

AIDS: SOME MORAL THEOLOGICAL ISSUES

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1. Complexity of the issue
2. Attitudes
3. Theological pitfalls
4. Ethics of prevention

1. COMPLEXITY

There can be no denying the enormous complexity of the phenomenon of HIV/AIDS and the corresponding complexity of theological questions arising from it. This should not blind us to the beauty of gospel simplicity with its call to compassion for the human dimensions of AIDS (ignorance, fear, separation, loneliness, alienation, stigma, judgment, pain and death). So, while affirming gospel simplicity, a purely simplistic approach to the question would not be faithful to the Church's rich tradition of harnessing all the gifts of human intellect in theological reflections on complex questions.

The AIDS phenomenon is complex in itself. Its attendant ethical questions face many people: health-care professionals, those who are HIV+, society at large. Then there are the moral question of informing third parties (e.g. a wife), the rights of employers, mandatory screening, contact tracing, the right to information, and the thorny issue of prevention.

Equally as complex is the difficulty of communicating gospel values to a wide variety of "publics" (David Tracy). These include (1) the converted faithful; (2) the unconverted faithful; (3) people of other faiths; and, (4) a pluralist society.

(1) Addressing the "converted faithful" is relatively clear. Here we are talking to people of mature conscience, who abide by (or at least strive to abide by) gospel and church teaching on fidelity, chastity, and the beauty of sex within marriage.

(2) A vaster public by far is surely the "unconverted faithful", people who are either only nominally Catholic, or whose Catholic formation is somewhat limited and who are more readily influenced by public opinion or peer pressure. Addressing this group requires a more nuanced approach, taking people where they are and allowing for all stages of the formation of conscience, including that of invincible ignorance. In respecting a gradualist approach to the formation of conscience, we cannot go wrong if we model ourselves on Jesus the Teacher, who led people with gentleness and patience to deeper appreciation of the mystery of their salvation (Nicodemus, the woman at the well, Mary Magdalen, Peter, Thomas et. al.). Indeed, Jesus had a healthy

appreciation of his own disciples' slowness to understand.

(3) Another public which the Church addresses directly or indirectly are people of other Christian denominations and people of other faiths. Naturally these will express an interest in what the Church has to say on the ethics of AIDS. In some cases there will be radical opposition, in other cases a more humble dialectic. Either way, following the inspiration of Vatican II and Paul VI's *Evangelii Nuntiandi*, this public must be approached in a spirit of a willingness to dialogue and, where possible, to collaborate. (This was a particular call of one of the presenters at the conference.)

(4) Far more complex is the wider public of a pluralist society at large. This public is perhaps best represented by the response of the media to Church teaching! Nevertheless, it too needs to be approached with humility and respect, acknowledging the dignity of conscience inherent in every human being, and presenting in clear and non-arrogant terms the Church's moral teaching based on its biblical anthropology of the human person created in the image of God. It is always in this sense that Catholic social teaching is able to address itself to "all people of goodwill".

What the above description of four "publics" highlights is one aspect of the complexity of the Church's ethical response to HIV/AIDS. It brings out the difficulties of communicating the message and it acknowledges the need for a differentiated approach to the formation of conscience. Ultimately, *how* the Church frames and transmits its teaching is as important as the content of that teaching. Human beings learn and understand in stages, not least in the area of formation of conscience. The pastoral sensitivity of Vatican II is vital here, particularly its appreciation for the notion that truth is something for which we join with others in searching:

Deep within their consciences people discover a law which they have not laid upon themselves and which they must obey. Its voice, ever calling them to love and do what is good and avoid evil, tells them inwardly at the right moment: so this, avoid that. For they have in their hearts a law inscribed by God. Their dignity rests in observing this law, and by it they will be judged. Conscience is a person's most secret core. There they are alone with God, whose voice echoes in their depths.... Through their conscience Christians are joined to others in the search for the truth and for the right solution to many moral problems. (GS 16)

2. ATTITUDES

What we are becoming as persons is more central to our moral selves than any isolated act or omission. Thus it is vital that as Church we first promote a gospel ethic of character and of dispositions. Attitudes are within our control. We can qualify, modify and change them. Yet the sad thing is that the Church itself is often guilty of causing stigmas against people with AIDS. The attitudes and example of leaders matter. Sometimes the worst viruses with which we are

faced are the spiritual ones of bias and prejudice against AIDS sufferers! When even a subtle suggestion is made that AIDS is a divine punishment for moral decline, then the bias virus takes hold.

At the heart of negative attitude is ignorance and misinformation. Delusions persist. The ongoing search for the truth, and at times an honest and humble admission that the Church does not have all the truth about AIDS at its fingertips, is probably a more helpful attitude which the Church could adopt in addressing all the publics mentioned above. Humility and compassion are prerequisites for credibility.

