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2021 Conference Recap

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After a year of lockdowns and Covid restrictions, it was hoped that CBHD could host its 2021 conference in person. However, due to continued uncertainty regarding pandemic issues and Illinois' reopening schedule, the Center's leadership made the difficult decision to once again host its annual conference online. An additional year taught everyone a lot about how to make the most of a virtual event, and we at the Center are grateful to all those—speakers and participants—who worked with us to make this conference a success.

The theme of our 28th annual conference, Bioethics & the Body, made the online shift feel particularly ironic. How does one talk about the importance of the body, embodiment, and physical presence over a virtual platform? While this unusual situation was acknowledged by Matthew Eppinette in his opening address, in some ways it also helped to underscore the conference's importance: being physically separated highlighted just how much we need human interaction.¹

The opening plenary of the evening was given by Eric Targe, a pastor to those with disabilities, on the topic of "Christ's "Disabled" Body: How the Risen & Perforated Jesus Speaks Life to Those with Disabilities."² In his three-part talk, he set out to (1) acknowledge the church's failures to those with disabilities; (2) demonstrate how the risen and perforated Jesus exposes those failures, and (3) examine the way set forward by Christ to engage those with disabilities in and beyond the church.

He began with a history of disability and the "cult of normalcy" that has led to stigma against those with disabilities, including ways that this obsession with being "normal" has infiltrated the church and led to the marginalization of many within the disabled community. Sadly, too many churches forgo ministering to those in their midst with a disability, but instead push them away with the excuse of not being "equipped" to help. According to Targe, "We in the church are 'disabling' the body of Christ by dismembering the church through our exclusion of

those with disabilities." Instead, we should recognize that each member of the church is a part of the body of Christ; there are no extraneous members, even if they have a disability.

To counter this exclusion, Targe points to Jesus: "The body of the risen and perforated Jesus should challenge our concepts of wholeness and healing and our values of consumerism and radical autonomy." In his resurrection, Jesus continued to bear the marks of his crucifixion—the holes in his hands, feet, and side—and these did not diminish him in any way. Again, according to Targe, "The Jesus who suffered and died and was alive again was whole, even if he had holes. The markings of his suffering were not discarded as meaningless when he was resurrected."

This recognition—that "Jesus ascended holy, holey, wholly" and that "his sainthood, his beauty, his holiness is in no way tarnished by his having holes"—should challenge how we view discipleship. Most churches put a strong emphasis on the intellectual in discipleship; while this is appropriate, it tends to exclude those with disabilities. But, when we view discipleship through the lens

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of disability, we are reminded that we are called to love the Lord with our all our heart and all our soul, not just all our mind. This means opening ourselves and our churches to those whose path of discipleship might be very different from our own, and letting them teach us even as we minister to them.

Targe's address was followed by Beth Felker Jones on the topic of "Spiritual Bodies: How Christian Theology Helps Us Understand the Relationship between the Body and the Spiritual Life."³ She contends that "God's good intentions for us as human beings always include our embodiment. There is no spiritual life and no relationship with God without the body."

Felker Jones begins by affirming the goodness of our being created as physical beings: "God made the body, God loves the body, God has good creative and redemptive intentions for the body," and contends that this is the clear teaching of Scripture that has been held throughout church history. Yes, we are fallen and affected by sin, but that does not negate the goodness and importance of the body.

On opposite poles from this orthodox belief are the errors of Gnosticism and materialism. Gnostics, ancient and contemporary, see the physical as less than the spiritual, if not outright evil. On the other pole is materialism, which denies the spiritual and reduces all to the physical. Felker Jones rejects both hierarchical dualism and reductive materialism and affirms that we are creatures both physical and spiritual, equally united, who are to "relish creation's goodness." The body is neither an obstacle

to spiritual life nor all that exists of us. Both body and soul are important for our spiritual life. "A Christian recognition that both body and soul matter will insist that we are embodied moral creatures and that what we do in the body has meaning in its relationship to God and in our human relationships with one another."

