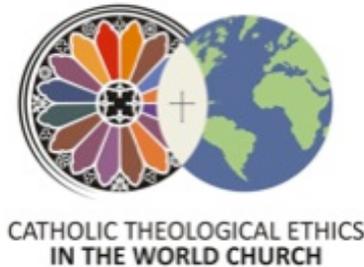


Welcome to the FIRST

The newsletter of Catholic
Theological Ethics in the World
Church (CTEWC)

www.catholicethics.com



December 2012

In this issue:

From the editor

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Jim Keenan S.J
Editor

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New on the website

Jillian Maxey
Layout

Forum: 4 new essays

From the desk of the editor

Dear Friends,

The news from us for the First is very light. Not surprising, we are in advent getting ready for Christmas around the world!

Still there are three excellent essays in the

Forum. From the Philippines Eric Genilo writes about HIV/AIDS in his country. From Canada, Mark Miller writes about the media and physician assisted suicide. And from Kenya, Veronica Rop writes about the escalation in killings there. Gripping accounts of contemporary local

challenges! Very appropriate for an advent time of awaiting the peace that Christ brings!

There are other news.

We are hoping in January to launch the new website!!!! Jillian Maxey has been working away at loading the site. It's GREAT! I think you are really going to like it very much!!!

Also, at the end of June we are hosting a seminar in Berlin. From Thursday evening, June 27, 2013 to Saturday evening June 29, The Catholic Theological Ethics in the World Church is hosting a small meeting for 16 European Theological Ethicists (8 from Western Europe/ 8 from Eastern Europe) at the Katholische Akademie in Berlin, Germany. The purpose of the meeting is to discuss the future of theological ethics (both in teaching and in promoting the new generation of ethicists) in Western and Eastern Europe and to discuss how CTEWC can support such on-going discussions and projects.

To plan for it a few of the participants are coming to the Society of Christian Ethics convention in Chicago in January. If you are there at the meeting, please welcome Marianne Heimbach-Steins and Antonio Autiero from Germany, Martin Linter from Italy and Roman Globokar from Slovenia. Linda Hogan will also be there, but like Jan Jans and other Europeans, she's an SCE member.

Berlin is our next endeavor. Stay tuned.

Enjoy Advent!

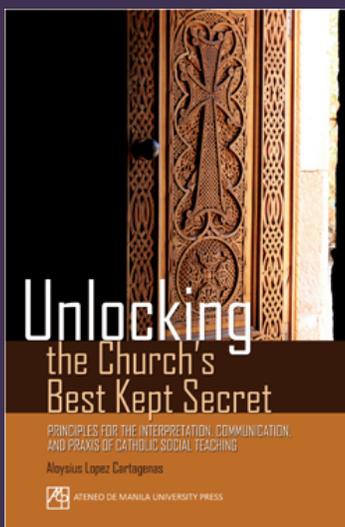
Jim

Announcements

Four new articles from Ferdinand Dagmang of the Philippines have been posted on the site. You can download them at www.catholicethics.com/articles.

The Woodstock Theological Center, a Jesuit-sponsored research institute located at Georgetown University in Washington, D.C., is now accepting applications for its International Visiting Fellowship Program for the 2013-2014 academic year. Your assistance is gratefully requested in distributing this message to your post-doctoral students, research scholars, and faculty outside the U.S.

Program dates run from September 2013 through May 2014; the final application deadline is December 31, 2012. Find the details at <http://catholicethics.com/clearinghouse>.



