with Vatican pronouncements.[83] A common rhetorical strategy was to associate IVF with abortion. Discarding supernumerary embryos, or using them for human embryonic stem cell research, was regarded as murder.[84]

Catholic teaching about the sanctity of human life and procreation was reiterated in Pope John Paul II's encyclical, *Evangelium vitae* (March 25, 1995), the *Declaration on the Production and the Scientific and Therapeutic Use of Human Embryonic Stem Cells* (August 25, 2000) by the Pontifical Academy for Life, and *Dignitas personae* (September 8, 2008), issued by the CDF.[85] However, there was no consensus amongst Catholic theologians and ethicists about the moral status of human embryos and the use of aborted fetuses as sources of stem cells.[86] Most Catholics continued to hold contrary views, despite

82 Ibid., III. Moral and Civil Law.

83 There is an abundance of literature to support this point. Pierre Mallia, "Problems Faced with Legislating for IVF Technology in a Roman Catholic Country," *Medical Health Care and Philosophy* 13 (2010): 77–87; Pierre Mallia, "Developments in IVF Legislation in a Catholic Country," *Medical Health Care and Philosophy* 16 (2013): 385–90; Andrea Boggio, "Italy Enacts New Law on Medically Assisted Reproduction," *Human Reproduction* 20 (2005): 115–57; Rachel Anne Fenton, "Catholic Doctrine versus Women's Rights: The New Italian Law on Assisted Reproduction," *Medical Law Review* 14 (2006): 73–107; Jana Plichtová and Claire Moulin-Doos, "Discourses on Medical Interventions in Human Reproduction (PGD and ART), State Interventions and Their Justifications: Comparison of Slovak and German Cases," *Human Affairs* 25 (2015): 204–29; Elżbieta Korolczuk, "'The Purest Citizens' and 'IVF Children': Reproductive Citizenship in Contemporary Poland," *Reproductive Biomedicine and Society Online* 3 (2016): 126–33.

84 Magdalena Radkowska-Walkowicz, "Frozen Children and Despairing Embryos in the 'New' Post-Communist State: The Debate on IVF in the Context of Poland's Transition," *European Journal of Women's Studies* 21 (2014): 401–3, 406–7.

85 Pope John Paul II, *Evangelium vitae* (London, 1995); Pontifical Academy for Life, "Declaration on the Production and the Scientific and Therapeutic Use of Human Embryonic Stem Cells," August 25, 2000. www.vatican.va/roman_curia/pontifical_academies/acdlife/documents/rc_pa_acdlife_doc_20000824_cellule-staminali_en.html; and Congregation for the Doctrine of the Faith, "Instruction *Dignitas Personae* on Certain Bioethical Questions," September 8, 2008. www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20081208_dignitas-personae_en.html.

86 For discussions about pre-implantation embryos, see Don O'Leary, *Roman Catholicism and Modern Science: A History* (New York, 2006), 229–32. For issues relating to research on both embryos and fetuses, see testimony of Margaret A. Farley, "Roman Catholic Views on Research Involving Human Embryonic Stem Cells," The National Bioethics Advisory Commission, *Ethical Issues in Human Stem Cell Research*. vol. 3. *Religious Perspectives* (Rockville, MD, 2000), D3–D4. https://scholarworks.iupui.edu/bitstream/handle/1805/756/nbac_stemcell3.pdf.

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such authoritative pronouncements.[87] IVF was seen as morally permissible because God was "in the laboratory," working through scientists and clinicians to create human life.[88] Even in Poland, John Paul II's home country, the majority of Catholics did not adhere to Church teaching on AHR.[89]

Papal Power, Secular Law, and Catholic Dissent

The institutional Church did not lack the means to restrict reproductive freedom. It has profoundly influenced the drafting of international law since the 1960s. In 1964, the Holy See was granted Permanent Observer status at the United Nations. Although the Holy See did not have voting rights, it exerted considerable influence in blocking liberal initiatives concerning birth control and abortion. The Church frequently impeded the liberalization of international law and policy on gender issues. Its influence was enhanced by its independence from the nation-state system, its centralized international bureaucracy, its status at the United Nations, and its ability to form alliances with Catholic and Muslim countries, and with other religious organizations. The Church played a leading role in blocking the inclusion of rights to emergency contraception and abortion in international law.[90] As international law was increasingly framed with reference to human rights, the Church was unable to oppose such rights based on theology. It therefore advocated a version of human rights consistent with its own doctrine, especially with reference to natural law, family rights, and the rights of unborn human life.[91]

87 In the USA, human embryonic stem cell research was associated with abortion. The US National Conference of Catholic bishops was unrelenting in its opposition. In contrast to the hierarchy's stance, opinion polls indicated that most American Catholics approved of human embryonic stem cell research. D. C. Wertz, "Embryo and Stem Cell Research in the United States: History and Politics," *Gene Therapy* 9 (2002): 676. Despite their Church's disapproval of mainstream AHR, many Catholics have creatively formed a contrary view in seeking to overcome infertility. Giulia Zanini, "Abandoned by the State, Betrayed by the Church: Italian Experiences of Cross-Border Reproductive Care," *Reproductive BioMedicine Online* 23 (2011): 571.

