ECCLESIAL STATUS OF THE NEW CATECHISM (1992)

Before focusing on bioethics it seems most helpful and even necessary to clarify the ecclesial status of the "New Catechism." Officially, it is designated as the "Catechism of the Catholic Church" and was officially promulgated by Pope John Paul II on October 11, 1992, the thirtieth anniversary of the opening of the Second Vatican Ecumenical Council in Rome. To everyone's surprise the Catechism of the Catholic Church (CCC) became a best seller in one country after another as soon as the translations appeared on the market.

The official Catholic Catechism. This catechism (CCC) was the first official Catholic catechism since the Council of Trent in the 16th century. There is no available record of the Council of Trent catechism being a best seller!

Collegial enterprise of the whole Episcopate. In his promulgation John Paul II presented the CCC as a collaborative effort of the whole Episcopate of the Catholic Church over a period of six years. The CCC "reflects the collegial nature of the Episcopate: it testifies to the Church's catholicity." The Pope states that the response of the Bishops, working with their Episcopal Conferences or Synods, and their theological and catechetical institutes gave him "a deep feeling of joy, because the harmony of so many voices truly expresses what could be called the 'symphony of the faith'.”

1. Fidei depositum, no. 1.  
2. Ibid.
Authority of the CCC. As regards its authority, in the same promulgation John Paul II declares CCC “to be a sure norm for teaching the faith and thus a valid and legitimate instrument for ecclesial communion. . . . a sure and authentic reference text for teaching Catholic doctrine and particularly for preparing local catechisms.”

Purpose of the CCC: point of reference for local catechisms. The purpose of the CCC is clearly spelled out by the Pope: to present a “compendium of all Catholic doctrine regarding both faith and morals . . . that it might be, as it were, a point of reference for the catechisms or compendiums that are prepared in various regions.” St. Paul is cited (1 Cor 2:2) reminding all that among the faithful “some are in Christ as newborn babes,” others as adolescents, and still others as adults in full command of their powers. A local church catechism must take into account this great diversity among the People of God.

Cardinal Ratzinger and local adaptation. Cardinal Joseph Ratzinger puts it very well when he states that the CCC presents “the What” and leaves “the Who, for Whom, Where, When and How” to catechetical works to be produced on the local level.

Philippine local adaptation. With such emphasis on the need of a local adaptation of CCC it is very gratifying to know that the Philippine Hierarchy was one of the first, if not the first, to produce such a local catechism, called the Catholic Faith Catechism (CFC).

CFC and Second Plenary Council of the Philippines (1991). This CFC was published in January, 1994 after 15 years of painstaking research and revision under the Most Rev. Leonardo Z. Legaspi, O.P., Archbishop of Naga and former Chairman of the Philippine Episcopal Commision on Catechesis and Catholic Education. His influence in the 1991 Second Plenary Council of the Philippines is well known and is a guarantee that the CFC truly responds to that Council’s mandate to produce a catechism that is Catholic, inculturated, contemporary and relevant to the Philippine Church.

Need of further adaptations of CFC. But even this CFC is not

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4. Ibid. 4.
to be put in the hands of the ordinary catechist in a particular region, especially an untrained volunteer, no matter how inspired and dedicated. CFC aims especially at catechism coordinators, and catechism formation programs for college graduates. For the lower levels still another adaptation is necessary, and, of course, in the vernacular.

PROBLEMS OF BIOETHICS

_Catechisms and Bioethics in general._ Before we begin examining the bioethical content of these two catechisms we must recall that a catechism is not a textbook in Bioethics anymore than it would be in business ethics or legal ethics. But the textbooks in these important areas of our contemporary moral life must be in harmony with the universal principles in the catechisms. They go beyond the catechisms but they cannot go against them and claim to be Catholic. With this caveat we should expect to find the most basic problems of Bioethics mentioned in the catechisms but not a comprehensive detailed treatment.