Just out: *Unlocking the Church's Best Kept Secret: Principles for the Interpretation, Communication, and Praxis of Catholic*
By: Aloysius Lopez Cartagena

See <http://www.ateneopress.org/>



CTEWC Forum Writers

Africa

Anthony Egan (South Africa)
Azetsop Jacquelineau (Cameroon)
Peter Knox (South Africa) CAPO
Marie-Rose Ndimbo (DRC)

Asia

Sharon Bong (Malaysia)
Shaji George Kochuthara (India) CAPO
Eric Genilo (Philippines)
Osamu Takeuchi (Japan)

South America

Emilce Cuda (Argentina)
Marcio Fabri dos Anjos (Brazil)
Javier Galdona (Uruguay)
Miguel Ángel Sánchez Carlos (Mexico)
CAPO

North America

William Mattison (USA)
Mary Jo Iozzio (USA)
Mark Miller (Canada)
Nichole M. Flores (USA)

<http://catholicethics.com/Forum>

CTEWC Forum: The Philippines, Canada, and Kenya

Changing Face of HIV/AIDS in the Philippines

HIV/AIDS in the Philippines is still considered at a low-prevalence level by UNAIDS. Since 1984 to September 2012 there have been 10,830 reported cases of persons with HIV infection and 353

deaths related to AIDS.¹ Despite these relatively low numbers compared to other countries, there are disturbing trends in the transmission of HIV in the country. In the UNAIDS 2010 Global Report, the Philippines is one of only seven countries where the rate of HIV infections has increased by more than 25%. From one case every three days in 2000, the rate has increased to one

case every three hours in 2011.²

The primary mode of transmission of HIV in the country is still through sexual contact however there has been a shift in the type of sexual transmission of the disease. In 1985, the proportion of types of sexual transmission of HIV for all reported cases was

10% homosexual, 20% bisexual, and 70% heterosexual. By 2012 the proportions have shifted to 41% homosexual, 26% bisexual, and 33% heterosexual. There has also been an alarming increase in the rate of infection among injectable drug users. Although overseas Filipino workers comprise only 19% of all reported cases, their rate of infection is also increasing.³

The most at-risk populations for infection in the country are males who have sex with males (MSM), injecting drug users, and female sex workers and their clients. Factors that contribute to increasing HIV infection rates include ambivalent attitudes regarding condom use, needle sharing and HIV testing; high mobility among overseas workers; use of social media to meet sexual partners; having multiple and concurrent partners; and risky sexual behaviour among youths and young adults particularly in urban areas.

Although there have been growing awareness of the plight of people living with HIV (PLHIV), stigmatization, discrimination and exclusion still happen. Fear of discrimination contributes to under-reporting of cases. The Stigma Index Report indicate that for the Philippines, the exclusion of PLHIV from family, community and religious events is related not only to the person's HIV status but also on the perceived identity of the person as homosexual, sex worker, or drug user.⁴

The Philippines faces a grave challenge to reverse its HIV infection rate. Though there have been efforts by the government and NGOs to raise awareness about HIV prevention, much still needs to be done. The country cannot remain complacent with its current low prevalence status. Its at-risk populations need to be treated with dignity and respect while at the same time they should be provided with the means to make responsible decisions to protect themselves and others. HIV infection should no longer be a matter of silence and shame for a few but rather it should be a common cause for concern and action for all Filipinos.

¹ Philippines HIV and AIDS Registry as of September 2012 in http://issuu.com/chrio_one/docs/nec_hiv_sept-aidsreg2012

² Philippine National AIDS Council, *2012 Global AIDS Response Progress Report* in http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_PH_Narrative_Report.pdf

³ Philippines HIV and AIDS Registry.

⁴ People Living with HIV Stigma Index: Asia Pacific Regional Analysis 2011, p. 28 in http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110829_PLHIVStigmaIndex_en.pdf



Eric Genilo is a member of the Society of Jesus. He is an assistant professor at Loyola School of Theology in the Philippines. He finished his doctorate at the Weston Jesuit School of Theology in Cambridge, Massachusetts (currently the School of Theology and Ministry of Boston College). His doctoral dissertation was on the methodology of the American moral theologian John Cuthbert Ford, S.J.