88 Elizabeth F. S. Roberts, "God's Laboratory: Religious Rationalities and Modernity in Ecuadorian In Vitro Fertilization," *Culture, Medicine and Psychiatry* 30 (2006): 507–36; words in quotation marks from 509.

89 Magdalena Radkowska-Walkowicz, "How the Political Becomes Private: In Vitro Fertilization and the Catholic Church in Poland," *Journal of Religion and Health* 57 (2018): 983.

90 Elizabeth Heger Boyle, Shannon Golden, and Wenjie Liao, "The Catholic Church and International Law," *Annual Review of Law and Social Science* 13 (2017): 395–411; and Rishona Fleishman, "The Battle against Reproductive Rights: The Impact of the Catholic Church on Abortion Law in Both International and Domestic Arenas," *Emory International Law Review* 14 (2000): 277–314.

91 Lynn M. Morgan, "Claiming Rosa Parks: Conservative Catholic Bids for 'Rights' in Contemporary Latin America," *Culture, Health & Sexuality* 16 (2014): 1245–59.

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Church influence on social policy was exerted through politicians who were guided by their religious beliefs. Catholic politicians who were not attempting to apply Church teaching to public policies were frequently lobbied by the Church and its members.[92] The Church exercised greater power through its charitable activities, especially in education and health.[93] It wielded disproportionate influence, even in countries where Catholics were a minority of the population, and where there was a constitutionally based separation of Church and state. The US healthcare system is a case in point. In the first two decades of the twenty-first century, Catholic institutions were a large and growing sector of US healthcare services. Catholic hospitals were recipients of public funding, but patient care was subject to the *Ethical and Religious Directives for Catholic Health Care Services* (hereafter *Ethical Directives*), published by the US Conference of Catholic Bishops. Doctors working in Catholic hospitals were forbidden from providing a range of services, including contraception, abortion, sterilization, and most AHR treatments. This frequently led to conflict between hospital authorities and obstetrician–gynecologists. Some of these cases attracted the attention of the media and general public and led to lawsuits against Catholic hospitals.[94]

92 L. Skene and M. Parker, "The Role of the Church in Developing the Law," *Journal of Medical Ethics* 28 (2002): 215–18. The institutional Church exerts considerable influence over public policy through conservative secular organizations. See Ana Amuchástegui, Guadalupe Cruz, Evelyn Aldaz, and María Consuelo Mejía, "Politics, Religion and Gender Equality in Contemporary Mexico: Women's Sexuality and Reproductive Rights in a Contested Secular State," *Third World Quarterly* 31 (2010): 989–1005. In some cases, politicians proactively sought support from their conservative colleagues who were members of rightwing Catholic organizations such as Opus Dei. See Christina Ewig, "Hijacking Global Feminism: Feminists, the Catholic Church, and the Family Planning Debacle in Peru," *Feminist Studies* 32 (2006): 652. In contrast, some politicians publicly affirmed their acceptance of Church teaching but resolutely refused to translate such values into public policy on the basis of respecting the moral values of others. A notable example was New York's Catholic governor, Mario Cuomo (1932–2015). Robert N. Karrer, "Abortion Politics: The Context of the Cuomo-O'Connor Debate, 1980–1984," *U.S. Catholic Historian* 34 (2016): 103–24. John F. Kennedy adopted a similar stance in his speech to the Greater Houston Ministerial Association (Texas), shortly before his election to presidential office in 1960.

93 John Agnew observed that the "greatest strength of the Church lies in its charitable activities. It is the largest single supplier of health services and education in the world." John Agnew, "Deus Vult: The Geopolitics of the Catholic Church," *Geopolitics* 15(1) (2010): 47. In February 2010, the Pontifical Council for Pastoral Assistance to Health Care Workers reported that the Church managed 26 percent of health care facilities worldwide. Catholic News Agency, "Catholic Hospitals Comprise One Quarter of World's Healthcare, Council Reports," February 10, 2010. www.catholicnewsagency.com/news/18624/catholic-hospitals-comprise-one-quarter-of-worlds-healthcare-council-reports.

