



A rational exploration of personalist bioethics: understanding its foundations

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Abstract

The aim of this article is to elucidate the rational foundations upon which personalist bioethics is built, thereby enhancing understanding regarding its place within the broader discourse of secular bioethics. Personalist bioethics, as a dynamic pursuit, actively engages with scientific discoveries, periodically revisiting them and considering contemporary individuals' diverse perceptions of identity and values. It integrates two foundational trunks: personalism and Aristotelian-Thomistic theology with metaphysical reference. The method employed by personalist bioethics is illustrated through triangulation: the exposition of biomedical reality, an in-depth study of anthropological significance, and the identification of values at stake. Rooted in a substantialist concept of the human person, it follows a systematic interaction of various knowledge spheres, aiming not only to describe problematic relations but also to propose prescriptive solutions. Personalism maintains that the human person is valuable for who he is and not only for the choices he makes; he is a source from which the choices proceed. According to personalist ethics, the ethical value of an act will have to be considered under the subjective aspect of intentionality, but it will also have to be considered in terms of its objective content and its consequences. The natural moral law that urges every conscience to do good and avoid evil, therefore, becomes concrete in respect for the human person in all the fullness of his values, his essence, and ontological dignity.

Keywords: Human person, personalism, human dignity, medical ethics

Background

The roots of bioethics can be traced back to the pioneering contributions of Van Rensselaer Potter, who introduced the term in an influential publication.¹ Potter's vision framed bioethics as an innovative discipline, born from the fusion of biological knowledge and human values. His compelling argument stressed the imperative to surpass pure science, leading him to coin the term "bioethics" to underscore the vital intersection of biological insights and moral values. This perspective offered a holistic understanding

of the biosphere, emphasizing a biologically grounded wisdom that extends beyond the confines of traditional medical ethics.

Formally defining bioethics in the Encyclopedia of Bioethics² set the stage for subsequent editions to embrace Potter's expansive concept. This portrayal framed bioethics as a systematic exploration of moral dimensions within life sciences and healthcare, employing various ethical methodologies in an interdisciplinary setting that reflected pluralistic perspectives. As a result, four areas

of bioethics were outlined: challenges within healthcare professions, human research, societal issues linked to public health policies, and interventions affecting the lives of other living beings.² Bioethics further categorizes into general, particular, and clinical domains each addressing ethical foundations, significant issues in medicine and biology, and the application of ethical theories to concrete clinical cases, respectively.

Beyond a mere comparison of opinions, the evolution of bioethics strives to establish standard values and effective decision-making approaches, providing objective answers based on rationally valid criteria. A distinctive feature setting bioethics apart is the demand for an interdisciplinary approach.

In the realm of secular bioethics, it is often wrongly perceived as a contrast with Catholic bioethics. However, the personalist, ontologically grounded approach for Catholics does not diminish the importance of providing a rational justification for values and norms. Sgreccia proposed a personalist bioethics, positioning it as a discipline with a rational epistemological status open to theology.³ He underscored the necessity for a rational examination of the permissibility or legality of human interventions based on scientific, biological, and medical data.

The theoretical underpinnings of ontologically grounded, personalist bioethics with a sapiential dimension emphasize the recognition of human dignity, adherence to realism and cognitivism, and the acceptance of a metaphysical view of reality. These foundational principles underscore the rational capacity inherent in the human person, reject relativism and nihilism, and affirm the ability to comprehend a transcendent and metaphysical dimension. The aim of this article is to elucidate the rational foundations upon which personalist bioethics is built, thereby enhancing understanding regarding its place within the broader discourse of secular bioethics.

Different ethical models as the foundations for bioethical judgments and the personalist perspective

The experimental method involves four phases: observing phenomena, formulating hypotheses, verifying experiments, and evaluating results. Despite its ability to gather extensive data, this method is reductionist, focusing solely on quantitative aspects of reality. In contrast, various ethical models provide distinct perspectives.

The sociobiological model combines Darwin's evolutionary theory with Max Weber's sociology, presenting a purely descriptive ethics that relativizes values and norms.⁴ It suggests that as society evolves, it generates and modifies values and norms instrumental to its development, similar to how living organisms develop organs for survival. However, despite cultural evolution, humans remain fundamentally different from other living beings. Good and evil are not interchangeable; the laws of existence, science, and morality cannot be simultaneously false and true.