_Emphasis on Commandments and love in new catechisms._ The link with the Commandments is emphasized in both catechisms, serving as a corrective to the modern tendency to overemphasize love as though in opposition to the Commandments. Our Lord saw no conflicts: “If you love me, keep my commandments” (Jn 14:15). These words of Christ must prevail over the contemporary writings of some theologians who find it very difficult to reconcile Commandments, law and precepts with love. Unfortunately the Commandments are often relegated to the footnote in many recent adult catechisms, if they are included at all, as one commentator on the CFC has noted.⁶

_Bioethics treated under Commandments._ In both catechisms (CCC and CFC) most specifically bioethical questions are treated under the Fifth Commandment. With strong scriptural support from both the Old and New Testaments, the sacredness of human life and physical integrity are stressed.

_List of bioethical topics in CCC._ Coming to particulars the

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CCC, without using the term Bioethics, treats of contraception, abortion, euthanasia, suicide, respect for health, respect for the persons in scientific research, respect for bodily integrity, genetic engineering, use and misuse of prenatal diagnosis, respect for the dead, transplantation of organs, in vitro fertilization producing human embryos for experimentation as disposable biological materials, assisted suicide, capital punishment. These topics are covered in 7 pages of the text, paragraphs 2270 to 2301. Contraception is treated under family planning with the sacrament of matrimony (CCC 2370).

*Bioethics specifics very much compressed.* Since the CCC runs to 638 pages it is obvious that the treatment of Bioethics in 7 pages must be very compact. They are clear, concise and contain the most basic Catholic teaching. In modern parlance we could say that these few pages are "loaded."

*Total catechetical approach is framework for Bioethics.* While the actual space allotted to specifically bioethical questions is small, to keep things in their proper perspective we must recall that the bulk of the catechisms undergirds all our moral teaching on Bioethics. Our being created in the image and likeness of God, our salvation, our supernatural and sacramental life, our inviolable dignity as human persons — all these concepts are treated at length in the catechisms, undergirding our bioethical teaching at every point.

*CFC and Bioethics: more compact, pastoral inculturation.* Turning to the CFC with its 486 pages we find only 3 1/2 pages devoted to subjects proper to Bioethics, again without using the term itself. In those few pages we find rich, thought-provoking pastoral insights as the CFC inculturates the basic teaching of CCC. Included in the inspiring teaching on marriage is a short paragraph (CFC 1507) emphasizing the teaching of Vatican II on responsible parenthood.

*Dignity of human life: inviolable in CCC/CFC.* The dignity of human life, all human life, at its beginning and end, "from the womb to the tomb" is defended vigorously according to the best biblical and traditional Catholic arguments in both catechisms. God alone is the ultimate Lord and Master of life as the Church repeats, refines and intensifies in the face of modern assaults such as "morning after pills," abortion and doctor-
assisted suicide.

COMPARING CCC WITH CFC ON SPECIFIC QUESTIONS

Comparing the two catechisms on a few important specific topics we can see more clearly their different approaches.

Abortion in CCC and CFC. With regard to abortion both CCC and CFC present the clear, firm defense of innocent human life from the moment of conception.

CCC and abortion. The CCC (2270) states that “From the first moment of his existence, a human being must be recognized as having the rights of a person — among which is the inviolable right of every innocent being to life.” Some of the earliest writings of the Fathers of the Church and the well known statement of the Second Vatican Council (GS 51, 3) are cited in support of this insistence on the “first moment of conception,” an insistence found fortunately in the 1986 Philippine Constitution.7

Precise use of terms: human being-embryo-fetus-person. It should be noted how carefully the Catholic position is expressed. Never is it stated that the embryo or fetus is a person but that “From the first moment of his existence, a human being must be recognized as having the rights of a person — among which is the inviolable right of every innocent being to life” (CCC 2270). Again, “Since it must be treated from conception as a person, the embryo must be defended in its integrity, cared for, and healed, as far as possible, like any other human being” (CCC 2274). In these two sentences we see the conceptus called an embryo but demanding treatment and respect and care, as far as possible, like any other human person, recognized as a human being, having the rights of a person.