94 Lori R. Freedman and Debra B. Stulberg, "The Research Consortium on Religious Healthcare Institutions: Studying the Impact of Religious Restrictions on Women's Reproductive Health," *Contraception* 94 (2016): 6–7. For evidence of conflict between

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The Patient Protection and Affordable Care Act (ACA) signed into law by President Barack Obama in March 2010 met with vigorous opposition, not only from the Republican Party, but also from the US Conference of Catholic Bishops and dozens of other Catholic organizations. In February 2012, the Obama administration, mindful of the Church's opposition, announced a compromise on the issue of health insurance cover for contraceptive services and sterilization procedures.[95] The Church expressed approval of many provisions of the ACA but objected strenuously to providing and funding services which it considered immoral. The bishops argued that religious liberty and civil rights would be violated. Federal law would force Catholics and others to act against their consciences.[96] But religious liberty for the bishops was seen as a denial of liberty for those who were denied services – dissenting Catholics and non-Catholics. In some regions, the only hospitals were either Catholic-sponsored or -affiliated and subject to Catholic bioethical directives. Thousands of women, especially those with low incomes, were victimized when they did not have the means to travel to a non-Catholic hospital for reproductive healthcare services. In some cases, women's lives and health were endangered when medical staff prioritized religious directives over best medical practice.

The *Ethical Directives* did permit termination of pregnancy before viability when the mother's life was at risk.[97] But the *Ethical Directives* were vulnerable to interpretation which put women's lives at risk. In some cases, appropriate medical treatment was withheld which should have been available to women

obstetrician–gynecologists and hospital authorities in Catholic/Catholic-affiliated institutions, see Debra B. Stulberg, Annie M. Dude, Irma Dahlquist, and Farr A. Curlin, "Obstetrician–Gynaecologists, Religious Institutions, and Conflicts Regarding Patient Care Policies," *American Journal of Obstetrics and Gynecology* 207 (2012): 73.e1–5.

95 Patrick McCruden, "The Affordable Care Act and Community Benefit: A Mandate Catholic Health Care Can (Partly) Embrace," *Kennedy Institute of Ethics Journal* 23 (2013): 229–48. Research by Teresa Harrison indicated that access to emergency contraception was poor in both non-Catholic and Catholic hospital emergency departments. However, Catholic hospitals were less likely than non-Catholic hospitals to provide emergency contraception. Teresa Harrison, "Availability of Emergency Contraception: A Survey of Hospital Emergency Department Staff," *Annals of Emergency Medicine* 46 (2005): 105–10.

96 United States Conference of Catholic Bishops, "United for Religious Freedom," March 14, 2012. www.usccb.org/issues-and-action/religious-liberty/upload/Admin-Religious-Freedom.pdf.

97 United States Conference of Catholic Bishops, *Ethical and Religious Directives*, 5th. ed., Part 4: "Issues in Care for the Beginning of Life," para. 47, stated: "Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child."

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with non-viable or difficult pregnancies.[98] Staff who were deemed to have acted in violation of the *Ethical Directives* had good reason to fear disciplinary procedures or dismissal. The forced resignation of Sister Margaret McBride in 2009 is a case in point. Punitive action against her provoked widespread criticism. Sr McBride, a member of the ethics committee at St. Joseph's Hospital and Medical Center (Phoenix, Arizona), approved of an abortion to save the life of a critically ill woman who was eleven weeks pregnant. The local bishop, Thomas Olmsted, not only acted against McBride, but went so far as to strip the hospital of its Catholic status.[99] This landmark case highlighted growing public concern about increasing Catholic control of healthcare services.

In some cases, medical intervention was delayed, elevating the risk to women's lives and future fertility. Tubal ligations (sterilization procedures) were denied when cesarean deliveries were being performed, even when the medical prognosis indicated that any future pregnancies would present a high risk to a woman's health or life.[100] Crisis pregnancies were not managed with appropriate standards of care. Catholic hospitals were sued for denying emergency abortions to their patients.[101] The growing numbers of Catholic hospitals was seen by the American Civil Liberties Union and MergerWatch as a

98 Molly Redden, "Abortion Ban Linked to Dangerous Miscarriages at Catholic Hospital, Report Claims," *The Guardian*, February 18, 2016. www.theguardian.com/us-news/2016/feb/18/michigan-catholic-hospital-women-miscarriage-abortion-mercy-health-partners.