The pragmatic-utilitarian model emphasizes calculating consequences in terms of the relationship between costs and benefits.^{5,6} While seeking to maximize pleasure, minimize suffering, and expand personal freedoms, challenges arise in foreseeing all consequences and establishing equitable rules.

The subjectivist or liberal-radical model, rooted in moral subjectivism, highlights autonomous choice as the sole basis of moral action.⁶ Critics argue that every free act presupposes the life of the human being performing it; in other words, life precedes liberty because one cannot be free if not alive. Freedom requires being and existence for a life-project. From this perspective, imposing norms on those who, in the name of autonomy, accept no self-limitations, proves challenging.

The contractualist model relies on intersubjective agreements within the ethical

community, potentially excluding those unable to decide.⁷ Individuals incapable to decide cannot belong to the ethical community and risk lacking protection.⁸

The phenomenological model recognizes values at the emotional and religious levels but faces criticism for its relativization and dependence on emotional subjectivity.⁹

The theory of discourse ethics bases social consensus on communication, risking norm validity's subordination to consensus.¹⁰

Principlist ethics, rooted in four principles — respect for autonomy, non-maleficence, beneficence, and justice — faces challenges in defining good or evil for a patient and establishing a principle hierarchy.¹¹

While exploring various ethical models, the discussion shifts to the personalist model, which contrasts with other perspectives. Personalist bioethics, as a dynamic pursuit, actively engages with scientific discoveries, periodically revisiting them and considering contemporary individuals' diverse perceptions of identity and values.³ Unlike some models, personalist ethics integrates two foundational trunks: personalism and Aristotelian-Thomistic theology with metaphysical reference. It goes beyond classical thought, representing both an inheritance and a theoretical gain.

The method employed by personalist bioethics is illustrated through triangulation: the exposition of biomedical reality, an in-depth study of anthropological significance, and the identification of values at stake. Rooted in a substantialist concept of the human person, personalist bioethics follows a systematic interaction of various knowledge spheres, aiming not only to describe problematic relations but also to propose prescriptive solutions.

Personalist bioethics develops an ethics of ends through contributions from philosophy, anthropology, and metaphysics, promoting a combination of faithfulness and objectivity. To realize one's personal identity, a human must understand their ontological identity, including their good and end. Reason identifies this good as the foundation, a reality not only at the origin but also a necessary condition for existence.

Acknowledging the existence of an intelligent and transcendent foundation provides meaning to man's duty, intentionality, and opposition to purposefulness identified by reason.

The personalists' model emphasizes that at the foundation of subjectivity, there is an existence and an essence constituted by the body-soul composite. Man is a person because he is the only being in which life becomes capable of reflection upon itself or of self-determination. He is the only living being with the capacity to grasp and discover the meaning of things and to give sense to his expressions and conscious language. The spiritual soul that informs and gives life to his bodily reality causes the person to be irreducible to a code or a number, to cells or neurons. The human person is a unity, a whole.¹² Even from a secular perspective, the human person is always an end and never a means. Ontological personalism is different from subjectivist individualism, which emphasizes almost exclusively the capacity for self-determination and choice. Personalism maintains that the human person is valuable for who he is, a body-soul unity, and not only for the choices he makes; he is a source from which the choices proceed. According to personalist ethics, the ethical value of an act will have to be considered under the subjective aspect of intentionality, but it will also have to be considered in terms of its objective content and its consequences. The natural moral law that urges every conscience to do good and avoid evil, therefore, becomes concrete in respect for the human person in all the fullness of his values, his essence, and ontological dignity.

The methodology foundation in personalist bioethics: the human being viewed as a person

The methodology employed in personalist bioethics is elucidated through the examination of biomedical reality, exploration of anthropological significance, and identification of the values at stake. This approach is rooted in a substantialist conception of the human person. Understanding the person emerges

through metaphysical investigation, addressing the human being holistically. The ontological approach seeks a substantial, not merely functional, definition, without overlooking the elements indicating the presence of personhood.

In the well-known Aristotelian definition that man is a rational animal, man is defined through proximate genus and specific differences.¹³ Yet, this may not fully capture his originality, making him more than just another element in the cosmos. In the Early Middle Ages, Boethius provides the first decisive definition of a person: an individual substance of rational nature.¹⁴ Boethius emphasizes substantial metaphysical identity, highlighting the person's originality and irreducibility to the cosmos. The reference to substance reveals the person's character as an existing subject, not merely an activity.

