

## **Crisis, Scarcity, and Christian Ethics – a short note for chaplains**

Healthcare often involves life and death decisions and clinicians will usually be guided by two key principles:

***The NHS treats people on the basis of clinical need...not age, sex, ability etc and not 'quality of life';***

***ICU decisions are made on the basis of probable clinical outcome, not age, sex, ability etc and not 'quality of life'.***

In the context of the COVID-19 crisis, marked by shortages of equipment and other resources, decisions often have to be taken rapidly and in the face of impossible dilemmas. Chaplains may be called upon to offer ethical advice, formally or informally.

These notes and reflections have been prepared by staff of the Mission and Public Affairs Division of the Church of England in response to requests from some senior healthcare chaplains. They are intended as a resource, not as advice – ethical decisions should be arrived at as consensually as possible and with regard for local contexts. Much of what follows will be understood already, by Christians and others. But when people are making profound decisions in uncharted contexts, some points may be worth stating afresh.

### **The role of the Christian ethicist is perhaps fourfold:**

- To recognise that, especially where those making hard decisions share a cultural background, contingent and culturally-formed assumptions may be presented as eternal truths. Not to say they are necessarily wrong, but to make clear that other possibilities exist so that the moral weight of the choices is not diminished;
- To keep in view questions like: What sort of a community/society would we be if we prioritised this group or person over that one? Are (e.g.) assumptions about people's economic value inadvertently privileged over their relational and social value? Are decisions inadvertently exploiting people's vulnerability or making them more vulnerable?
- To bring to the table empathy for those not in the room – especially people with weaker voices in society.
- To help those who bear great responsibility to share their burden through comradeship, empathy and prayer.

### **Ethics, Reason and Tradition**

In the last 30—40 years, the study of ethics in the academy has moved away from the idea that ethical decisions can be grounded solely in an innate human capacity for reason. The significance of communities and traditions, sustained by narratives and shared practices, has become much more salient. But this shift is only gradually being taken up in the application of ethics to concrete situations.

One legacy of relying on universal reason as the foundation for ethics is the view that there is a “right” answer to ethical problems and that other positions are “wrong” or irrational. When faced with invidious ethical choices, this binary thinking may help conceal the pain of having to make terrible choices – acting as reassurance that there was no other option.

But recognising that people's ethical thinking may be shaped by the ideas of the community they belong to, and that ethical positions may be as much about a person's character formation as the application of logic, may allow different ethical approaches to be evaluated together. What may seem obvious to one tradition of thought may be quite obscure to another. In a deeply plural society – not least in terms of different religious traditions – this may be an important reflection to retain.

### **Tragic choices and Christian theology**

Some ethical debates quickly degenerate into irreconcilably opposed positions. One way through may be to conceptualise the problem differently. Rowan Williams made a helpful intervention in the argument about abortion when he appealed to the concept of tragedy as a way to bridge the stalemate between arguments based on conflicting rights.

Some moral questions are intrinsically tragic – no available solution is right but refusal to choose is also impossible. This can be a helpful insight in many ethical contexts. It may also help ease the guilt felt by those charged with decisions of unbearable moral weight. Tragedy is built into the context, not something of their own making.

The concept of tragedy is well grounded in Christian theology. Structural sin lies deep in the world's nature. The Kingdom of God may be marked by abundance, but this world is governed by unavoidable scarcity – and scarcity means that every action has an opportunity cost: the cost of other actions that could not be taken once a choice had been made.

Theologically, our age is characterised by living on both sides of the Cross: with the reality of Pentecost and the presence of the Holy Spirit, yet living also with the persistence of sin. As the theologian Michael Banner has put it, sin is the deep explanation of how the world works, though ultimately grace is the deeper. The mundane realities of economics and opportunity costs have roots in the theological paradox that we live in the Kingdom inaugurated but not yet in the Kingdom completed. Christian theology does not offer a route out of tragedy except the promise of resurrection. Faced with hard choices, the Christian ethicist may be able to suggest better decisions, not perfect ones.

### **Ethics for the individual and ethics for all**

The Western liberal tradition of placing the autonomous individual at the focal point of ethical decision making ("What should I do?") can obscure the fact that much public ethical decision-making has to establish broad principles for the community as a whole ("What kind of people are we?"). Public ethical principles cannot accommodate the kind of ethical decisions that only be made for oneself and not on behalf of another.