Felker Jones then overviews the doctrines of the incarnation and the resurrection to demonstrate that Jesus came a full human being, experiencing all that it means to be embodied. "Jesus, in becoming one of us, confirms that truth of the doctrine of creation: that we are God's good work, that God considers us worth saving." Jesus did not just inhabit a human body until his death; he was raised with it as well. The Bible teaches that, in the same way, we will be given resurrected bodies—transformed and redeemed, yes, but still in continuity with the bodies we now possess. Nowhere in Scripture does it say our resurrection hope is to abandon the body and live a spiritual existence. Rather, "the difference between present and future is not a difference between materiality and immateriality; the difference is between bodies ruled by sin and death and bodies freed from the power of sin and death through the Holy Spirit."

Her presentation ends with several implications of this belief for our discipleship, our spiritual lives, and our vocation. If we are to glorify God with our bodies, this must encompass every part of our physicality. We cannot separate spirituality from the body: "Christian spirituality is not about rejecting bodies; it is about the Holy Spirit who is God, the Lord, the giver of life." Our hope

is in Christ and his resurrection. This resurrection hope gives us "reason and power" to live out our Christian life and be steadfast in our faith.

The conference's second day began with a presentation by Kimbell Kornu entitled "Dissecting the Patient Body: Tracing the Origins of How Medicine Reduces Patients into Objects."⁴ He begins with a question: "Why does modern medicine reduce patients into objects to be dissected rather than persons to be treated?" He believes the answer comes from the "logic of dissection," the origins of which go back to Hippocrates. Hippocrates describes an antagonistic relationship between humans and nature, such that physicians must "coerce" nature to reveal the secrets of illness afflicting the patient. Francis Bacon uses similar language of "violence, constraint, and torture" to describe his experimental method. In the west, dissection became the ultimate means by which we could coerce the body to surrender its secrets, and Kornu traces this through the history of medicine.

He then argues that modern medical training places great emphasis on the anatomy lab and dissection. When this is done,

the cadaver becomes a model for anatomy. The anonymous cadaver as object now can be named with anatomical jargon . . . The cadaver can be manipulated and cut, even destroyed. But in this modern context, knowledge of the body, gained through, at times, violent procedures . . . confers technical power over the body, thereby shaping physicians as the new high priests over life and death. This is the unspoken, surreptitious formation of the anatomy lab.



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He goes on to argue that “through the formative practices and rituals of anatomical dissection in the modern medical school, physicians-in-training are formed to construct the human body as a medical object, and trained in their own bodies to see with the logic of dissection.”

Unfortunately, this reductionist way of viewing the human body is carried over in clinical practice, as physicians reduce their patients to mere bodies to be manipulated. To combat this “metaphysically violent gaze of medicine,” Christian physicians must turn to the incarnation and its affirmation of “the central wonder of embodied life.” Kornu closes with a meditation on the simple power of touch to connect us to this embodiment and counteract the reductionism and dehumanization of the medical gaze: “In attempting to comfort my patient through touch, I am also touched. The simple incarnational ritual of touching hands can mediate the divine and human, providing a glimpse of grace and glory.”

Friday’s afternoon session was a panel discussion dealing with maternal, fetal, and embryonic bodies.⁵ The discussion began with Matthew Eppinette introducing the topic and some of the background behind the title “Whose Body? Which Diagnosis?” and discussing how the issues of how we view the body relate to commercial surrogacy. Donna Harrison then spoke about prenatal genetic testing. She covered issues of false negatives and positives, and the difference between screening and diagnostic tests. She then considered several reasons for performing prenatal tests and who they might be helping—the unborn child, the mother, insurance companies or other third parties, or even society in general. Unfortunately, many doctors use the test results to dehumanize children with illness and pressure parents into aborting the child or forgoing treatment.

Harrison’s talk was followed by Peter Smith, who spoke of the troubling fact that many physicians have not kept up with the science around Down syndrome. While the common perception is that children with Down’s syndrome specifically are doomed to short, unfulfilling lives while putting enormous strain on their families, Smith argues that this is simply no longer the case. The majority of children with Down syndrome experience long and fulfilling lives and in most cases integrate well with their families.

Why are so many doctors uninformed on these issues? Smith posits a few reasons. For one, intellectual disabilities seem to be in a category that doctors are, in general, very uncomfortable with, as opposed to strictly physical disabilities. He also looks at issues of funding shows that compared to other conditions such as autism or cystic fibrosis, Down syndrome research receives significantly less support. Finally, intellectual disability is not deeply covered in many medical programs; Smith recounts that often he will only see students for a half day of instruction in their entire medical training. Ultimately, he desires to see a shift where doctors, prospective parents, and society at large recognize the great gains made in Down syndrome research and value those with the condition as much as any other.