Similar definitions are provided by Richard of Saint Victor and Aquinas, reflecting the tension between universal species reference and individual character.¹⁵ While we all belong to humanity, each person is undivided in themselves and divided from others, endowed with unity.

Contemporary thought questions whether a person can be considered solely in terms of relationality, excluding substantiality, and whether someone incapable of relating to others can still be considered a person. According to V. Possenti, rationality inherently implies relationality, as the life of the spirit is inherently open and relational.¹⁶ Both perspectives are complementary.

The philosophy of the person is fundamentally linked to the philosophy of substance, which has faced suspicion, with some preferring a philosophy of function. In Aristotle's *Categories*, prime substance is defined as that which is neither a subject nor predicated of a subject, existing in itself, self-sufficient, and independent from other subjects.¹⁷ The person exists in itself and for itself, not in or for something else, setting it as an end, not a means.

Becoming a person, possessing one's radical ontological status, is not a process but an instantaneous event, establishing personhood once and for all. On the other

hand, personality, in the psychological sense, is acquired gradually through personal secondary acts. As a substantial subject of spiritual nature, endowed with intellect, freedom, and love, the person lives in openness to the totality of being, encompassing openness to oneself, others, and the universe.

The individual manifests primarily as a focal point of dynamic unification originating from within — a lasting unity transcending changes, psychological fluctuations, temporal shifts, and spatial dispersals of the self. The person, endowed with self-reflection, possesses interiority as an exclusive trait, making them irreducible to the genus or the whole.

The person is a comprehensive entity, a concrete totality — neither a fragment nor a component of a larger whole that would assume a foundational role. As an individual, human existence is one among many, distinguished by the adopted portion of matter, imbuing them with particularity. As a person, man constitutes a unique and unrepeatable totality, rejecting an idealistic treatment of corporality as an extraneous addition.³

According to Peter Singer, not all individuals belonging to the *Homo sapiens* species qualify as persons, and not all persons are necessarily members of the *Homo sapiens* species.¹⁸ If the concept of personhood does not hinge on the *Homo sapiens* species, it similarly does not apply to any other species; no other species possesses the capacity to acknowledge the right to life inherent in personhood.

Personhood is defined as a self-aware, rational entity capable of moral actions and possessing autonomy. However, this definition overlooks the essential fact that human beings encompass more than these traits; a distinctive characteristic of humans is their corporeal nature — existing in a state of constant becoming.

Duties toward persons are fulfilled even when those individuals, while being persons, are unable to actively exercise their personal faculties. The bioethical dilemma arises precisely because there are instances where certain human persons, such as those in embryonic, fetal, or infantile states, the

chronically or mentally ill, the terminally ill, or those in a persistent vegetative state, cannot live as persons without assistance from others.

The presence of individuals who are currently capable and obligated to decide for others who cannot do so themselves is a result of others allowing them to reach a stage where they can temporarily wield this power. Reciprocity is not only constitutive of morality but also fundamental to the very existence of personhood. This reciprocity forms the basis of all bioethical discussions and serves as their focal point.¹⁹

The question of human corporality demands a thorough and radical examination, particularly in light of the complexities surrounding the definition of personhood. Confining respect for life and the right to life solely to stages where moral life is actively exercised neglects the intermittent and time-bound nature of morality. Ethical challenges in the realm of health often revolve around individuals who deviate from the idealized description of self-aware, autonomous, rational, and free persons. Human beings are inherently persons by structure, a condition not determined by their will but by their origin. This introspection prompts us to inquire: Why are deformed human bodies, embryos visible only under a microscope, or inert bodies lacking clear signs of consciousness considered human beings? What forms the basis for the anthropological equivalence that unites the healthy and the sick, the deformed and the nondeformed? By engaging with these questions, we confront the intricate interplay between biological existence, moral agency, and the ethical considerations inherent in the recognition and treatment of human life.

A humble yet crucial argument for determining who qualifies as a human being is to examine their origin: a human being is someone born of other human beings. According to Pessina, a man is always someone born of other men; this forms the prerequisite for any subsequent and more detailed definition of man.¹⁹

Anyone generated by other human persons, either directly or through their genetic heritage, must be acknowledged as a human person. Thus, the human body holds a central role.

Protection of one's self, dignity, and integrity is inseparable from the protection and respect afforded to the concrete corporality of others.

