

After God: Morality and Bioethics in a Secular Age[#]

Depois de Deus: Moralidade Bioética numa Era Secular

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INTRODUCTION

As the term bioethics was re-engaged in 1971¹, John Rawls (1931-2007) had just published *A Theory of Justice*². Many saw Rawls as having vindicated moral philosophy's universalist claims to providing the basis for a philosophically-grounded canonical account of justice, along with a canonical bioethics of healthcare allocation³. Bioethics was full of Enlightenment expectations. Reason would triumph and on the basis of sound rational argument establish a canonical secular morality and bioethics. Bioethicists with a faith in philosophy could thus help realize the Enlightenment dream: morality would be anchored in rationality, the authority of the state would be secured in moral rationality, and all persons would be recognized as members of a single, all-encompassing, moral community. There would be a rationally justified bioethics to direct society in navigating the dizzying pace of biomedical progress. However, in the same year that Norman Daniels published *Just Health Care*³, his bioethics of healthcare allocation, Rawls confessed his recognition of the impossibility of giving a moral-theoretical or metaphysical justification for an account of justice and therefore for a bioethics of healthcare allocation⁴. Rawls had begun to face post-modernity. What had seemed so certain and so firm a foundation for bioethics, and for morality generally, has been brought into question.

Bioethics confronts a major intellectual and cultural failure of core expectations. It is now clear that there is no bioethics or morality that philosophy can establish as canonical. There is no final secular view regarding the nature of the right, the good, and the virtuous. The Western moral-philosophical project begun in ancient Greece and re-embraced in the Western Middle Ages is now being acknowledged as a failure. As Judd Owen summarizes, "Today, belief in the comprehensive philosophic teaching of the Enlightenment appears to lie in ruins, and few hope that any other comprehensive philosophy could successfully replace it. This despair is, to a considerable extent, due to a radical critique of reason as such" (p. 1)⁵. The very sense and meaning of bioethics must be rethought. As G. W. F. Hegel (1770-1831) appreciated, and as Richard Rorty (1931-2007) emphasized, it is impossible for secular moral reflection to establish a canonical content for morality, because "there is no way to step outside the various vocabularies we have employed and find a metavocabulary which somehow takes account of *all possible* vocabularies, all possible ways of judging and feeling" (p. xvi)⁶. As the interminable debates regarding the moral status of homosexual acts, reproduction outside of marriage, abortion, healthcare allocation, and euthanasia demonstrate, we do not agree when it is licit, forbidden, or obligatory to have sex, reproduce, transfer property, or take human life.

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A partir desta edição, publicaremos sequencialmente uma seção especial, denominada "artigos em série", criada para comportar trabalhos que, por sua extensão, não poderiam ser publicados em uma única edição, mas que têm grande relevância para a Bioética. Para inaugurarmos a seção, escolhemos a obra "After God: Morality and Bioethics in a Secular Age", a ser publicada ainda como livro, do importante bioeticista Prof. Tristram Engelhardt Jr, que gentilmente nos cedeu os direitos. Apresentaremos a obra em 9 partes, compostas por uma introdução – presente nesta edição – e 8 capítulos.

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It is even impossible to secure a neutral philosophical standpoint that through sound rational argument can show that one should always act from the moral point of view. Among other things, there is no neutral moral point of view. The confrontation with such disappointments is the force of post-modernity. The West entered modernity and the Enlightenment with the expectation that its new, fully secularized reason would establish a canonical morality. Bioethics did the same in the 1970s. The intellectual supports sought for this hope have turned out to be non-existent.