From the first moment of conception: 1974 Vatican Declaration. This teaching of CCC on the status and dignity of the fertilized ovum from the first moment of existence is in full accord with the November 18, 1974 “Declaration on Abortion” of the Congregation for the Doctrine of the Faith. The Declaration states

7. “The State shall equally protect the life of the mother and the life of the unborn from the moment of conception” (Art. 2, Sec. 12).
in part:

... Every human life must be respected from the moment the process of generation begins. For, as soon as the egg is fertilized, a life begins that belongs not to the father or mother but to the new living human being who now develops on his own account. ... Contemporary genetic science affords valuable confirmation of this point ... from the very first moment this living being possesses a stable structure or genetic program; it is a human being, an individual human being with all its characteristic traits already fixed. At the moment of fertilization the marvelous course of human life begins. ... In any case, it is not for the biological sciences to pass a definitive judgment in properly philosophical and moral questions, such as that of the moment when the human person first exists or the liceity of abortion.

Moral link between abortion and presence or absence of the person. Since legal abortions in most countries do not involve any concern for the presence or absence of personhood, this teaching of the Church will make no difference. But where some, even Catholics, argue in favor of abortion by denying that there is a person involved in the early stages of pregnancy, this stress on the rights of the fertilized ovum from the first moment is important. Anyone searching for the "magical moment" when the person appears in the womb as the dividing line between moral and immoral abortion, can find no support in Church doctrine.

RV 486 — latest "morning after pill." The development of RV 486 in France, the latest of the "morning after pills," has put in sharp focus this Church emphasis on the inviolability of the fetus from the first moment of conception. RV 486 is promoted by the pro-abortion forces as the solution to the adverse publicity they have been facing in the Western World. With RV 486 abortion will (they say) become a private affair. No more abortion clinics, no more embarrassing pro-life demonstrations, no more statistics concerning the ever increasing flood of abortions. The only statistics available will be concerned with the number of RV 486 pills sold, and the profits of the pharmaceutical companies!

CFC and abortion: pastoral emphasis on socio-economic root cause. Turning to CFC we find only 8 lines on abortion (CFC 827), content to refer the reader to the lengthier treatment in CCC. But in those few lines the abortion problem is inculturated by exposing the root of the problem in the Philippines: "the social and economic situation that most often is at the root of the problem." Thus the pastoral aspect of the problem is emphasized: "Many women who in anguish, depression and fear, succumbed to having an abortion, felt they simply had no choice in the matter — they simply had to do it."

Excommunication: not incurred when freedom is seriously restricted. In passing it should be noted that when human freedom is so restricted by the existential, social or psychological pressures ("they had no choice"), there can be no question of the usual excommunication attached to abortion (CCC 2272) as is explained so clearly in Canon Law. In the Third World it would seem that such socio-economic pressures could be reinforced more often than in the more prosperous nations.

Pastoral conclusion of CFC on abortion. The pastoral conclusion of the few lines in CFC on abortion is to stress the equally urgent moral obligation to help indigent mothers, expand social services, improve health care agencies for needy women and children, and the like. It is a pastoral imperative that flows from the preferential option for the poor espoused in the 1991 Second Plenary Council of the Philippines.

Transplantation: approved; silent about compensation. CCC considers organ transplants as moral and "can be meritorious if the physical and psychological dangers and risks incurred by the donor are proportionate to the good sought for the recipient" (CCC 2296). Informed consent, always of high priority in Bioethics, is required of the donor or of those who legitimately speak for them and must be given to make organ transplants morally acceptable. CFC does not mention transplantation.