According to Spaemann, there can and must be one criterion for personality: biological membership in the human race.²⁰ The commencement and conclusion of personal existence are intricately linked to the beginning and end of human life. If someone exists, they have existed since the individual human organism's inception and will persist as long as the organism continues to live. Being a person fundamentally entails living a human life.

The unity of body and soul: defining human person in relation to health

The current context reveals a disconnection between the external aspect of the body and the internal essence of the person, disrupting the unity of the human being, which is a fusion of corporeal and spiritual elements. Our culture often presents inadequate depictions of the body, failing to convey its personal nature adequately.

The body is an integral part of self-definition, as it is impossible to perceive oneself without it. However, the self is not synonymous with the body but extends beyond it. The enigma lies in the relationship between the body and something else, traditionally referred to as spirit or soul. Although the person is corporeal, they transcend the body not by being able to do without it but by having the capacity to perform operations beyond the purely corporeal. This uniqueness is confirmed by experience, demonstrating our ability to conceive universal ideas.

The expressions "I have a body" and "I am a body" both hold validity but require clarification. Stating "I have a body" is accurate but needs to be qualified, as the way one possesses their body differs from possessing other things. The body is inseparable from the self, and one cannot distance oneself from it or use it without consequences for the entire person. Similarly, saying "I am my body" must be accompanied by the clarification that "I am not just a body" but something more.

For this reason, philosophical anthropology favors using the term “corporality” over “body.” Corporality better captures the unity of the corporeal and spiritual aspects of the person, unlike “body,” which implies a division between body and soul. Corporality encompasses human subjectivity in its corporeal condition, forming the essence of personal identity.²¹

Man is not merely an animal organism with added consciousness but a corporeal intelligence, an incarnate spirit. The complexity of human body dynamics corresponds to the intimate unity of the person. In the postmodern era, which has shifted focus from the subject to the body, constructing one’s self-image often revolves around body obsession, combining satisfaction with a form of secular asceticism.

In the postmodern world, neglecting one’s body is considered a shameful fault. The attention to the body is not only about nurturing nature but modifying or even editing it. The body is no longer perceived as a given but as a task to be accomplished or even deconstructed.

The term “mind-body relation” no longer implies the soul-body relation but refers to the relationship between fundamentally psychological and neurophysiological functions. This reductionistic approach excludes the metaphysical dimension. Another reduction occurs in understanding the mind-body relation as a mind-brain relation, disregarding aspects of human corporality, like hand function, crucial in expressing psychological and intellectual faculties.²²

The body possesses an epiphanic character, both revealing and concealing. It unveils individuals to others while simultaneously veiling them. Frequently disregarded and treated as transparent, the body, when in pain, fatigue, or illness, transforms into something opaque, burdensome, unfamiliar, and menacing. Health, defined as the state when organs are tranquil or there is an absence of awareness of one’s own body, involves a dynamic interplay between activity and passivity, praxis and pathos: an encounter with the governed body.

Illness or sickness manifests itself as a deprivation — the negation of the positive

element of health. A person in poor health not only lacks something and endures the absence but also suffers because of that lack, being aware of it, perceiving it as a limitation, and seeking a remedy. Illness is, therefore, a multifaceted concept of alteration or defect, applicable to any biological substance.

In ancient Greek civilization, health denoted the proper balance of an organism’s forces, a suitable measure and proportion — neither more nor less than necessary, nor insufficiently tempered. To establish health is to arrange the elements in a body in their natural relation of dominance and subordination, whereas causing disease disrupts this balance, allowing one to rule or be ruled by the contrary nature.²³

For Plato, a part of the body can only be healed in terms of the whole body, and the body cannot be cured without the soul — the entirety of the individual.²⁴ Curing the soul is intertwined with virtue, structurally connected with the Good — the measure of all things. Virtue mediates between excess and defect, representing the right measure between too much and too little. Virtue is the health of the soul, as producing health aligns the elements of the body in their natural relation, while causing disease disrupts this harmony.

Plato’s therapeutic proposal suggests that those absorbed in intellectual pursuits must allow their bodies due exercise, practicing gymnastics. Conversely, those shaping the body should impart proper motions to the soul, cultivating arts and philosophy.²⁴

The birth of clinics in the modern period brought about a radical shift in perspective, focusing solely on factual evidence and adopting a positivist paradigm. In this clinical approach, any consideration of a biographical or humanistic nature was rejected, viewing medicine strictly as a natural science.