The final day of the conference opened with Jeffrey Bishop’s presentation “Building Better Brains? Anthropology, Ethics, and the Posthuman Future.”⁶ Some have argued that, because society is advancing technologically at a greater rate than we are enhancing morally, we have a moral imperative to bioenhance ourselves to increase our morality. Rather than do a “typical” moral assessment of biotechnological enhancement, Bishop tries “to get to the heart of the relationship of technology to anthropology, or rather the way that our anthropologies shape our technologies, and our technologies shape our anthropologies in a circular game.” To do this, he shows that those who support moral bioenhancement rely on overly simplistic Enlightenment anthropologies, and that Christians must develop a more sophisticated understanding.

Bishop argues that western thinking regarding machines and technology has largely concluded that they do not act, but can only be acted upon by humans. In other words, we shape machines, but not the other way around. However, using several different examples, Bishop shows that “there is a reciprocal relationship between the technological things that we create: humans create the machines, the machines create the imaginations and desires of the humans, who in turn create more devices.” Human moral thinking, then, does not exist in a vacuum, but is influenced by the technologies we develop and use.

Since we tend to think of the human brain as a kind of machine, we apply the same thinking to it as we do to all other

machines—given our post-Enlightenment ideals, all machines, the brain included, can, and should, be upgraded as much as possible. Thus, for those who see a moral imperative to bioenhance, their thinking about machines now dictates what humans should (or should strive to) be. As Bishop concludes, “we become what we already think we are, or perhaps better, we become what and how we think about ourselves with our tools and devices.” For those trying to build a more “moral” brain, they ultimately strive to create “a utility maximizing being, a self-created god of our own making.”

This presentation was followed by D. Christopher Ralston’s talk on “Disability, Identity, and Bioethics.”⁷ Ralston, speaking from his perspective as someone born with chronic physical disabilities, reviews the expressivist argument against abortion following a prenatal diagnosis of disability, and the way that this is not just morally problematic, but deeply offensive to those living with a disability. He presents four models for understanding the relationship between disability and identity—moral, medical, social, and interactionist—and argues for the interactionist model: “People with disabilities do not experience disability in isolation from others . . . disability is, in a very real sense, a matter of the individual plus society.”

Ralston defines identity as “that which makes one who one is; i.e., those traits and characteristics that define or constitute an individual person at least in part.” Arguing from a Christian position, he grounds human dignity, value, in worth in the immutable *imago Dei* and not “physical, mental, or other structures or capacities that we actualize or exercise at any point in time.” Human identity is found in our createdness. With this understanding, he argues that “disability can never exhaust who a person is. Disability enters into and partially constitutes a person’s identity but can never fully constitute it.”

Ralston next explores the implications for this understanding of identity on bioethics, specifically whether it would be moral to genetically modify embryos such that they would be born without a disability. While not dealing with the ethics specifically, he warns against the blanket assumption that those with a disability would want a “cure” for their condition: “if disability is partly, though not entirely, constitutive of one’s identity, then it is entirely rational to view

the attempt to eliminate certain disabling traits . . . as being an attack on one's self." Thus, he anticipates that many with disabilities would resist any genetic interventions, whether on themselves or future children, and reminds us that "what is needed more than 'healing' or 'relief' or 'freedom' from the supposed burden of disability is friendship, relationship, and community."

Ralston ends with some personal reflections on living with a physical disability and the ways in which that has both become a part of him and yet is only a part of who he is. Ultimately, he seeks to allow his disability to deepen his relationship with God as he depends on the Lord for his strength and is reminded about who God is and how he has been created by him.

For the final plenary of the conference, O. Carter Snead presented a talk based on his recent book *What It Means to Be Human: The Case for the Body in Public Bioethics*.⁸ He begins with two main claims. The first is methodological, and is that "the richest and most potent method of analyzing matters of public bioethics is an inductive anthropological inquiry: What is the vision of human identity and flourishing that anchors and animates the law and policy?" His second claim is substantive: "A dominant anthropology in the vital conflicts of American public bioethics closely resembles what has been termed expressive individualism. It is a vision that cannot and does not make sense of the lived reality of human embodiment (e.g., vulnerability, reciprocal dependence, and natural limits), and is thus not a fit foundation for public bioethics."