At the inception of the moral-philosophical project two-and-a-half millennia ago, many saw that the project was flawed: one cannot by philosophical argument establish a particular morality as canonical, because one must always grant particular background assumptions in order to establish the bases for what one seeks to prove. Any particular moral philosophy always presupposes particular controverted basic premises in order to secure the particular conclusions it wishes to demonstrate. The insurmountable challenge is to determine by sound rational secular argument which premises should at the outset be conceded so as to get the moral argument started that one supports. Recognizing this difficulty, "Protagoras (fl. 5th century B.C.) was the first to maintain that there are two sides to every question, opposed to each other, and he even argued in this fashion, being the first to do so" (p. 463)⁷. The Sophists have received bad press, but they openly faced the impossibility of the secular moral project that Socrates, Plato, and Aristotle had begun: rationally establishing a canonical morality. By the time of the early Christian Fathers, the failure of the Greek philosophical project was widely acknowledged, as Agrippa (1st century A.D.) and Clement of Alexandria (c. 150-c. 215) attest. Post-modernity is the admission of what was always true and what had already been recognized

in ancient Athens. Philosophy cannot pull the rabbit of a canonical morality out of the magic hat of philosophical argument. Secular bioethics, morality, and public policy, so this book argues, must be considered anew.

Why did we, in particular bioethics, expect so much more from secular moral rationality than it could ever deliver? The culture of the West as it took shape in the early second millennium was marked by a dialectic of *fides et ratio*, of faith and reason rooted in the early second millennium's rebirth of faith in the moral philosophy of the Greeks. There was a faith that reason could in the area of morality establish what faith also taught. After the Reformation, the West's Christian faith was shattered into a plurality of denominations locked in bloody conflict. Following the religious wars of the 17th century, there arose the hope, indeed the faith, that at least reason would not fail, much less lead to bloodshed, as faith in faith had done. There would be one secular morality justified by one canonical view or account of what secular moral rationality ought to be that would replace the multiplicity of views regarding God and His commands. Reason, it was thought, would guide all to a single morality and thus to a single canonical bioethics. However, this faith in reason has proved false. Reason failed. There is no one secular sense of the morally rational. As a consequence, there is an intractable diversity of moralities and bioethics. There is no single account of moral rationality and/or of the politically reasonable to substitute for a confessional God's-eye perspective. Moreover, secular reason led not to perpetual peace, but to the French Revolution's Reign of Terror, and eventually to the slaughter of tens of millions by the secular, rationalist regimes of Joseph Stalin, Mao Zedong, and Pol Pot, all in pursuit of a supposedly philosophically justified moral vision that had its own secular bioethics^a.

a. The moral diversity of medical ethics, bioethics, and medical law takes many forms. It is illustrated inter alia by the different development, content, and significance of medical law and bioethics in the Soviet bloc, given a Marxist-Leninist justification and framework. Already in 1972 a conference had been held in the German Democratic Republic (October 1-4) addressing ethical problems in molecular biology⁸. For other examples of Marxist-Leninist bioethics, see Ehmann and Löther⁹; Syrnew and Tschikin¹⁰; Thom and Weise¹¹; and Winter, et al¹².

Within the horizon of the finite and the immanent, how could one have ever thought that it would be possible to lay out a view from nowhere that could neutrally and canonically guide morality, bioethics, and public policy? Nevertheless, it was a general conceit. Immanuel Kant (1724-1804), for instance, had fed this vain hope by appealing to a rational impartial observer [*ein vernünftiger unparteiischer Zuschauer*] (*The Foundations of the Metaphysics of Morals*, AK IV.393) so as to establish and give substance to his moral point of view. But there is no such impartial rational point of view. There is no view from nowhere. For a rational observer or decision-maker to guide, in order for it to make a principled choice or decision, it must already possess a moral sense or thin theory of the good. It cannot be impartial, but must instead at the outset be partial to a particular sense of the morally rational. It must have a particular moral content. But which moral content ought to be selected to guide? Which moral sense, thin theory of the good, or view of the morally rational ought the rational observer, decision-maker, or hypothetical contractor to embrace? How ought one, for example, to rank such cardinal human goods as liberty, equality, prosperity, and security, and why? Depending on how one ranks these goods, one will affirm a particular morality, bioethics, and healthcare policy such as that of a social democracy or instead that of a one-party capitalist oligarchy as in Singapore. Without begging the question, arguing in a circle, or engaging in an infinite regress, there is no way to identify the right ranking. There is no argument to establish one view of the morally rational as canonical without already conceding particular background basic premises and rules of evidence for which one needs further background premises, rules of evidence, and so on forever. *Pace* the promise of Plato's *Euthyphro*, there is no rational substitute for a God's-eye perspective. A morality with a bioethics that is rationally compelling to all is purchased at the price of content. Universal moral principles are empty: "Do the good," but

what is the good? Content is purchased at the price of universality. Any morality or bioethics with content is particular, and therefore one in contrast to a plurality of others. Secular morality and bioethics are as a consequence intractably plural.