In the nineteenth century, illness was considered a quantitative alteration relative to a norm, a functional deficit, traceable to physiological dysfunction. The structural and functionalist view of the early twentieth century emphasized the social system, with illness threatening the stability of this system. Medicine,



in this perspective, became a means of social control, rectifying deviations from the norm.²⁵

The radical nominalist model, however, challenges the positivist approach, considering illness an arbitrary construction dependent on social or cultural criteria. The phenomenological paradigm views health and illness as a human experience, emphasizing the subject's interpretation of their own situation, body image, communication abilities, and perception of space and time.²⁵

The most recent health paradigm adopts a biopsychological interpretation of illness, considering the biomedical model reductive. Health is viewed as a comprehensive vital condition in relation to one's surroundings, where objective parameters and the subject's understanding of their relations determine the boundary between normal and pathological. Medicine, in this paradigm, is seen not only as a cure but primarily as care, forming a therapeutic alliance between the patient and caregiver.²⁵

The postmodern paradigm introduces a fluid notion of health, oscillating between being well and well-being. Well-being encompasses psychological balance, emotional satisfaction, and the ability to have fulfilling relationships, expanding the concept of health into fitness with ever-increasing performance standards. Health is linked to a norm based on constant, measurable parameters, while fitness is fluid, subjective, and directed toward the future.²⁵

The notion of quality of life, coined by postmodern sensibility, refers to a situation of well-being rather than the absence of illness. The biomedical model ignored these aspects, but the postmodern paradigm, in the name of quality of life, raises questions about the worthiness of the life of a handicapped or chronically ill person.

The World Health Organization's definition of health emphasizes complete physical, mental, and social well-being, with individuals or groups capable of identifying and realizing aspirations, satisfying needs, and adapting to the environment.²⁶ However, the idea of health remains incomplete without considering its purpose: health to what end? Fundamentally, we do not exist to achieve health; rather, we

are healthy and seek health to engage in living and acting. Health is not a commodity assigned to us solely for specific functions and abilities. It is not an ultimate goal; instead, it is defined and confined by the very meaning of life. The essence of life lies in availability, self-gift, and sacrifice. The significance of health extends beyond its own realm; it resides in the plan for a fulfilling life that each individual envisions, where health is necessary but not indispensable. Paradoxically, illness does not necessarily prevent a plan for a good life; conversely, one could argue that without such a plan, health itself lacks value. This is why Plato asserted that virtue takes precedence, followed by health and wisdom. Health is not merely a property of the organism but of the entire person, and it is thus subordinate to whatever constitutes the genuine good for that individual.

According to the personalist vision, the concepts of health and illness must refer to the whole person. Hence there are four dimensions of health that overlap one another: biological, psychological and mental, social, environmental and ethical.³

Health involves a holistic balance that encompasses the entirety of a person; it is the rhythm of life, an ongoing process where equilibrium is consistently restored. While equating health to salvation may lead to despair in the face of chronic or fatal illness, the realization that health is a penultimate or relative good becomes apparent when one discovers, even in situations of obvious limitation like illness, the capacity — the possibility — of willing and loving.

Goals and risks of medicine in an ethical framework for a good life

Medicine embodies practical knowledge that can be framed within the concept of *techne* or art, denoting the ability to create or produce based on a body of knowledge. However, the essence of the healing art lies in its capacity to restore and reestablish. This represents a distinct reinterpretation of art, specific to the knowledge and practice of physicians.

The significance and meaning of a physician's art are not rooted in a predetermined plan but rather in adherence to the inherent dynamics of nature. Healing does not entail creating something new but rather facilitating the organism's return to its original equilibrium. While illness is as natural as health in its spontaneous emergence, it is perceived as a deficiency requiring remedy. Thus, it becomes imperative to explore both the concept of nature and the human condition to define health and illness. Unlike the natural world, the human condition embodies both innate qualities and the ability to adapt to and integrate with nature's mechanisms, thus reflecting freedom.

Medicine grapples with an inherent paradox and contradiction: the desire to extricate humanity from the intrinsic logic of its vulnerability. It was established as part of humanity's universal rebellion against suffering, yet illness and mortality remain integral to human existence, rendering efforts against them ultimately futile.