99 Gerald D. Coleman, "Direct and Indirect Abortion in the Roman Catholic Tradition: A Review of the Phoenix Case," *HEC Forum* 25 (2013): 127–43; Angel M. Foster, Amanda Dennis, and Fiona Smith, "Do Religious Restrictions Influence Ectopic Pregnancy Management? A National Qualitative Study," *Women's Health Issues* 21–22 (2011): 104–9; and Dan Harris, "Bishop Strips Hospital of Catholic Status after Abortion," December 22, 2010, ABC News. https://abcnews.go.com/Health/abortion-debate-hospital-stripped-catholic-status/story?id=12455295. Sr. Margaret McBride was declared excommunicated *latae sententiae* by Thomas J. Olmsted, Bishop of the Diocese of Phoenix.

100 When a pregnant woman expresses her wish to have tubal ligations performed after Cesarean delivery it is best medical practice to have the surgery done immediately after delivery. Elizabeth Gill, "Hospital Refuses Pregnancy-Related Care Again Because of Religious Directives," American Civil Liberties Union, December 29, 2015. www.aclu.org/news/reproductive-freedom/hospital-refuses-pregnancy-related-care. Catholic prohibition of artificial contraception also creates difficulties for women who wish to participate in drug trials in Catholic healthcare institutions. Some pharmaceutical companies require consent to artificial contraception to prevent pregnancy because many pharmaceutical products are toxic to embryos/fetuses and may cause severe birth defects. Murray Joseph Casey, Richard O'Brien, Marc Rendell, and Todd Salzman, "Ethical Dilemma of Mandated Contraception in Pharmaceutical Research at Catholic Medical Institutions," *American Journal of Bioethics* 12 (2012): 34–37.

101 Liz Szabo, "ACLU Sues Catholic Hospital Chain over Emergency Abortions," *USA Today*, October 1, 2015. https://eu.usatoday.com/story/news/2015/10/01/aclu-sues-catholic-hospital-chain-over-emergency-abortions/73147778/.

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threat to reproductive healthcare.[102] The Church provoked widespread criticism because healthcare institutions subject to the *Ethical Directives* provided services in the public sphere for Catholics and non-Catholics alike. These facilities benefited from revenues sourced from taxpayers. The Church, therefore, was seen as an institution imposing its own religious views on the public – mostly non-Catholic.[103] Furthermore, it was also argued that the Church should not impose its values on non-compliant Catholics.

In many states, traditionalist Catholic values found expression in law. This provoked resistance amongst Catholics worldwide. In the USA, Catholics for Choice was set up in 1973 to support the rights of women and men to follow their consciences concerning issues of reproductive health and sexuality, based on "the Catholic tradition."[104] Partner organizations were formed in several Latin American countries, Canada, and Spain. These organizations challenged the Church's status at the UN.[105] Church influence was also counteracted by the feminist movement and other secular organizations such as the UN Human Rights Committee, the European Court of Human Rights, and Amnesty International. In Western Europe, it seems that the Church has acted as a brake rather than a barrier to bioethical reforms. In some countries, the Church's ability to obstruct reforms has been weakened or undermined.[106] Ireland is a case in point.[107] The role of the institutional Church in the sexual abuse of children was a major contributor to the undermining of its moral authority. Other important changes, such as the emergence of a highly educated laity and the fall of religious vocations have also played key roles in the Church's diminished influence.

102 Furthermore, Catholic hospitals did not provide more charity care, or care for the poor, than US hospitals on average. Lois Uttley and Sheila Reynertson, Lorraine Kenny and Louise Melling, *Miscarriage of Medicine: The Growth of Catholic Hospitals and the Threat to Reproductive Health Care* (New York: American Civil Liberties Union, and MergerWatch, December 2013). MergerWatch is a New York-based patient advocacy project. The project was founded in 1996 when a merger between religious and secular hospitals in Troy (New York) led to the discontinuation of contraceptive services that had been previously available at the secular hospital.

103 Barbara Mann Wall, "The Role of Catholic Nurses in Women's Health Care Policy Disputes: A Historical Study," *Nursing Outlook* 61 (2013): 367–74.

104 Susan Quilliam, "Catholics for Choice," *Journal of Family Planning and Reproductive Health Care* 41 (2015): 74–75.

105 Rosemary Radford Ruether, "Women, Reproductive Rights and the Catholic Church," *Feminist Theology* 16(2) (2008): 192–93.