But there are even more radical implications that follow from an honest assessment of the state of affairs within which bioethics finds itself. Once everything is placed within the horizon of the finite and the immanent, and God is no longer recognized as the anchor for morality, and once morality is recognized as unable to provide a canonical surrogate, what had been moral choices become mere life-style choices. The meaning of morality and bioethics changes radically. There is no perspective from which to hold that choices contrary to what one's moral and bioethical point of view determines to be obligatory are in fact wrong in the sense of violating the canons of the good, the right, and/or the virtuous that all rational persons should endorse. Such a canonical moral standpoint cannot be secured. There is no one actual or hypothetical canonical moral community. To reference Rawls², there is no one canonical original position. Secular moral and bioethical pluralism is as a result intractable. We are confronted with a principled moral and bioethical chaos. Worse yet, it is now clear that the moral point of view cannot rationally be shown to trump concerns of prudence and self-interest. For example, in an ultimately meaningless universe, why rationally ought one always to support the greatest good for the greatest number rather than one's own good and/or that of one's family and associates? Is it irrational to act immorally but for high stakes, as did Alexander the Great and Julius Caesar? What particular sense of rationality ought one to endorse and why ought it always to govern? Again, once all is placed in a context after God, everything, including morality, becomes without ultimate meaning.

At stake is not God as an object of religious devotion, but God as a point of final and ultimate, epistemic, and axiological reference. Without God in this

minimal sense, all non-transient meaning is gone. For example, virtue and vice, love and hate, kindness and cruelty will all be equally forgotten in an ultimately meaningless universe. Even Kant, who was an atheist, acknowledged the impossibility of morality as it had come to be understood since at least the beginning of the second millennium, in the absence of an enforceable God's-eye perspective. As a consequence, Kant affirmed an as-if God for empirical reflection and for morality the postulates of God and immortality. He recognized that without God and immortality, the sense of morality and of political authority that had defined the West for centuries was without foundations. In a secular culture after God and immortality, bioethics and morality are fundamentally transformed.

The contemporary dominant culture, contrary to Western modernity and Kant, is increasingly framed by a morality and bioethics after God and in the absence of even Kant's theistic moral postulates. After Christendom, after a morality that had been traditionally anchored in a transcendent foundation that gave morality ultimate meaning, everything, including bioethics, must now be rethought down to its roots. Already in 1802 Hegel saw this when he talked of the death of God. He recognized that the secular morality of the West could only have an immanent meaning. Now clearly without an anchor in being or moral rationality, secular morality had to be approached fully anew within the horizon of the finite and the immanent. We can now see the consequences of a culture after God even more starkly than Hegel was willing to acknowledge. We are confronted with bioethics, morality, and public authority relocated within a culture shaped by an agnostic methodological postulate, so that one is invited to proceed as if all ultimately came from nowhere, was going nowhere, and for no final reason. Secular bioethics, morality, medical professionalism, and public authority must all be articulated in the face of intractable moral pluralism and absent any enduring meaning. Bioethics must

come to terms with post-modernity. It must recognize the failure of its Enlightenment expectations.

This state of affairs is ever more widely conceded. Rorty admits this without a blush. The great cultural cleft separating traditional Christian and secular senses of morality and bioethics is defined by the latter being anchored in a culture after God: "To say, with Nietzsche, that God is dead, is to say that we serve no higher purposes" (p. 20)⁶. As a consequence, after God there is not only no unifying common sense of morality, but no common sense of humanity or of why we should be moral, whatever that means. In addition, "There are no problems which bind the generations together into a single natural kind called 'humanity'" (p. 20)⁶. Not only is God dead, but man is dead as a common foundation for the humanities or for a common moral vision. Human rights are without foundations. In fact, as we will see, matters are even more radical than Rorty admits. This book confronts this state of affairs and its implications for secular morality and bioethics. It offers a reassessment of the meaning and significance of bioethics through an encompassing reconsideration of the meaning of morality and bioethics after God.