The Media & Physician-Assisted Suicide in Canada

In August of this year Judge Lynn Smith of the Supreme Court of British Columbia ruled that Gloria Taylor, a 64-year-old woman diagnosed with amyotrophic lateral sclerosis had the 'right' to avoid the suffering, pain and 'indignity' of dying from this debilitating disease. The judge charged the Canadian government with changing its rules to allow physicians to prescribe without fear of legal redress medications that can be used to end one's life (similar to Oregon's Death with Dignity Law). Gloria Taylor was granted this right as a personal exemption to the existing laws, but before exercising the exemption she died of a colon infection Oct. 5th. The decision has been appealed to the BC Court of Appeals, but almost

certainly the Supreme Court of Canada will have to rule again even though a 5 to 4 court decision in the Sue Rodriguez case of 1995 held that there was no 'right' to assisted suicide nor would the prohibition be a violation of patients' rights.

The Sunday, October 21, front page of the Toronto Star highlighted the story of Elizabeth MacDonald who had gone to the Dignitas Clinic in Zurich, Switzerland in order to 'commit suicide under medical supervision' (Dignitas lacks the limiting criteria envisioned for Canada). She had been diagnosed with progressive multiple sclerosis and sought suicide as she did not want MS to dictate her death. A comment from her husband, Eric, struck me: "If she'd known from the early days that (a planned death) would have been an option for her in Canada, I think she would have lived three or four years longer than she did. We were robbed of those years" (p. A6). I wonder, is Canadian society responsible for 'stealing' years of life from them?

Telling personal stories is often a path for both humanizing otherwise philosophical, legal and ethical arguments and adding a certain weight or heft to a moral stance. PAS out of compassion becomes PAS for Gloria or Elizabeth. Arguments that summarize situations in quantifiable terms become added time of suffering or, for Elizabeth, added years at home.

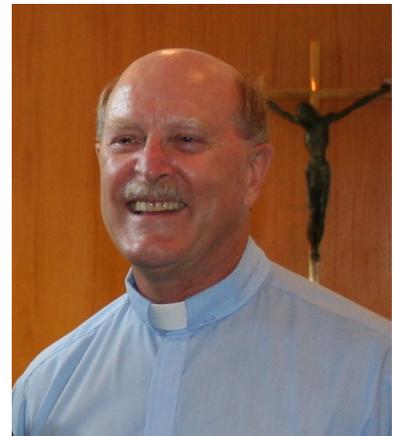
An enormous question for ethics, then, is who is choosing the stories? Why are there so few stories of palliative or hospice care that change people's minds about PAS or demonstrate the beauty of living even in the face of terminal illness?

Consider the disturbing article by William J. Peace, "Comfort Care as Denial of Personhood," *Hastings Center Report*, 42.4 (2012). Peace describes a life-threatening illness that took him—already in a wheelchair—to the ICU of a major hospital. The story unmaskes how physicians can use the 'treatment as too burdensome' argument to try and convince patients or their families that it is time to give up—not to worry, the doctors would keep the patient comfortable while dying. Fine—except that Peace wanted desperately to live and to have all treatment that would help him live. He felt enormous pressure. What Mr. Peace points out is that under the radar, often, is the intention of the caregivers to pre-judge quality of life and to decide what is best for their patients.

Peace and I too ask: “Why is it we rally around people with a disability who want to die? Society embraces their dignity and autonomy. They are applauded. These people have character! These people are brave! This is an old story, a deeply engrained stereotype that is not questioned. We admire people with a disability who want to die, and we shake our collective heads in confusion at those who want to live” (p. 16). Why? I suggest that physician pressure to end a life that the physician cannot imagine anyone wanting is a hidden part of this agenda.

I suspect many physicians think for varied reasons that ending the lives of patients is a good thing. Further, medical paternalism continues as patient autonomy is often a disguised form of ‘agreeing with the physician.’ And, finally, the media likes heroes whose lives are then presented as a moral argument; but the criteria for choosing heroes generally reveals a moral stance, not an argument.

