
To Bring Healing: Religion and AIDS

by Diana Bader, O.P.

The AIDS epidemic has created or compounded difficult ethical problems and presented new pastoral challenges. How can religious belief and theology shape our response to those who are ill, those who love them, and those who care for them? Written from Christian experience, this article discusses how our traditions of love of neighbor, justice in relationships, and respect for creation can transcend the limits of human wisdom as we confront premature death, sin and punishment, and human sexuality in ethics and pastoral practice.

The one who is seriously ill needs the special help of God's grace in this time of anxiety, lest she(he) be broken in spirit and subject to temptations and the weakening of faith (Rite of Anointing and Care of the Sick).

At the very start of his ministry, Jesus broke through the religious and social barriers of his day and dared to touch the pain of a fellow human being. His touch brought healing and life.¹

Does religion have anything to say to those who must play out their roles in the stories that constitute the AIDS epidemic? This paper will attempt to answer that question, not with a comprehensive study of the moral issues surrounding AIDS, but by asking how religion might inform an approach to the ethical and pastoral dilemmas encountered in caring for persons with AIDS.

"Religion" is understood here as a system of belief, worship and conduct rooted in a personal relationship to a supreme or transcendent being. Theology is the discipline that interprets human experience in light of divine revelation. In the Christian tradition, which is the perspective offered here, principles of moral guidance are developed through formal and informal processes in which teachers, theologians and the community of believers seek to understand the meaning of Jesus Christ's life and teaching for our time.

Illness, suffering and death are evil. They assault us on many levels, as individuals and as a society. On one level, they provoke a range of actions aimed at preventing disease or overcoming its effects; for

instance, medical research, primary and life-saving therapies, and health care delivery systems. The achievements of medical technology in curing disease and prolonging life testify to human ingenuity in resisting illness and death. Even more significant are the health benefits achieved by life-style changes, a tribute to human dedication to life and willingness to reject death-dealing behaviors.

On another level, illness and mortality bring one face to face with questions about the meaning of life, the world and one's place in it, and human destiny. Philosophies have been born in the struggle to make sense of the tensions between the quest for fullness of life and inevitable death.

Because of philosophers' work, today we have a reasonably well-developed ethic for health care. In recent years conflicts related to the use of life-saving technology have stimulated the formulation of ethical principles necessary for making good clinical judgments. As technologies multiply, as an increasing number of parties become involved in even routine medical decisions, and as public policies are debated, the methods of ethical reasoning are refined and play an important role in establishing community standards for humane response to illness, suffering and death. But does health care ethics exhaust all that can be said about our response to the difficult and seemingly endless controversies that arise in the clinical setting, administrative board rooms, and public policy forums?

Legacy and Limits

Daniel Callahan has critiqued the secularization of bioethics, the domination of ethics by philosophical and legal concepts rather than by religious and medical traditions in which it was born and nurtured. In Callahan's view this leaves us

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... too heavily dependent upon the law as the working source of morality ... bereft of the accumulated wisdom and knowledge that are the fruit of long-established religious traditions ... forced to pretend that we are not creatures both of particular moral communities and the more sprawling, inchoate general community that we celebrate as an expression of our pluralism. ...²

It is my experience that religious faith not only enhances our ability to identify, understand and re-

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solve ethical issues in health care, it also provides the context that gives meaning and relevance to who we are and why we act as we do in caring for one another. Religion can provide a view of the human person that helps us to be sensitive to the particular needs of individuals. By asking questions about human destiny, sin and salvation, religion can transcend the limitations of human wisdom.

Some religious traditions remind us of finitude and fallenness at the same time that they draw upon deep reservoirs of hope. Many challenge false optimisms and undermine the many determinisms that are part of our collective consciousness. They reflect experience with surprise and tragedy, and foster self-criticism and openness to corrective vision from others.³

Further, communities created through shared faith become places of moral discourse, where people whose age, ethnic and educational diversity often isolates them can together confront dilemmas that require enlightened ethical judgment.