It is crucial not to overlook medicine's unique contribution to human self-awareness, as it delves into an essential dimension of humanity: illness. While medicine engages with human subjects, it concurrently embodies friendship and justice, with the patient being more than a mere object but always a subject within the therapeutic relationship.³

The therapeutic alliance, governed by need and illness, is inherently complex due to its asymmetry. Illness encompasses both the objective, diagnosable aspects discernible to the physician and the subjective experience of the patient, shaping their perception and understanding of their condition.

Presently, the therapeutic relationship often succumbs to impersonal practices, treatments, or medications that diminish the space and time for genuine connection. Contemporary culture frequently critiques medical paternalism in favor of patient autonomy, yet this shift risks exacerbating conflicts between differing perspectives on illness and autonomy.

Furthermore, respecting patient autonomy extends beyond acknowledging the exercise of

autonomy by others; it necessitates recognizing the inherent value of autonomy's subject: the human being and person. It is imperative to remember that the conditions for exercising autonomy, though temporally limited, are rooted in ontological conditions inherent to human beings and persons.¹⁹

To establish an ethical foundation, it is insufficient to know the proposed ends; one must understand the end of human nature. The end is not a thing but the quality that makes something good, considered in its nature or essence, not its actual being. Recognizing values requires viewing reality as rational, created by an Intelligence.

In Thomistic tradition, the natural moral law expresses the dynamism and purposefulness inherent in all creatures, serving as the law of their activity and the path leading to the end.²⁷ The end, according to A. Pessina, is the good — a relation between something and the human condition, enabling the realization of certain aspects of humanity.¹⁹

The natural moral law derives its specific characteristics from human nature, distinct from the natural laws of other creatures. As humans are rational and self-conscious beings, the natural moral law is known, not merely lived. Given human freedom, the natural moral law becomes a duty, not a necessity.²⁸

The natural law is intertwined with and expresses the natural order. According to M. Rhonheimer, this natural order is not an external entity; rather, it is a natural order of which the natural cognitive acts form a part.²⁹ This suggests a reason that is specifically natural, allowing the natural law to be genuinely within man and engraved in his soul.

We apprehend the moral law through reasoning as individual substances of a rational nature. While knowledge of more general precepts is evident, applying these principles to specific questions is prone to error, particularly in concrete cases. Medieval scholars termed the knowledge of the first principles *synderesis*, while the application to specific cases is known as moral conscience.²⁸ Conscience is the most precise knowledge, applied to concrete



situations, of the finality of our nature, which reveals itself through general principles or the natural law. It is incorrect to perceive the moral law and conscience as two sequential criteria of morality; instead, they manifest simultaneously, with conscience being the application of moral principles to specific situations.

Recurring elements in contemporary ethics, lacking a substantive foundation, include the detachment of ethics from metaphysics, the proliferation of procedural and abstract aspects at the expense of the notions of good and virtue, a concentration on issues of public ethics while neglecting those related to individual ethics and the question of the relationship with the Absolute.

From this perspective, moral freedom, in which actions occur, is deemed more crucial than the perfection of the act itself. The diminishing connection with the crisis of final causes among modern thinkers, coupled with the emphasis on efficient causality by the sciences, obscures the understanding of the good.

It is essential to underscore that the deontological perspective of norms cannot take precedence. Ethics should not exclusively revolve around norms and laws; rather, it must be grounded in the teleological ethics of the good and the good life. In the development of moral science, the concept of a norm is never primary; among the predicates “good” and “obligatory,” the former holds greater primacy.³⁰

The separation of the doctrine of freedom from the doctrine of the good renders justifying freedom of choice futile. Freedom of choice can only be deduced if the subject’s will is inherently drawn to the infinite Good. There is a growing tendency to construct ethics without reference to man, detached from anthropology and the idea of man as he is and as he should be to realize his essence and achieve his end — ethics without a concept of the nature and end of man. It focuses on the subject, overlooking the person. The distinction between the notions of subject and person is crucial: a subject exercises existence and action, while a person implies a certain degree of ontological perfection, manifesting spirituality, knowledge, and freedom. A person acts as a microcosm, assigning ends to itself.

Contemporary ethics recognizes the speaking, dialoguing, communicative subject but overlooks the existing person with individual substance, freedom, spirituality, and totality. A synthesis of ethics and anthropology is imperative, acknowledging that ethics extends beyond the foundation of norms. Without a connection between the doctrine of man and the doctrine of norms, the latter appear unintelligible. No procedural practice can compensate for the lack of a real perception of the good and man’s nature.¹⁶

Modern philosophy, pitting the subjective against the objective, has lost sight of the correct notion of transcendental, which is an attribute predicated of everything that exists. Transcendentals are universal modes of being in relation to the intending soul-mind-conscience; the transcendental quality of the subject-person-soul, in general, is always included in the transcendental or being. Modern philosophy detached the soul-person from being and others, turning it into a formal self. Once the limitless intentional openness of the person is eliminated, establishing any degree of openness to others becomes challenging, risking a reductionist understanding of their otherness.