Still with the question of moral attitudes, one also needs to consider the medical profession which has changed increasingly into a business occupation like any other. This puts strain on the notion of humanitarian service. Dr Pellegrino (Kennedy Institute of Ethics) has this to say: "A medical need in itself constitutes a moral claim on those equipped to help." Or as Pope John Paul II stated to Catholic Health Association: "You have a moral obligation and social responsibility to help those who suffer from AIDS and ARC.... You are called to show the love and compassion of Christ and his Church."

The shaping of attitudes of compassion and care are surely key aspects of the Church's ethical response to AIDS.

3. THEOLOGICAL PITFALLS

Here it is sufficient to note some dangers in developing an ethic for AIDS (as for any area of moral theology). The first would be the need to avoid absolutist statements. Popes have wisely avoided any infallible statements when it comes to moral issues, as Catholic moral theology has always taken a wide variety of factors into account when dealing with moral questions, including the act itself, the circumstances, intention and degree of consent of the moral agent. So too, the Church would want to avoid any form of fundamentalism in the response of its members to moral questions, whether it be in the area of sexuality or AIDS or whatever. Fundamentalism would be a travesty of the church's teaching on the dignity of conscience.

Another danger would be to ignore the perspective and methodological starting point from which one engages in theological reflection. To have statements on marriage and sexuality issued by male celibates without a broad consultation of the married laity would result in statements that are anemic at best or lack all credibility at worst.

Another danger in our moral theology would be an emphasis on private morality over public morality and structural sin. It is very difficult today to engage in moral reflection without taking into account social, political, cultural, and economic factors. So, for example, on the question of AIDS, it would be simplistic to reduce it to being one of the effects of individual sin. A clear

analysis of structural evil in causing the spread of AIDS is one of the tasks of moral theology today. This includes an honest appraisal of the exploitation and abuse of women in many societies.

4. ETHICS OF PREVENTION

On this question I want to raise an important aspect of Catholic theological tradition that is all too often overlooked in this discussion, particularly on the use of condoms in preventing the spread of the HIVirus.

Clearly, abstinence is the only known certain prevention of the disease. The Catholic Church has been consistent in upholding the need for abstinence, and for sex within a single, permanent and committed relationship. There is a real need for all to be educated in a fully mature understanding of human sexuality which include the above ideals. Other solutions are merely short-term.

However, many will continue to ask: What of the use of condoms? Here again, the Church has to be sensitive to the various publics it is addressing. The US Bishops in their "*Many Faces of AIDS*" had this to say:

We recognize that some people will not act as they can and should, that they will not refrain from the type of sexual or drug abuse behaviour which can transmit AIDS. In such situations, information about the use of prophylactics (condoms) should be taken seriously. We are not promoting the use of condoms, but merely providing information that is part of the factual picture.

The teaching of classical theologians on "tolerating the lesser evil" can be helpful here. Realism in the face of moral degeneracy does not compromise the basic promotion of gospel values. Rather, it acknowledges that many people will continue their irresponsible behaviour and threaten public health. Thus, it is important to differentiate between "tolerating" and "promoting". In other words: If you are determined to be irresponsible, at least reduce the dimension of your irresponsibility.

The fact is, many will not accept the Church's teaching on sexual morality, they will not be self-controlled, they will not cease dangerous activity. Thus, in accepting that condoms may contribute to preventing the spread of death through AIDS, would be a form of tolerating lesser of two evils. This is *not* to promote the use of condoms as the lesser of two evils because one cannot promote *any* kind of evil. Tolerate means the Church should be very careful about too loudly condemning the use of condoms. To "tolerate" means to keep a low profile - at least on the question of condoms - while at the same time keeping a high profile on the promotion of a mature understanding of sexuality and of positive gospel values of respect and chastity.

The US bishops adopted a similar approach on the question of their country's stockpiling of nuclear arms. In their "Peace Pastoral" they stated that while one

cannot promote nuclear arms (with their evil potential), one could nevertheless tolerate such an evil in the face of a corresponding Soviet build-up of similar weapons. The operative word is "tolerate".

The notion of toleration comes from Aquinas. Faced with the reality of prostitution among soldiers based for weeks on end in feudal castles, Aquinas argued (within his strict biological system and physicalist natural law theory) that it would be better to tolerate the visits of prostitutes to the castle as a lesser evil than masturbation or homosexual activity. Obviously, this does not exempt one from continuing to *promote* the good: chastity, fidelity, abstinence. In fact, the quiet tolerance of a lesser evil often creates the necessary space and opportunity for formation of conscience in the greater good.

Could we dare to adopt a similar approach on the question of the use of condoms in the prevention of AIDS?