Such communities can challenge members beyond the minimal requirements of good ethical decisions. They propose traditions—love of neighbor, justice in relationships, respect for the earth—that stimulate “alternative imaginations,” new ways of viewing reality, and new options for fulfilling our moral responsibilities.⁴

Religion contributes a vital dimension to the tasks of health care, through communities of shared belief and values, and by teaching which promotes

behavior consistent with the highest goals of human development and happiness.

To find religious resources for our ministry in health care is not to suggest that divine revelation will resolve moral dilemmas. The problems we encounter in health care are first and always human problems. An ethical approach to health care will depend on how we understand what it means to be human and on our commitment to treating ill or dying people as fully human. Christianity provides no authoritative source of correct answers to our medical and ethical questions. Instead, it offers a particular orientation to our search for appropriate actions in health care. General moral principles are reflected in specific situations as Christians make decisions based on their ethical interpretation of lived experience, and of what is required for fulfilling the human vocation.

Theological Themes

Certain theological themes are especially relevant to ethical issues in health care and in our response to AIDS. The selection of the following themes does not imply that others may not be equally relevant. Amidst a richness of possibilities, these have been chosen.

Jesus and the Christian Vocation

The task of theology is to explain the nature of the human vocation. For the Christian this begins with Jesus Christ, who is the center of Christian life. The believer's self-understanding is rooted in relationship to Christ in whom all men and women are called to be one.

Illness and mortality bring one face to face with questions about the meaning of life.

Before the world was made, God chose us, chose us in Christ, to be holy and spotless, and to live through love in his presence, determining that we should become his adopted sons and daughters, through Jesus Christ ... he would bring everything together under Christ, as head, everything in the heavens and everything on earth. And it is in Christ that we were claimed as God's own ... (Eph. 1:4-11).

We speak of the solidarity of all women and men in Christ in whom God has communicated most fully his plan for human history: "He has let us know the mystery of his purpose, the hidden plan he so kindly made in Christ from the beginning . . ." (Eph. 1:9).

Religious faith gives meaning to who we are and why we act as we do in caring for one another.

The lesson of Scripture is that God has called all of humankind to personal intimacy with him. Jesus is the divine Word of the Creator: he is the human incarnation of the creative will to communicate love to the world. He can be seen as embodying both the divine invitation to union with God and the human response of acceptance:

His state was divine, yet he did not cling to his equality with God but emptied himself to assume the condition of a slave, and became human as we are (Phil. 2:6-7).

Jesus Christ is therefore central to the Christian vocation. To say "yes" to God's offer of divine love is to say "yes" to Jesus.

The Community in Faith

The invitation to a relationship with God testifies to the dignity of the person who receives gracious divine favor. Members of the human community can look at one another and see sisters and brothers who, without distinction, have been favored by God. We are all one in Christ. If all members of the human community can claim equality in the One who is God's self-revelation, there will be significant implications for our lives.

It is not enough, however, to be called into a relationship. God's invitation is completed in the active response of faith. Each person faithfully lives out the Christian vocation according to his or her unique gifts.

I should like everyone to be like me, but all have their own particular gifts from God, one with a gift for one thing and another with a gift for the opposite. . . . What each one has is what the Lord has given and the person should continue as when God's call reached the person . . . (1 Cor. 7:7-17).

A Christian vocation is a call to conversion, a challenge to turn away from death-causing to life-

giving forces. With the "yes" of religious faith conversion is under way. Its minimal requirement is the will to grow and mature in the readiness to love God and to love our neighbor. True love of God includes love of neighbor.

Anyone who says, "I love God," and hates his brother or sister, is a liar, since one who does not love the brother and sister who can be seen cannot love God who has never been seen (1 John 4:20).

This is the essence of moral life—not adherence to a code of precepts, but the generous gift of self to the life of the world.

Sin and Punishment

It is a fact of the human condition that we fall short of the ideal of generous love. What is sin? The failure to love. Mature love does not focus on individuals alone, hence morality should always be viewed in its social dimension. The evil of sin is found not in individual acts but in the fundamental choices that constitute a way of life characterized by selfishness, harshness, injustice, prejudice, exploitation. The deepest sin is our refusal to pursue the way of conversion.