The first chapter examines the emergence of a post-Christian culture bereft of ultimate meaning. It recalls how the remaining framework of public Christian culture, a relic of Christendom, rapidly collapsed at the end of the 20th century, just as bioethics was being established as an academic field and as the praxis of clinical ethics was being launched. This chapter also introduces the perspective from which this volume is written: the philosophical recognition that modernity is over, and the Enlightenment project has failed, all as a consequence of recognizing that secular morality is after God. "The Demoralization and Deflation of Morality and Bioethics", the second chapter, examines in detail why, since there is no canonical secular moral perspective, much of what had once been authentically matters of morality and bioethics are now reduced to

life-style choices—hence the demoralization of morality and bioethics. *In vitro* fertilization with embryo wastage, the use of donor gametes in third-party-assisted reproduction, physician-assisted suicide, and euthanasia become mere life- and death-style choices. This chapter lays out as well why there is no general moral-philosophical argument to show that the moral point of view should always trump prudence and self-interest. As a consequence, morality and bioethics are themselves deflated into macro life-style choices. Secular morality becomes a personal choice, not objectively binding in the sense of being grounded in narrative independent obligations. The moral landscape within which bioethics finds itself is substantially other than what had been expected.

The next chapter, “More on Secularization, Thoughts on Sex, and the Authority of the State: The Context of Bioethics Radically Recast”, places all of these developments within the phenomenon of secularization as this is expressed in the dominant secular culture’s transformation of the significance of sex and reproduction, as well as the legitimacy of the state. Against the background of the demoralization and deflation of morality, the force and sweep of contemporary secularization is magnified. These wide-reaching changes in the appreciation of morality have become part and parcel of a transformed everyday life-world, within which sexual relations, reproduction, and abortion have lost any moral gravitas. As the chapter shows, how and with whom one has sex, whether one reproduces outside of marriage, whether one within marriage uses donor gametes, and whether one has an abortion have lost any particular moral meaning within the bioethics and morality that the secular, post-Christian life-world sustains. A whole sphere of what had once been moral issues is now beyond morality. In addition, within this context, political structures are without any grounding in a canonical moral rationality or sense of the politically reasonable. The state, medical law, and healthcare policy reflect political life-style

choices, political arrangements within which one is at best a *modus vivendi*, an arrangement with which one is willing to live for at least the time being. This chapter offers a view of some of the vast changes that have occurred as moral choices have become life-style choices and the authority of the state simply that of a *modus vivendi*. The meanings of secular bioethics and of healthcare policy are being fundamentally transformed because it has become clear that morality and political authority have no canonical rational warrant.

The fourth chapter examines in greater depth why the West engendered such unsecured hopes for a canonical secular morality and bioethics, which aspirations were then followed by their collapse. “*Fides et ratio*, the Western Medieval Synthesis and the Collapse of Secular Bioethics and Morality” explores the ethnocentric character of the roots of the contemporary dominant morality and bioethics, highlighting the particular developments within the Christianity of the Western Middle Ages that led to the rebirth of the Greek moral-philosophical project. Medieval Western Europe in re-embracing the Greek moral-philosophical project took a philosophical turn with momentous consequences for the West and for the world. This chapter addresses both the cultural peculiarities of this Western Christian moral-philosophical synthesis, as well as how differently things turned out in the Muslim cultural sphere because of Mohammed al-Ghazali (1058-1111). Al-Ghazali appreciated what the Christian Apostles and Fathers such as St. Paul and St. John Chrysostom had seen, and what post-modernity would rediscover: the Greek moral-philosophical project cannot succeed. There cannot be a canonical secular morality or bioethics without reference to God. As a consequence, the contrast between the dominant bioethics of Europe and the Americas contrasts starkly with that within the Muslim cultural sphere. The dominant culture and bioethics of Muslim countries tend to be religious, while that of the contemporary secular West, with its morality and bioethics, is being

brought into question because of the collapse of the rational foundations for which it had hoped.