106 Christoph Knill, Caroline Preidel, and Kerstin Nebel, "Brake Rather than Barrier: The Impact of the Catholic Church on Morality Policies in Western Europe," *West European Politics* 37 (2014), 861–63.

107 For a detailed examination of bioethics and the Roman Catholic Church in Ireland, see O'Leary, *Biomedical Controversies in Catholic Ireland*.

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In countries as diverse as Ireland and the Philippines, practicing Catholics have tried to reconcile conflicting religious and secular values in response to their individual circumstances and personal needs.[108] In matters of assisted human reproduction this has often led to moral ambivalence.[109] Socio-economic considerations frequently outweighed religious influences in matters of family planning, even amongst staunch Catholics. Despite the teachings of their Church, and severe anti-abortion laws, thousands of women risked moral censure, prosecution, and their lives when they felt compelled to illegally terminate their pregnancies.[110] In matters of birth control and AHR, the Catholic hierarchy has been more successful in lobbying politicians to enact restrictive laws or obstruct liberal reforms than in convincing the laity to accept its teaching.[111] There is, therefore, a long-standing and growing rift between mainstream Catholic culture and the unyielding position of the hierarchy.

End-of-Life Issues

It is frequently claimed that human life is sacred and that only God has the right to end a human life. This belief is clearly expressed in Roman Catholic doctrine. The Church also teaches that there is a moral obligation to sustain human life when medical intervention is required. Pius XII addressed this issue on November 24, 1957, when he spoke to an international congress of anesthesiologists. Pius declared that we are duty-bound "to use only ordinary means" to preserve life.[112] Further to this he stated that: "A more strict obligation would be too burdensome for most men

108 Religious beliefs play an important role in influencing opinions on moral issues such as same-sex marriage and abortion rights. But the impact of religion is variable and complex. See Bernadette C. Hayes and Andrew McKinnon, "Belonging Without Believing: Religion and Attitudes towards Gay Marriage and Abortion Rights in Northern Ireland," *Religion, State & Society* 46 (2018), 362–63.

109 See Jill Allison, *Motherhood and Infertility in Ireland: Understanding the Presence of Absence* (Cork, 2013), 98–103, 150–52, 186.

110 Leonardo de Castro and Sarah Jane Toledano, "Bioethics in the Philippines: A Retrospective," *Asian Bioethics Review* 1 (2009): 426–27.

111 Morgan, "Claiming Rosa Parks," 1246–47, 1253; and F. Zegers-Hochschild, "Attitudes towards Reproduction in Latin America: Teachings from the Use of Modern Reproductive Technologies," *Human Reproduction Update* 5 (1999): 23–24.

112 Domingo Bañez (1528–1604) introduced the terms "ordinary" and "extraordinary" to distinguish between what was morally obligatory and morally optional in treatments intended to prolong human life. His terminology, shortly afterwards, became part of Catholic moral philosophy and informed secular medical practice for centuries. See Joan McCarthy, Mary Donnelly, Dolores Dooley, Louise Campbell, and David Smith, *End-of-Life Care: Ethics and Law* (Cork, 2011), 278.

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and would render the attainment of the higher, more important good too difficult. Life, health, all temporal activities, are in fact subordinated to spiritual ends." Allowing nature to take its course in a case where there was no prospect of recovery was not a "direct disposal of the life of the patient, nor of euthanasia in any way." Pius was adamant that euthanasia would never be morally permissible.[113] The eminent American Catholic moral theologian, Richard A. McCormick (1922–2000), observed with reference to Pius' address, that life was "not a value to be preserved in and for itself." Life was to be valued in the light of its potential for human relationships and relationship with God.[114]

In its *Pastoral Constitution on the Church in the Modern World* (*Gaudium et spes*, December 7, 1965), the Second Vatican Council included "wilful suicide" and euthanasia alongside genocide, murder, and abortion as offences against life, offences against God, and incompatible with a civilized way of life.[115] Medical science and technology can in many cases extend life but it does not always, in such cases, improve or maintain health to the point that life is valued and not simply endured. Consideration was given in some jurisdictions to changing the law on assisted suicide and euthanasia. It was against this background that the SCDF issued its *Declaration on Euthanasia* (May 5, 1980).[116]

The congregation defined euthanasia as "an act or omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia's terms of reference, therefore, are to be found in the intention of the will and in the methods used."[117] The moral issues associated with assisted suicide and euthanasia were not new but these were now much more complex because of developments in the medical sciences. Should every means necessary be availed of to sustain human life in all circumstances? The traditional response was that there was no moral obligation to resort to "extraordinary" means to sustain life. The word "extraordinary" was later deemed too imprecise in the light of modern medicine. Words such

113 Pius XII, "Address to an International Congress of Anesthesiologists," November 24, 1957, *National Catholic Bioethics Quarterly* 2 (2002): 309–14. www.pdcnet.org/C1257D43006C9AB1/file/09A270ADF7D6BD7985257D9B00724869/$FILE/ncbq_2002_0002_0002_0117_0122.pdf.