After receiving a doctorate in moral theology from the University of Notre Dame (1992), Mark Miller, a Redemptorist priest, spent 16 years as a clinical bioethicist working at St. Paul’s Hospital in Saskatoon and for the Catholic Health Association of Saskatchewan. He is currently at work in Toronto as the provincial of his Redemptorist province, as well as a part-time ethicist at the Centre for Clinical Ethics at St. Joseph’s and St. Michael’s Hospitals. He has a particular passion for Catholic health care, palliative/hospice care, and parish nursing.



Escalation of Killings in Kenya: A Call for Respect for Human Life

The escalating killings happening in almost every part of Kenya and other African regions is very disturbing. Most African states are known to have embraced Christian values including that of respect for the value of human life. However, one needs to listen to our radio stations, TV-news or read a Kenyan newspaper to get a glimpse of the seriousness of the matter. There are officers killed in the Baragoi massacre, Tana Delta killings, Garissa killings or harrowing reports of death and anguish after a middle-aged man butchered eight members of his family but failed to take his own life and another killing his wife and children over food, and the list can go on and on. This is happening in a nation in which according to the 2009 census 80% of the population are Christians.

However, the impact of Christian ethics is yet to be felt, if ethics is about what or how we ought to do or not do. In a sense the current situation in Kenya, and other regions of Africa for that matter, is a call to reexamine our methodology of living out the Church's Teaching on pertinent concepts such as the respect of human life. Admittedly, there is a challenge of living out our Christian values in Kenya. John Paul II on the document, *Evangelium Vitae*, on the value and inviolability of human life, states that God did not make death, and that God does not delight in the death of the living, rather God created all things - human beings included - that they might exist. Even in the midst of difficulties and uncertainties, every person, every Kenyan, sincerely open to truth and goodness can, by the light of reason and the hidden action of grace, come to recognize in the natural law written in the heart of every person the sacred value of human life from its very beginning until its end. Our nation today offers us a truly alarming spectacle, if we consider not only how extensively attacks on life are spreading but also how corruption has taken root in our society.

It would help to take concrete measures such as devoting time during Small Christian Community to discuss and reflect on such concepts as the African and Christian understanding of human life as well as identifying and erecting symbols that can help us place life over money, power, greed, or any selfish tendencies. Working with our sisters and brothers from other faiths and diverse fields to look for solutions to our common problems would help us to remain united i.e., united in attitude and to be committed in solidarity with our suffering sisters and brothers for the common good, for a peaceful Kenya.



Veronica Jemanyur Rop is a member of the Assumption Sisters of Eldoret, a local congregation based in Kenya. She is a doctoral student (PhD/STD/MT) in the Faculty of Theology, Department of Moral Theology at the Catholic University of Eastern Africa, Kenya. Veronica is also a recipient of a CTEWC Scholarship for African women. She is also one of the contributors for CTEWC Newsletter African FORUM.

African Regional Report

Role of the Church in Nurturing Political Leadership and Good Governance

Hekima Institute of Peace Studies and International Relations (HIPSIR) in collaboration with African Forum for Catholic Social Teachings (AFCAST) organized a one day conference on 4th December 2012 on *The Role of the Church in Nurturing Political Leadership and Good Governance*. The conference explored ways in which the Church, while holding an ethical position, can influence government policies, processes of reconciliation and institutional reforms. The key note speaker was Mrs Tecla Wanjala, the vice chair of the Truth, Justice and Reconciliation Commission in Kenya. Fr. Elias Omondi Opongo made a presentation on - *What is the African Synod saying about Political Leadership and Good Governance*. There were close to 90 participants from different Church institutions, NGOs, civil society and universities. One of the major critiques was that the Church in Kenya lacks a moral standing to lead the people of God in the current political transitions. There is thus the need for formation of Church leadership on issues of institutional reforms, conflict resolution and reconciliation. HIPSIR plans to start short training courses along these issues.



New on the Website

December newsletter

Woodstock Fellowship information

New Publications: Dagmang and Caratgenas

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