Organ transplants approved: an act of charity. In his 1991 discourse to the First International Congress of the Society for Organ Sharing, John Paul II ended the papal silence that began on May 14, 1956 when Pius XII deliberately refused to discuss

9. CIC, cann. 1323-1324.
transplants from the living to the living. John Paul II hailed organ transplants as "a new way of serving the human family, precisely by safeguarding that fundamental good [preserving life and good health] of the person." 10 In the intervening years of papal silence (1956-1991) when organ transplants had become very common-place, the theologians elaborated the argument from charity that finally won official papal confirmation.

Remuneration of donor. Since John Paul II stated that any open donation should be done without seeking compensation, if there was any compensation "it would no longer correspond to an act of donation but would amount to the dispossession or plundering of the body." 11 His predecessor Pius XII had warned against the grave abuses that could occur if payment was demanded, but still said that "it would be going too far to declare immoral every acceptance or every demand of payment." 12

Filipino reaction: beautiful but too idealistic for Third World. Knowing the local situation some Filipino doctors, discussing the question, felt that the rejection of compensation by John Paul II was beautiful but too idealistic. The love of the family in the Philippine culture is so strong that the ordinary poor person would see the sale of a kidney as the chance of a lifetime to provide for his family. To ask him to sacrifice such compensation would be completely unintelligible and unacceptable to him. 13 The doctors felt that the judgment of Pius XII was more proper for the Third World where compensation is taken for granted.

Silence of CCC/CFC on compensation is deliberate and final. The silence of the CCC and the CFC on the matter leaves us free to approve of compensation for organ donors. Since the text of CCC was so long in the making (6 years) and involved the collegial cooperation of the Bishops of the entire Church, no one can argue that the papal silence regarding compensation was due to an oversight. The papal insistence on the authority of CCC as "a sure norm . . . a sure and authentic reference text

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11. Ibid. 2.
for teaching Catholic doctrine”  

Prenatal diagnosis: moral and immoral. CCC 2274 affirms the liceity of prenatal diagnosis on condition that “it respects the life and integrity of the embryo and the human fetus and is directed toward its safeguarding or healing as an individual.” It is condemned as gravely immoral “when this is done with the thought of possibly inducing an abortion, depending upon the results: a diagnosis must not be the equivalent of a death sentence.”

Ultrasound: blessing or curse for the fetus. The invention of ultrasound turned out to be a two-edged sword. The picture can lead to abortion because of some defect in the fetus, or being of the “wrong” sex, etc. Or it can show a fetus that will need special love and care. The prevalence of an abortion mentality seems to be deciding in favor of death in many countries today.

Genetic engineering: moral and immoral use. Manifesting the openness of the Church today to scientific research, CCC 2275 also affirms the liceity of all modern technical advances which “respect the life and integrity of the embryo and do not involve disproportionate risks for it, but are directed toward its healing, the improvement of its condition of health, or its individual survival.” But when the purpose is exploitation or producing human embryos “as disposable biological material,” it must be condemned as immoral.

“Designer Babies” according to genetic engineers. Specifically treating of “attempts to influence chromosomal or genetic inheritance are not therapeutic but aimed at producing human beings selected according to sex or other predetermined qualities.” The CCC condemns them as “contrary to the personal dignity of the human being and his integrity and identity which are unique and unrepeatable” (CCC 2275).

Church as defender of human dignity/identity. Thus the Church is constantly defending human dignity and identity. Any scientific advance which respects this God-given human dignity and identity will have the approval of the Catholic Church. The technological imperative of science to do whatever it chooses

14. See n. 3 above.
must be condemned as immoral. It is the kind of scientific thinking that "invented and perfected" the Nazi gas chambers for the Holocaust of World War II! To their everlasting shame some scientists and even doctors betrayed their own people for such ideologies that are now held in contempt.

*Prolonging life by extraordinary/disproportionate means in CCC.* With regard to the ever difficult choice of refusing or withdrawing extraordinary treatment for the terminally ill, the two catechisms complement one another. The basic moral doctrine is found in CCC 2278-2279 where we find approval of "Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome . . . it is the refusal of 'over-zealous' treatment. Here one does not will to cause death; one’s inability to impede it is merely accepted."