114 Richard A. McCormick, "To Save or Let Die: The Dilemma of Modern Medicine," *Journal of the American Medical Association* 229 (1974): 172–76; quotation from page 175.

115 *Pastoral Constitution on the Church in the Modern World* (*Gaudium et spes*), para. 27, December 7, 1965, in *Vatican Council II: The Conciliar and Post Conciliar Documents*, general ed. Austin Flannery (Dublin, 1992), 928.

116 Pádraig Corkery, *Bioethics and the Catholic Moral Tradition* (Dublin, 2010), 84.

117 Sacred Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*, May 5, 1980, in Flannery, *Vatican Council II* (1982), 512.

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as "proportionate" and "disproportionate" now seemed more precise.[118] But there was also a persistent lack of exactness about all these terms.[119] There was no clear demarcation between such terms as "proportionate" or "disproportionate." Every case required careful judgment, with due consideration given to the costs, risks, and benefits of treatment, and any additional suffering that might be imposed on the patient. It was morally permissible for a patient to decline medical treatment that was excessively "burdensome" and to "make do" with "normal" medical care. Such a decision was considered "an acceptance of the human condition" – not suicide.[120] In its *Catechism of the Catholic Church* (1992), the teaching authority declared that the use of painkillers to alleviate suffering was morally permissible, even when this shortened life, provided that this secondary effect was not intended as a means or an objective.[121]

In his address to anesthesiologists, Pius XII had referred to the administration of oxygen to patients using a respiratory apparatus. When Pope John Paul II issued his allocution about life-sustaining treatments and patients in a persistent vegetative state (PVS), on March 20, 2004, he referred to artificial nutrition and hydration (ANH). ANH was "a natural means of preserving life, not a medical act." Therefore, its use was, "in principle, ordinary and proportionate, and as such morally obligatory." Discontinuation of ANH would lead to death by dehydration or starvation and would be "euthanasia by omission."[122] "Considerations about 'the quality of life'" were dismissed on the basis that preservation of human life was a fundamental moral principle.[123]

John Paul II's assertion that AHN was "not a medical act" was unsustainable. ANH requires a surgical procedure for the insertion of a percutaneous endoscopic gastroscopy (PEG) tube. Furthermore, the withdrawal of life-sustaining treatments are not, in all cases, "euthanasia by omission."[124] His allocution about ANH and PVS was, arguably, a departure from the Church's

118 Ibid., 515.
119 See Corkery, *Bioethics and the Catholic Moral Tradition*, 86–87.
120 *Declaration on Euthanasia*, 515–16.
121 *Catechism of the Catholic Church* (Dublin, 1995), para. 2279, 491.
122 Pope John Paul II referred to his encyclical, *Evangelium vitae*, para. 65, March 25, 1995, to support this point.
123 Pope John Paul II, "Address of John Paul II to the Participants in the International Congress on 'Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas,'" March 20, 2004. www.vatican.va/content/john-paul-ii/en/speeches/2004/march/documents/hf_jp-ii_spe_20040320_congress-fiamc.html.
124 For further discussion on these points, see C. Christopher Hook and Paul S. Mueller, "The Terri Schiavo Saga: The Making of a Tragedy and Lessons Learned," *Mayo Clinic Proceedings* 80 (2005): 1456–57.

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bioethical tradition and surprised many Catholics.[125] It was delivered against a background of intense controversy about the case of Theresa (Terri) Schindler Schiavo. Terri Schiavo never regained consciousness after she suffered a cardiac arrest on February 25, 1990. Only reflexive behaviours, consistent with PVS, were observed through neurologic examinations.[126] After a series of court cases, including the US Supreme Court, a decision was taken to discontinue ANH on March 18, 2005. Terri Schiavo died on March 31. Many Catholics, including some bishops and Vatican officials, stridently voiced opposition to the discontinuation of ANH, even going so far as to describe it as "murder."[127]

An allocution is not a highly authoritative document. Its importance within the Church depends on whether or not it is reiterated by the hierarchy. In Catholic healthcare, especially in the USA, questions were raised about how to interpret John Paul II's allocution in the light of traditional Church teaching. The US Conference of Catholic Bishops sought clarification from the CDF.[128] The Congregation responded on August 1, 2007, reiterating key elements of the allocution. Patients in a "vegetative state," with no prospect of recovery, were to receive "ordinary and proportionate care," which was to include, "in principle," ANH.[129] The moral obligation to provide patients with ANH was further consolidated in Catholic bioethics when the US Catholic bishops published the fifth edition of their *Ethical and Religious Directives for Catholic Health Care Services* (November 17, 2009).[130] ANH was morally optional in very limited circumstances, such as when it could not be reasonably expected to prolong life, or when death was inevitably close.