One is left with a deeply rooted basis for bioethical conflict: the incompatibility of claims made by the contemporary secular state about what should count as proper medical professional conduct and those claims grounded in the demands of God. The fifth chapter, “Bioethical Conflicts: Obligations to God versus Obligations to the Secular State”, explores the irresolvable character of the tensions between the consciences of believing healthcare professionals, on the one hand, and the legal and healthcare public policy requirements of the secular state on the other. Here it is important to recognize that the contemporary secular state has become a secular fundamentalist state in the sense that a particular secular ideology, along with its secular bioethics, is established in a fashion similar to the establishment of a religion, along with its bioethics, in a religious fundamentalist state. Because the differences between the moral and bioethical claims of believers and those of the secular state are so different in content and justification, there is no place for compromise. The gulf is unbridgeable because what is at stake is incommensurable: obligations to God versus the particular health-profession conduct required by a secular state. A somewhat similar gulf, but not as deep, divides a Kantian morality and its bioethics from what is now demanded by the secular state after the collapse of foundations. Kant still held there was a canonical morality, although it had no actual transcendent anchor. How ought healthcare professionals with religiously-based obligations to regard their conflicts with the secular state? In particular, how are these conflicts to be appreciated when the secular state has lost any canonical moral or political authority, becoming only a *modus vivendi*, whose law and public policy reflects one among a plurality of freestanding accounts, none of which is anchored in being or in a canonical account of moral rationality? How is one to understand the authority of the canons

of proper health-professional conduct established by a state, after the secular moral authority of the state has been radically deflated? Against this background, one can recognize the depth of the bioethical battles in the culture wars and the reasons for their persistence.

Special attention is given in the sixth chapter to Tom Beauchamp and James Childress’s account of bioethics and their claims regarding an underlying common morality. Although Tom Beauchamp appears now to have qualified his views¹³, the claim of a common morality is already advanced in their first edition of *Principles of Biomedical Ethics* (p. 34)¹⁴, the most influential textbook in the field. However, their assertion of a common morality collides with the actual intractable plurality of moral visions and of bioethics, so that their account of bioethics in the *Principles* is clearly untenable. But how is this state of affairs, this principled chaos and plurality of secular moralities and bioethics, to be understood given the international success of healthcare ethics consultation? Indeed, what should one make of bioethics in general? On the one hand, one again confronts secular morality’s crisis of foundations, along with the consequence that academic bioethics fails in principle to provide a canonical moral vision or a guiding foundation for the field. Theory in bioethics, as even Tom Beauchamp acknowledges, is brought radically into question. Secular theoreticians of bioethics are reduced to serving as geographers of our ongoing controversies, unable to give any canonical guidance. They are like mapmakers or tour guides who can show us alternative moral and bioethical destinations, but who cannot tell us what destination to choose, where to go on the map. On the other hand, healthcare ethics consultation has succeeded worldwide, despite moral and bioethical pluralism. The reason for this success in the face of moral pluralism is that healthcare ethics consultants and clinical ethicists generally do not function as moral experts but as quasi-lawyers. They have succeeded as experts not about morality in general, but as experts about that particular

morality that in a particular locale happens to be established at law and public policy. Hence, there is not just an American, but a Californian and a Texan clinical ethics, not to mention a Chinese, German, and Italian clinical ethics. Healthcare ethics consultants have done so well because they provide useful quasi-legal advice and services. Matters have turned out quite differently from what the bioethics of the 1970s and early 1980s had expected.

