Losing Our Dignity: How Secularized Medicine is Undermining Fundamental Human Equality

Charles C. Camosy, New City Press, 2021.
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The COVID-19 pandemic of the past two years has stretched healthcare resources to the breaking point, generating considerable anxiety and, at times, distorting the thinking of medical professionals. According to Fordham University's Charles Camosy, a distinguished Roman Catholic theologian and ethicist, the pandemic has revealed a deep flaw in our healthcare culture, primarily in how it has understood the human dignity of patients, especially the elderly and most vulnerable in our midst.

In *Losing Our Dignity*, Camosy's central driving thesis is that the authority and power of modern medicine "have put an increasing number of human beings outside the circle of protection based on fundamental human equality" (p. 13). This loss of human equality and dignity is based primarily on cognitive disadvantages among neurologically diverse individuals, from those with Down syndrome to others with Alzheimer's disease. In the eyes of an increasingly secular world, such people have less to offer, therefore less dignity.

Professor Camosy gives abundant evidence for the loss of respect for human dignity in healthcare. He cites bioethicist Ruth Macklin, who claims that dignity is a "useless concept." Psychologist Steven Pinker would later reinforce this idea in his 2008 article, "The Stupidity of Dignity."[8] Both would claim that the concept of dignity is easily replaced by autonomy, without the unneeded baggage of religion (p. 31). Hostility towards faith-informed perspectives in medicine has become so entrenched that many voices would exclude them altogether. Religious applicants are discriminated against in medical school admissions, and religious objections to certain controversial medical procedures are not just discouraged; they are forbidden. For example, a Canadian court recently ruled that physicians must participate in assisted suicide for their patients or lose their license to practice medicine (p. 33).

Subsequent chapters develop the thesis of a loss of respect for dignity with concrete examples. Chapter 2, "Jahi McMath and Brain Death," cites the tragic case of a 13-year-old girl in California who suffered massive neurological injury as a complication of a routine surgical procedure. The girl's parents fought vigorously against a medical diagnosis of brain death and kept her biologically alive on a ventilator with daily tube feedings for four more years. Professor Camosy's summary states, "The debate over Jahi's life shows the fragility of the supposed consensus over brain death. The concept is imprecise, leaky, and at times even incoherent" (p. 57).

This reviewer believes that Professor Camosy may have overstated his case here. He uses a controversial case study to attack the very morality of brain death itself. Yet the "supposed

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consensus" on brain death is the legal standard for death throughout the United States, adopted by law in all 50 states. Brain death, or better, death by neurological criteria, rests on a strong philosophical foundation. A recent statement by the Pellegrino Center states it well: "Brain death . . . is a single event, consisting in the total disintegration of that unitary and integrated whole that is the personal self."[9] It is true that the clinical criteria for determining brain death are undergoing reevaluation and may need revision. But this does not negate the philosophical coherence of the concept as a whole.

A similar problem arises with Professor Camosy's description of the Terri Schiavo case in Chapter 3. Terri, who was 26 years old at the time of her neurological injury, died many years later, at age 41, amid a bitter national legal and ethical controversy over the persistent vegetative state (PVS) and the withdrawal of artificial nutrition and hydration. Despite Professor Camosy's passionate claims to the contrary, public records from the patient's autopsy show that the diagnosis of PVS was indeed accurate.[10] The author seems to say that continuing nutrition and hydration was morally obligatory in this case. However, patients and their surrogates (in this case, Terri's husband) have a right to refuse medical treatments. The author's argument might have been stronger with a discussion of advance directives. If a living will or other advance directive had been present in this example, the legal turmoil and widespread ethical angst might never have emerged.

In Chapter 4, "The 'Roe Baby' and Abortion," Professor Camosy is on firmer ground, where he nicely summarizes the 1973 *Roe v. Wade* decision by the U.S. Supreme Court. However, after discussing the case particulars, he makes the interesting claim that the *Roe* decision was more about protecting physicians than protecting women's rights or the unborn. He puts it this way: "Simply put, the authority of medicine and of physicians, along with a concern to protect them from prosecution, cannot be overstated as motivating factors behind the *Roe v. Wade* decision and the marginalization of prenatal human beings" (p. 99). Other commentators might not completely agree with this conclusion. For example, Professor Camosy does not mention the constitutional right of privacy established, rightly or wrongly, by earlier precedents (such as *Griswold v. Connecticut* in 1965).

The author offers other illustrative cases to reflect on the loss of respect for human dignity in medicine, including a disturbing look at elder care and the growing dilemma of treating patients with Alzheimer's disease and other cognitive disabilities in our increasingly crowded and resource-limited nursing homes (ch. 6).

On balance, Professor Camosy's indictment of modern medicine seems one-sided and overly polemical. He insists on an "us versus them" framework, where secular medicine is the culprit, irredeemably hostile to religion and spiritual values. One iconic Catholic voice pointed this out in the 1980s: Richard John Neuhaus. His seminal book, The *Naked Public Square*, put forth his recommendation for solving this problem. He did not propose that we should privilege Christianity as the principal moral voice; instead, he simply argued that it should have a place at the table, which would be enough.[11]

Surprisingly, Professor Camosy does not appeal to the Catholic natural law tradition as an arbiter of this dispute. Good faith allows clinicians from many worldviews to meet in an ethics

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committee to deliberate, with a common morality as their agreed-upon starting point. It is even more surprising that Camosy never mentions the 2400-year legacy of the Hippocratic Oath. Modern medical principlism still owes a great debt to the deontological character of the Oath, though diluted in recent years.

Charles Camosy has done an admirable job is his book, *Losing Our Dignity: How Secularized Medicine is Undermining Fundamental Human Equality*. He has stated the problem well: modern healthcare is losing its respect for human dignity. However, many of us are more optimistic that we can make progress by working together, despite our differences.

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