There are strong secular arguments for and against assisted dying.[131] Most jurisdictions do not permit assisted dying and euthanasia; but this may

125 Thomas A. Shannon and James J. Walter, "Implications of the Papal Allocution on Feeding Tubes," *Hastings Center Report* 34 (2004): 18–20.
126 Hook and Mueller, "The Terri Schiavo Saga," 1449–50, and 1453.
127 Lisa Sowle Cahill, "Bioethics," *Theological Studies* 67 (2006): 128.
128 Pamela Schaeffer, "Bioethics: Questions and Controversies," *Health Progress* 96 (2015): 62–64.
129 Congregation for the Doctrine of the Faith, "Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration," August 1, 2007. www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20070801_risposte-usa_en.html.
130 United States Conference of Catholic Bishops, *Ethical and Religious Directives*, 5th ed. (November 17, 2009), directive 58; and endnote 40, page 42. Reiterated in United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 6th ed. (June 2018), directive 58.
131 See, for example, Deirdre Madden, "Is there a Right to a 'Good Death,'" *Medico-Legal Journal of Ireland* 19(2) (2013): 60–68; and Louise Campbell, "Current Debates about Legislating for Assisted Dying: Ethical Concerns," *Medico-Legal Journal of Ireland* 24 (2018): 20–27.

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change as moral assumptions underlying public policies are reassessed. Public policies may also be reformed against a background of increasing rates of age-related illnesses such as dementia and escalating healthcare costs. The Catholic Church is not well prepared to respond to such changes because the teaching authority has adopted a rigid and dogmatic stance on a complex ethical issue, as it has with other bioethical issues such as contraception, abortion, and assisted human reproduction.

Conclusion

Adverse publicity arising from a continuous stream of pedophile scandals, and a perceived lack of concern for women's welfare, have damaged the Catholic Church's moral authority. Also, the Church's perspective on moral transgressions has been called into question. More attention was given to abortion, euthanasia, and homosexuality than the sexual abuse of children, the death penalty, torture, and war.[132] An exceptionally prohibitive stance on contraception and other bioethical issues has emerged as a major identifying trait of the Catholic Church. Catholic social teaching has been consistently neglected.[133] All this has adversely affected Church initiatives to promote social justice.

The Second Vatican Council raised expectations of change within the Church. These expectations were not met during the pontificates of Paul VI (1963–78), John Paul II (1978–2005), and Benedict XVI (2005–13). Both John Paul and Benedict consolidated the traditionalist status quo, promoting conservative clergymen in preference to those who espoused liberation theology and reform. The election of Pope Francis I on March 13, 2013, yet again raised expectations of change. The soft pastoral style of Francis generated hope among liberals, and fear among traditionalists, that he intended to revise some of the Church's moral teachings, especially in relation to marriage and sexual morality.[134]

132 Morgan, "Claiming Rosa Parks," 1247; referring to G. Robertson, *The Case of the Pope* (London, 2010).

133 For example, in the case of the USA, see Edward P. DeBerri, James E. Hug, Peter J. Henriot, and Michael J. Schultheis, *Catholic Social Teaching: Our Best Kept Secret*, 4th ed. (New York, 2003), 3–4. For a detailed historical study, see Don O'Leary, *Vocationalism and Social Catholicism in Twentieth-Century Ireland* (Dublin, 2000).

134 There is considerable scope for revision in Catholic doctrine in matters which are subject to fallible rather than infallible teaching. Maynooth (Ireland) theologian Pádraig Corkery observed that there are three sources of Church teaching, all of which are subject to reinterpretation: "the Christian Scriptures, the ongoing living tradition of a believing community" and "natural law." Corkery, *Bioethics and the Catholic Moral Tradition*, 11–13, 18–20, 29–35. Even if a matter is subject to dogma there is still a potential for change because the Church's understanding of a dogmatic truth can change in the light of new scientific discoveries.