In fleshing out these claims, Snead asserts that the law's purpose is to protect and promote the flourishing of humans. For this to happen, there must be some kind of human anthropology upon which the law is based. In America, that anthropological foundation is expressive individualism, an enlightenment ideal of the person as an "isolated, unencumbered, 'atomized' individual self, shorn and abstracted from all constitutive attachments—from family, from tradition, from religion. . . . this self is defined by its will, or its capacity to choose." This is a dualistic account of human beings that separates mind and body, giving preference to the mind over the body. For the expressive individualist, nothing external to the mind can be normative, only the "unique and original 'inner voice' is definitive." There are no "unchosen" obligations or attachments; friends and even familial relationships are "instrumental and transactional." In this framework autonomy takes precedence over all other goods, and injustice is anything that constrains one's individual freedom to choose.

This vision of the person is, according to Snead, "forgetful of the body" and represents a romantic ideal rather than reality. We are all born in total dependence upon others, will exist in varying states of dependence throughout our life, and for most become more and more radically dependent on others as we age. We are more than disembodied wills; we are embodied creatures, an integration of body and mind. We are mutually dependent, vulnerable, and subject to natural limits. Thus, Snead identifies humanity's fundamental need as

participating in "networks of unconditional and uncalculated giving and receiving." We must strive to look for the goods of others, not just ourselves, and develop the virtues of "acknowledged dependence." On the giving side, these include just generosity (giving to others in proportion to their needs), hospitality (welcoming the stranger for their own sake), and misericordia (making the suffering of another your own and comforting them in their time of need). On the receiving side, these virtues include gratitude, humility, "openness to the unbidden," solidarity, dignity, truthfulness, and friendship. These virtues represent a more humane vision of human flourishing than expressive individualism and thus a more appropriate foundation for our laws and policies.

In addition to these plenary sessions, numerous paper sessions and workshops explored emerging and longstanding issues in bioethics. And, due to the online format, participants were able to later view all sessions on demand for the first time in conference history. We are so grateful for all those who transitioned online with us to make this conference a success!

CBHD's upcoming conference will be Integrity and Conscience: Bioethics and the Professions, held June 23–25, 2022. After two years of virtual conferences, we are looking forward to once again meeting in person! Speakers include Jeffrey Barrows, Bart Cusveller, Ana Iltis, Lauris Kaldjian, Ekaterina Lomperis, Allen Roberts, Kathy Schoonover-Shoffner, and Richard Zimmerman. We hope to see you there!

1. F. Matthew Eppinette, "Bioethics & the Body: Framing the Discussion" (opening address, The Center for Bioethics & Human Dignity's 2021 Annual Conference, *Bioethics & the Body*, Deerfield, IL, June 24, 2021)
2. Eric Targe, "Christ's 'Disabled' Body: How the Risen & Perforated Jesus Speaks Life to Those with Disabilities" (plenary address, *Bioethics & the Body*, June 24, 2021).
3. Beth Felker Jones, "Spiritual Bodies: How Christian Theology Helps Us Understand the Relationship between the Body and the Spiritual Life" (plenary address, *Bioethics & the Body*, June 24, 2021).
4. Kimbell Kornu, "Dissecting the Patient Body: Tracing the Origins of how Medicine Reduces Patients into Objects" (plenary address, *Bioethics & the Body*, June 25, 2021).
5. F. Matthew Eppinette, Donna J. Harrison, and Peter J. Smith, "Whose Body? Which Diagnosis? Maternal, Fetal, and Embryonic Bodies" (panel discussion, *Bioethics & the Body*, June 25, 2021).
6. Jeffrey Bishop, "Building Better Brains? Anthropology, Ethics, and the Posthuman Future" (plenary address, *Bioethics & the Body*, June 26, 2021).
7. D. Christopher Ralston, "Disability, Identity, and Bioethics" (plenary address, *Bioethics & the Body*, June 26, 2021).
8. O. Carter Snead, "Bioethics & the Body: Reframing the Discussion" (plenary address, *Bioethics & the Body*, June 26, 2021).