*Informed consent.* The consent of the competent patient is to be sought or of the one legally competent to act for the patient and their "reasonable will and legitimate interests must always be respected" (CCC 2278).

*CFC and extraordinary/disproportionate means.* We find only 2 sentences in CFC (829) to bring the teaching of CCC down to the local level. Taking for granted all that is said in CCC we read: "when there is no real hope for the patient’s genuine benefit, there is no moral obligation to prolong life artificially by the use of various drugs and machines. In fact, using *extraordinary* expense and means to keep comatose or terminally ill patients artificially alive seems clearly to lack objective moral validity, especially in a society where the majority of the population do not enjoy even adequate elementary health care."

*Again: Bioethics interfaces with poverty.* Thus CFC brings the universal teaching of the Catholic Church face to face with the issue of poverty in the Philippines. The number of people living below the poverty line may now be 70%. The call of the Second Plenary Council for a preferential option for the poor still rings across the land.

*Painkillers that may shorten life: Catholic teaching not understood, not accepted, ridiculed.* This ever difficult moral question is specifically treated in CCC 2279. There we read that "The use of painkillers to alleviate the sufferings of the dying,
even at the risk of shortening their days, can be morally in
conformity with human dignity if death is not willed as either
an end or a means, but only foreseen and tolerated as inevi-
table.” This same approval of painkillers was approved by Pope
Pius XII in 1957 with a careful, scholarly explanation of the time-
honored principle of double effect. Paradoxically, today, when
doctor-assisted suicide is gaining credence, attacks on this
Catholic teaching on the legitimate use of painkillers are appear-
ing ridiculing the use of morphine as a painkiller as approved
in CCC (2279), calling it “undeniably euthanasia, hidden by
professional tradition and language . . . the practice is society’s
wink to euthanasia, and it creates deception, medical paternalism
and inequality of treatment . . . physicians routinely end patient’s
lives with morphine drip . . . the real issue [should be]: specific
guidelines on who qualifies for aid in dying . . . and how to
be sure that the decision is made by the patient, not for the
convenience of the family, the doctor or the hospital.”

The article explicitly ridicules the principle of double effect as used by the
U.S. National Conference of Catholic Bishops to justify such
treatment while denying that it is euthanasia.

Doctors in the Philippines: conservative and ultra-conservative.
In the Philippines it would seem that some doctors are more
likely to consider the teaching of the Church on the use of
painkillers as too liberal and are afraid to apply it. Likewise with
regard to the teaching on refusing or withdrawing extraordinary/
disproportionate treatment for prolonging life. They sometimes
say that they will not “play God,” little realizing that they are
“playing God” when they insist on keeping a patient artificially
alive, beyond his/her allotted years in a “medical limbo” created
by our contemporary hi-tech medical advances!

For being so firmly pro-life the majority of the doctors in the
Philippines are to be highly commended. They are thinking with
the Church. But in their ultra-conservative views on prolonging
life they will find no support from the Pope or the local Hierarchy
as the new catechisms clearly manifest. In these areas they are
more papal than the Pope. When they ignore the clear teaching

15. Dr. Thomas A. Preston, cardiologist and professor of Medicine at the
of both catechisms, aren’t they “playing God”?

CONCLUSION

From what has been said, touching on the main bioethical topics treated in the Catholic Church Catechism and the Catholic Filipino Catechism, it should be clear that we have a compendium of the approved Catholic doctrine both world-wide and locally inculturated.

Working from the two catechisms I would suggest that two areas of Bioethics could profit from our greater concern, clarifying and safeguarding the moral teaching on euthanasia:

1) To understand better the local resistance that we find at times to the Church’s balanced teaching on not prolonging life artificially in terminal cases, to educate those well-meaning doctors who “don’t want to play God!”;

2) To seek a better appreciation of the very nuanced Church teaching on the use of painkillers for the terminally ill, the “morphine drip” properly understood.