Comprehensive worldviews have dissolved in pluralistic societies, and the morality of conscience does not offer a sufficient basis for natural law, which traditionally had a religious or metaphysical foundation. The necessary basis for legitimacy now comes from procedural reason and the democratic procedure by which laws and ethical systems are generated. In this way, the democratic principle tends to have roots independent of moral principles. According to V. Possenti, a significant impoverishment of the idea of the person is another aspect of post-metaphysical apriorism.¹⁶ The term “person” itself disappears and is replaced with “subject,” defined through linguistic acts and intersubjective agreement. Procedure and consensus become the two criteria for legitimacy. Post-metaphysical assumptions imply that no moral order preexists intersubjective decisions, and a just legal order must be ideologically neutral.

Since the supreme rule of ethical reason is intersubjective agreement on respect for what everyone wants, procedural form prevails over content — the latter adapts to the former. A separation between values and norms, with their corresponding obligations, occurs, making it impossible to establish norms based on values. Proceduralism fails to assist in examining substantial issues, such as human relationships and the question of moral responsibility.³⁰

Human existence thrives on recognition, not merely to be a person, but to exist as a person — fully activating emotional and intellectual capacities and establishing a strong, stable sense of identity. Recognition becomes the relationship through which the subject identifies and affirms oneself.

An integral definition of freedom, according to F. Botturi, could be dependent self-mastery and deliberate fidelity.³¹ This encompasses an idea of autonomy wherein one acknowledges one's dependence on others and on the good, and a concept of choice that is fulfilled in fidelity to the freedom of others together with what attains the good of the subject.

It only makes sense to speak of moral formation if freedom is not understood as pure initiative and exclusive autonomy. In fact, the common element in the different meanings of freedom is the coexistence of activity and passivity within it, and freedom is an active ability only if it recognizes that it does not come from itself.

Moral formation is not so much training for a certain conduct as the shaping of the moral conscience, understood as an education in the truth of freedom and the desire for it. A proper moral formation is therefore directed not toward a morality of law but toward a morality of fulfillment or, according to Spaeman's expression, of a successful life.²⁰

Conclusions

The paramount good is the life of every individual, whether already born or yet unborn. The separation between the interconnected principles of truth and freedom poses challenges to effectively safeguarding human life through

legislative measures. The ethical substance of the civil law is depleted, and instead of guiding the pursuit of truth to enhance the common good, it is reduced to a mere procedural tool for reaching consensus. Rather than functioning as a means to protect the rights of each individual in every stage and circumstance of life, the democratic system becomes an end in itself, preserved to safeguard the majority's interests. What is essential is a democracy that is substantial, not just formal, promoting the dignity of every human person and respecting their inviolable and inalienable rights. The purpose and standard of political life should be the common good. The legislator is not tasked with creation but interpretation of the societal needs, seeking not only consensus but, more importantly, adherence to the objective moral law inscribed in the human heart, serving as the obligatory reference point for civil law.

The alleged dichotomy between secular bioethics and Catholic bioethics is both fabricated and deceptive. The intention is to juxtapose a secular perspective, seemingly open and tolerant of diverse choices, against the Catholic viewpoint, purportedly closed and intolerant. However, the personalist approach embraced by Catholics is neither purely based on faith nor dismissive of the rational justification of values and norms. Religious faith, far from dulling the appeal to reason, actually refines it. Catholics, by respecting the reality they believe is created by God, conscientiously consider scientific facts, extracting elements to juxtapose with the principles of faith. It is a misconception to equate secular thought solely with ethical relativism; genuine secular thought affirms values common to all humanity, rooted in equal dignity and recognizable through reason — the very foundation of the doctrine of human rights. Asserting that the Creator and creation are found within the depths of the person, providing the ultimate explanation for existence and a reference for dignity, aligns with rational demands or, at the very least, does not contradict reason. Thomas Aquinas exemplifies the compatibility of reason and faith, contending that faith should not be imposed but can be

proposed with sound reasons. In the bioethics debate, the true divergence lies between those advocating for an ethics devoid of truth and those asserting that ethics, including bioethics, becomes vacuous unless anchored in truth.