An example is Fr Giuseppe Berardelli from Casigno in Italy, who died in hospital of the COVID-19 virus, having given up the respirator bought for him by his parishioners, so that it could be used by a younger person not known to him. Nobody can be told to undertake an act of supererogation like this. It is a free act of charity. But public policy should leave room for such acts to happen – self-sacrifice may be "hard wired" into some people's ethical formation and should not be ignored for the sake of conformity. How far a public ethical policy can make room for acts of supererogation must be determined in the light of local factors and pressures – no single rule can apply.

### **Invidious choices and “playing God”**

Scarcity, be it of food, medical resources, or time, makes it inevitable that actors must choose between competing sets of needs. Very often, such decisions will be tragic in nature. Ultimately, they may involve decisions about who will live and who shall die. Part of the ministry of the whole church is to support and pray for those who have to bear that level of responsibility on behalf of the whole of society, and those affected by such choices. That is not a negligible ministry. Among the historic roles of the chaplain has always been the obligation to pray for the souls of those who bear intolerable burdens on behalf of others (chaplains to the monarch, the judiciary, the Speaker and so on).

If such hard decisions mean, at some level, “playing God”, that may be theologically accurate. We are Christ’s disciples. He has no other hands – or organisational capacity – than ours. Christian theology cannot defuse tragedy, but Christians must hold in prayer all who carry such unbearable burdens on behalf of others. In tragic times, even unbelievers and adherents of other faiths often appreciate the knowledge that they are prayed for.

### **Shared moral identities**

In very plural communities, the way tragic choices are resolved may well lead to morally conflicting positions. Some arguments may appear to have a utilitarian logic but be based more on emotive understandings of relative value.

In the end, decisions will reflect the values of a particular community – and other understandings of value will have to be neglected. But if this is clearly understood, and no claims for objective rationality obscure the invidious choices that have to be made, it may be easier to face up to the implications. What is important is to be aware that one ethical perspective may be being privileged over others and to have a rationale for that which others can understand even if they do not fully accept it.

Healthcare professionals in the UK, when forced to choose how to distribute scarce resources between equally needy patients, will use the likely clinical outcome as a key deciding factor. This is not equivalent to using age as the deciding criterion, but may in practice result in the elderly being deprioritised. Whilst it is rarely our role to question clinical judgements, it may be important for chaplains to urge clinicians to explore whether they have any underlying biases when interpreting the broad guidance about priorities.

### **Protecting the vulnerable – and protecting society**

Recognising that invidious choices involving life and death may be inevitable, are there any basic principles that would command very wide – probably not universal – assent? How do we value individual human lives in the context of seeking a flourishing society?

While it may be socially unacceptable to make any discrimination between individuals that involve generalising about their lives, this approach is very hard to apply in crises where tragic choices have to be made. It is just not possible – despite sophisticated conceptual tools for assessing things like projected quality of life – to calculate the relative positions of every individual vis-à-vis everyone else.

So, if generalisations cannot be avoided, what would socially acceptable generalisations look like? Social acceptability is emphatically not the same as popular prejudice. A society can probably accept hard choices if they are based on clear principles and a vision of the shape of a society that we could live with, even if not all share those principles or vision in detail. What follows is a very brief reflection on this complex point.

A society in which autonomy and self-reliance were treated as supreme virtues would be intolerable – autonomy is one truth about being human, but dependency is the greater truth when our lives are considered as a whole. We become most fully human in relationship with others and especially when we place others' interests before our own. So, the capacity for autonomous living is not a particularly good measure of a life well lived. Responsibility for others, however, may capture the essentially social and other-oriented aspect of a good life and may be an important yardstick for choosing whose life to prioritise.

Attempts to make choices on the basis of an evaluation of life prospects could have morally problematic consequences. Disabled people may not “score” highly on measures of quality of life if the measure of quality contains hidden assumptions about autonomy as a good. But if disability is seen as relative (“differently abled”) it ceases to denote a discrete category of persons and becomes a matter of degrees of difference within a wider norm. A society that sacrificed the disabled would have no clear way to hold any boundaries. If vulnerability is seen as a negative factor in life quality, there is a risk that the strong will make decisions reflecting their own hidden interests.

Conflicting arguments abound, but real choices have to be made. The role of the ethicist is not to identify the only correct choice but to help uncover the assumptions, principles and sometimes hidden biases (including their own) which may be at work. But above all, they should cultivate empathy as a key virtue and to support in prayer those who cannot avoid making tragic decisions.