In order to appreciate more fully where we find ourselves, the book returns to addressing our religious-cultural context. Chapter Seven explores how the vast changes in mainline Western Christianity during the 19th and 20th centuries, and particularly in Roman Catholicism following Vatican II, led to the birth of the secular bioethics of the 1970s. To engage the language of Thomas Kuhn, because of Vatican II there was a paradigm change in how Roman Catholicism conceived of itself, along with its liturgical and ascetic life, as well as its academic theology. This paradigm change set aside a three-hundred-year-old medical moral manualist scholarly tradition, including the medical-moral manuals it had produced. This dramatic change created a new socio-moral environment that supported the appearance of the new secular bioethics. “Common Ground as Battleground: The Culture Wars Framing Bioethics Continue” examines the idiosyncrasies of the Western Christianities that produced secular bioethics and established the tone and character of the culture wars within which contemporary bioethics emerged. This chapter further develops the picture of the cultural geography within which contemporary bioethics must be understood. Building on the account given in the first three chapters, this chapter looks at how in the late 20th and early 21st centuries much of dominant Western Christianity entered into a state of theological and moral transformation, if not chaos, setting the stage onto which the contemporary secular bioethics of the 1970s entered. Vatican II not only ended a centuries-old paradigm of medical-moral reflection, which had

produced a considerable literature on medical ethics, but it produced a new medical ethics: the bioethics that was confected at Georgetown University. It is impossible to appreciate the situation within which bioethics is now located, absent a recognition of the foundational disputes and changes within Christianity that lie at the roots of the dominant culture of the 21st century.

The statements of Pope Francis, including *Evangelii Gaudium*¹⁵, suggest that further developments are underway within Roman Catholic moral theology with implications for the general culture and the character of the culture wars. Roman Catholicism appears to be moving to adopt a weak theology stance that will subtly demoralize the bioethics of sexuality, reproduction, and end-of-life decision-making, while affirming a populist social justice of healthcare resource allocation. This chaos at the heart of Western Christianity, as well as its fragmentation into a plurality of sects, threatens bringing the very plausibility of Christianity and Christian bioethics into question. Orthodox Christianity and its bioethics rooted in the Christianity of the first millennium offers a counter-example: a Christianity unfragmented and without novel doctrines. Its existence ensures that the moral and bioethical battles in the culture wars between Christianity and the dominant secular culture will continue, even after this dominant culture is fully after God.

The last chapter returns to the nature of morality and bioethics, once they are set within the horizon of the finite and the immanent. Hegel’s post-religious and post-metaphysical view of secular culture has triumphed. Morality and bioethics cannot be what were once expected: canonical secular moral guideposts for behavior are unavailable. Rorty in a Hegelian key recognized the consequences of what has occurred, including the unjustifiability of “the Kantian vocabulary of ‘inalienable rights’ and ‘the dignity of man’” (p. 198)¹⁶. What happens now? How will people behave when within the dominant secular culture it becomes clear

that “there is no human dignity that is not derivative from the dignity of some specific community, and no appeal beyond the relative merits of various actual or proposed communities to impartial criteria which will help us weigh those merits” (p. 197)¹⁶. For secular thought, the character of morality, bioethics, medical professionalism, medical law, and the appreciation of reality is set fully within the dominant, fully immanent conceits of the day. These are, as Hegel recognized, not anchored in being or reason, but in the parochial, indeed ethnocentric “realities” and rationalities of diverse socio-historically-conditioned communities. The chapter closes by examining the latter-day secular celebration of this outcome by Alexander Kojève and Francis Fukuyama in their recasting of morality (and therefore of bioethics) in terms of a humanity reduced to the desires of post-human animals.

We are left in a social context that may not be fully stable. Bioethics involves core concerns and passages of life: sexuality, reproduction, suffering, dying, and death. But there is no agreement about how properly to live, have sex, reproduce, and die. As we have seen, in the dominant secular culture, possible decisions in these areas are reduced to being life- and death-style choices, with morality itself becoming only a particular macro life-style choice and the state to being merely a *modus vivendi*, a political life-style choice. Is a society with such a “weak” account of bioethics, morality, and political authority sustainable? Are such a bioethics, morality, and political authority sufficient to the task of maintaining social stability and public governance? What happens when most realize that any particular secular morality or bioethics reflects only one among a plurality of clusters of intuitions nested in one among a plurality of freestanding moral accounts, each floating within the horizon of the finite and the immanent without any ultimate meaning? What happens when all secular moral commitments are recognized as merely contingent? What will things be like when the

authority and legitimacy of the state are appreciated as no more than expressions of the state’s hegemony of public propaganda, seduction, manipulation, and power? With no legitimacy for the state other than being *pro tempore* better than civil strife, unrest, and/or civil war, will secular morality, bioethics, and public policy be able effectively to guide? Will the state be able to govern? Is a society after God actually governable over the long run? Is a society fully without God livable? And if so, in what sense? Who knows? God knows, these are very troubling questions. With these puzzles this book concludes, certain that believers will remain and with them the culture wars.