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In August 2013, just a few months after his election, Francis reiterated the importance of upholding the doctrines of the Church, although not in a way that was harshly judgmental and exclusionary towards those living in "irregular" situations, such as divorcees and homosexuals. He did not wish to speak about contraception, abortion, and gay marriage "all the time." The Church's mission was broader than this. There was a pressing need "to find a new balance."[135] Sexual morality and bioethics were sources of dissent within the Church. It seemed, therefore, that it served the best interests of the Church to give less attention to these issues. After all, hell was not frequently mentioned by the hierarchy – but it is still an article of faith.

Francis's avoidance of abortion gave rise to concerns among "pro-life" Catholics that, unlike his predecessors, he was not committed to the cause.[136] This was a misrepresentation of the pope's outlook. He was at heart a traditionalist but wished to give due attention to environmental issues, social justice, and the promotion of peace. His endeavors, however, were frustrated by Church officials who were determined to remain "entrenched on the front lines of the culture wars" of abortion and sexual morality.[137] Furthermore, he had to contend with journalists who raised the issue of contraception against the background of overpopulation, poverty, and environmental degradation. In January 2015, Francis spoke about meeting former street children in the Philippines who were abandoned by parents too poor to care for them. When asked what he would say to conformist Catholics who had too many children, he replied that Catholics did not have to breed "like rabbits." He emphasized the importance of responsible parenthood but stood firm against making any concessions to artificial contraception.[138] On his return trip from Africa in November 2015, Francis was asked: would the Church consider changing its teaching on the use of condoms to help prevent the spread of HIV? Francis was evasive and dismissed the question as "too small," preferring instead to speak about poverty, slavery, and religious fundamentalism.[139]

135 Antonio Spadaro, "A Big Heart Open to God: An Interview with Pope Francis," *America: The Jesuit Review*, September 30, 2013. www.americamagazine.org/faith/2013/09/30/big-heart-open-god-interview-pope-francis.

136 Christopher White, "Pope Francis and His Pro-Life Critics," *Human Life Review* 42 (2016): 11.

137 Colum Lynch, "Can Pope Francis Get the Catholic Church's Mind Off of Sex?" *Foreign Policy*, May 11, 2015. https://foreignpolicy.com/2015/05/11/can-pope-francis-get-the-catholic-churchs-mind-off-of-sex/.

138 "Pope Francis: No Catholic Need to Breed like 'Rabbits,'" BBC News, January 19, 2015. www.bbc.com/news/world-asia-30890989; and "Catholics Don't Have to Breed like 'Rabbits', Says Pope Francis," *The Guardian*, January 20, 2015. www.theguardian.com/world/2015/jan/20/catholics-dont-have-to-breed-like-rabbits-says-pope-francis.

139 Joshua J. McElwee, "Francis: World Close to Suicide over Climate Change," *National Catholic Reporter*, November 30, 2015. www.ncronline.org/news/vatican/francis-world-close-suicide-over-climate-change.

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The Church was more vulnerable to criticism on contraception than on any other bioethical issue because of its implications for women's welfare, sexually transmitted diseases, and overpopulation. It was becoming increasingly difficult to maintain the traditional stance on contraception. On a return flight from Mexico to Rome on February 17, 2016, Francis was asked if it was always sinful to avoid pregnancy, especially considering the risk of infection by the Zika virus which can be transmitted through sexual intercourse. Francis responded that avoiding pregnancy, using contraceptive methods, is not always evil. Nuns in Africa had been allowed to use contraceptives in cases of rape.[140] This was a relatively minor concession – too limited in scope, and much too late. The majority of Catholics had stopped listening!

The issue of contraception has damaged the moral authority of the papacy. And yet it is the least ethically complex. The possibility of change is not preempted by the doctrines of the Church. From a historical perspective, all the indications are that the institutional Church will take its time, and that doctrinal revisions will be slow to the point of being imperceptible. This is, admittedly, speculative, but reasonably so. History, no matter how well understood, does not bestow the gift of prophecy.

140 Joshua J. McElwee, "Francis Signals Opening on Contraceptives in Deadly Zika Cases," *National Catholic Reporter*, February 18, 2016. www.ncronline.org/news/francis-signals-opening-contraceptives-deadly-zika-cases; and Janet E. Smith, "Did Paul VI Approve of Congo Nuns Using the Pill? Does It Matter If He Didn't," *Catholic World Report*, February 27, 2016. www.catholicworldreport.com/2016/02/27/did-paul-vi-approve-of-congo-nuns-using-the-pill-does-it-matter-if-he-didnt/.

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