By addressing the characteristics of personhood, the mind-body relation, illness paradigms, and the interplay between freedom and responsibility, we underscore the holistic nature of ethical inquiry advocating for a morality of fulfillment and a good life, rooted in values and principles that promote human dignity and flourishing.

References

1. Potter VR. Bioethics: bridge to the future. Englewood Cliffs, N.J.: Prentice-Hall; 1971.
2. Reich WT. Encyclopedia of bioethics. Revised edition. Emanuel LL, Moreno JD, editors. New York London: Prentice Hall International; 1995.
3. Sgreccia E. Personalist bioethics. Philadelphia: The National Catholic Bioethics Center Press; 2012.
4. Wilson EO. Sociobiology the new synthesis. Cambridge, Mass: Belknap Press of Harvard University Press; 1975.
5. Lecalano E, Veca S. Utilitarismo oggi. 1a ed. Roma: Laterza; 1986.
6. Singer P. Practical ethics. New York: Cambridge University Press; 1979.
7. Engelhardt HT. The foundations of bioethics. New York: Oxford University Press; 1986.
8. Harris J. *The value of life*. Boston: Routledge & Kegan Paul; 1985.
9. Scheler M. *Formalism in ethics and non-formal ethics of values; a new attempt toward the foundation of an ethical personalism*. Fifth revised edition ed. Evanston: Northwestern University Press; 1973.
10. Brunkhorst H, Kreide R and Lafont C. *The Habermas handbook*. English-language edition. New York: Columbia University Press; 2017.
11. Beauchamp TL and Childress JF. *Principles of biomedical ethics*. New York: Oxford University Press; 1979.
12. Spaemann R. *Persons: the difference between 'someone' and 'something'*. New York: Oxford University Press; 2006.
13. Clark SRL. *Aristotle's man: speculations upon Aristotelian anthropology*. Oxford: Clarendon Press; 1975.
14. Notker, Tax PW and Boethius. *Boethius, "De consolazione philosophiae"*. Neue Ausgabe. ed. Tübingen: M. Niemeyer; 1986.
15. Thomas. *The Summa contra gentiles of Saint Thomas Aquinas*. London, [etc]: Burns; 1924.
16. Possenti V. *Philosophy and revelation: a contribution to the debate on reason and faith*. Aldershot, Hants, England; Burlington, VT: Ashgate; 2001.
17. Dexippus and Dillon JM. *On Aristotle's categories*. Ithaca, N.Y.: Cornell University Press; 1990.
18. Singer P and Kuhse H. *Unsanctifying human life: essays on ethics*. Malden, Mass.: Blackwell; 2002.
19. Pessina A. Moral philosophy in bioethics. Etsi ethos non daretur? *Cuad Bioet*. 2013;24:169-78.
20. Spaemann R. Basic moral concepts. New York: Routledge; 1989.
21. Marcel G. *Metaphysical journal*. London: Gateway; 1967.
22. Hume D, Norton DF and Norton MJ. *A treatise of human nature*. New York: Oxford University Press; 2000.
23. Hippocrates and Schiefsky MJ. *On ancient medicine*. Boston: Brill; 2005.
24. Plato and Bloom A. *The Republic of Plato*. Second edition. New York: Basic Books; 1991.
25. Komesaroff PA. Troubled bodies: critical perspectives on postmodernism, medical ethics, and the body. Durham: Duke University Press; 1995.
26. Lee CY, Kim HS, Ahn YH, Ko IS and Cho YH. Development of a community health promotion center based on the World Health Organization's Ottawa Charter health promotion strategies. *Jpn J Nurs Sci*. 2009;6:83-90.
27. Pinckaers S, Berkman J and Titus CS. *The Pinckaers reader: renewing Thomistic moral theology*. Washington, D.C.: Catholic University of America Press; 2005.



28. Pinckaers S. *The sources of Christian ethics*. Washington, D.C.: Catholic University of America Press; 1995.
29. Rhonheimer M and Malsbary G. *The perspective of morality: philosophical foundations of Thomistic virtue ethics*.
30. Rodriguez-Luno A. *Etica General*. Pamplona: Ediciones Universidad de Navarra; 2014.
31. Botturi F. *Understanding human experience: reason and faith*. New York: Peter Lang; 2012.

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