So we end where we began: looking at the place of bioethics in the culture wars, encountering a secular morality and bioethics lacking any anchor in being or in a canonical moral rationality. We find bioethics as both an academic field and a clinical praxis embedded in a culture marked by rapid change, profound dispute, and without a point of ultimate orientation. The very sense of what it is to have a secular ethics that bioethics can engage or apply has been brought into question. The epistemological and metaphysical roots of contemporary morality and therefore of bioethics that many thought were available through an anchor in being or in moral rationality, turn out not to exist. Morality and therefore bioethics cannot be what many had presumed. This volume examines these complex and wide-ranging changes in the appreciation of what secular morality and its bioethics can be. It recognizes also that the substance of bioethics will still be known by traditional Christians to be anchored in the will of God. This knowledge will perpetuate the culture wars. The content and the significance of religious morality and bioethics contrast with that of secular morality and its bioethics. The conflicts will not abate. As this book argues, in this culture after God, God’s powerful presence will endure in Orthodox Christianity.

REFERENCES

1. Reich W. The word "bioethics": Its birth and the legacies of those who shaped its meaning, *Kennedy Inst Ethics J.* 1994;4(4):319-36. DOI: <http://dx.doi.org/10.1353/ken.0.0126>
2. Rawls J. *A Theory of Justice*. Cambridge (MA): Harvard University Press; 1971.
3. Daniels N. *Just Health Care*. New York: Cambridge University Press; 1985. DOI: <http://dx.doi.org/10.1017/cbo9780511624971>
4. Rawls J. Justice as fairness: Political not metaphysical. *Philos Public Aff.* 1985;14(5):223-51.
5. Owen JJ. *Religion and the Demise of Liberal Rationalism*. Chicago: University of Chicago Press; 2001.
6. Rorty R. *Contingency, Irony, and Solidarity*. New York: Cambridge University Press; 1989. DOI: <http://dx.doi.org/10.1017/cbo9780511804397>
7. Laertius D. *Lives of Eminent Philosophers*. 2nd ed. Trans. Hicks RD. Cambridge (MA): Harvard University Press; 1979.
8. Geissler E, et al, editors. *Philosophische und ethische Probleme der Molekularbiologie*. Berlin: Akademie Verlag; 1974.
9. Ehmann G, Rolf L, editors. *Sozialismus – Medizin – Persönlichkeit*. Berlin: Akademie für Ärztliche Fortbildung der Deutschen Demokratischen Republik; 1975.
10. Syrnew WM, Tschikin SJ. *Krankheit Arzt und Dialektik*. Trans Breyer H. Berlin: Verlag Volk und Gesundheit; 1975.
11. Achim T, Weise K. *Medizin und Weltanschauung*. Leipzig: Urania-Verlag; 1973.
12. Löther R, et al, editors. *Philosophische Schriften von Marx, Engels und Lenin und ihre Bedeutung für die Medizin heute*. Jena: Gustav Fischer Verlag; 1979.
13. Beauchamp TL. Does ethical theory have a future in bioethics? *J Law Med Ethics.* 2004;32(2):209-17. DOI: <http://dx.doi.org/10.1111/j.1748-720x.2004.tb00467.x>
14. Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. New York: Oxford University Press; 1979.
15. Pope Francis. *Evangelii Gaudium*. Vatican City: Vatican Press; 2013.
16. Rorty R. *Objectivity, Relativism, and Truth*. New York: Cambridge University Press; 1990. DOI: <http://dx.doi.org/10.1017/cbo9781139173643>

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