Punishment, which is the counterpart of sin, arises from the misuse of human freedom, from a moral decision that is harmful because it is contrary to the true nature of the human person and to the due order of the world. Sin avenges itself inasmuch as punishment is the consequence of sin.

Illness, social isolation, misfortune—what people may view as "punishment"—are often caused by human choices that arise from self-interest, arrogance, lack of concern for the common good, ignorance. In an imperfect world it is not possible for persons to be totally exempt from these human fallibilities. All of us in some way suffer the effects of imperfect motives and actions. But this is the risk and the price of human freedom: the possibility of deviating from the true good in human choices.

An ethical approach to health care will depend on treating ill or dying people as fully human.

To view punishment from the perspective of civil penalties is to obscure God's relationship to the world. Punishment occurs through the good world God has created and whose structures God upholds, even when abused by free subjects in an evil

act. It is superfluous to imagine God creating punitive agents to uphold the moral order, agents whose sole function is the physical evil of punishment!

To explain physical illness as a direct, punitive act of God is to dodge responsibility for our exercise of human freedom. At the same time, it provides a warrant for making moral judgments about the acts of others.

Death and Resurrection

In Christian theology, sin and death are closely related as dimensions of the mystery of evil. Death holds utmost significance in our individual and communal lives, it is both a natural and a personal

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occurrence. Theologically, it is the "point where the human person in a most radical way becomes a question for self, a question which God must answer."⁵ Yet, as terrifying as death often is, in the Christian perspective it is not the ultimate evil, but a necessary passage to the fullness of life. It is notable that Christianity regards the death of a certain man—Jesus Christ—as a central event in the drama of salvation and in world history. This man's death, as tragic and humiliating as it was, ultimately found its meaning in the triumphant resurrection from the dead, symbolizing the conquest of life over death.

AIDS

In a society which expects medical science to provide an antidote to human illness, the AIDS epidemic has disrupted our usual ways of thinking and acting. Ethics, law, public policy and the health professions wrestle with the ethical dilemmas posed by the disease. Religion offers no simple answers to these challenges, but helps us to situate the experience of individuals and society within a larger world view. At the same time, those who have struggled against AIDS can enrich religion from their experiences. Stephen's story can illustrate the key issues.

A Young Man Who Died of AIDS

Stephen, a computer specialist in his early 30s, began an enjoyable job in programming. He did well at work and was making new friends, a wel-

come change from earlier years. Perhaps because of his difficulty accepting and integrating his homosexuality, Stephen drifted away from his family and hometown friends. But now, with a successful job plus new friends in a new setting, his life seemed pointed in a positive direction.

However, Stephen began having problems. He was making mistakes—not at all like him—and was unable to concentrate on work where accuracy was vital. Overall his performance was slipping. After his first, positive job review, these troubles were reflected in the second evaluation: unacceptable. Soon after being warned Stephen was fired.

At first Stephen was able to support himself on his savings. But his health worsened and he faced the reality that without insurance he could not afford medical care. He hoped his condition would improve on its own; not surprisingly, it didn't. Shortly after losing his job, Stephen's landlord took him—by this time he was incoherent—to the public hospital. He tested positive for HIV and his encephalitis was diagnosed as an AIDS-related disease.

After several days of searching, the hospital located Stephen's family and told them about his terminal condition and its cause: they refused to see him. He died alone, abandoned because of fear, ignorance, alienation. And when Stephen's friends asked about his possessions, they learned everything had been stolen!

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"What a sad story! The death of a young person is tragedy enough, but Stephen died of a new and virulent disease, without insurance and penniless. He died without family and friends to comfort him, without the ministry of his church. And after death, he was violated a final time in the theft of his belongings."⁶

Encounter with Death

The diagnosis of a fatal infection causes fear, anger, despair. Stephen, along with his family, friends and employer who abandoned him, must have known these emotions. Eventually, the temptation to blame and to punish can overwhelm efforts at compassion and relief of suffering. In light of Christian faith, HIV infection can be accepted as a

reflection of our status as creatures who enjoy but a fragile hold on life. The foreshadowing of death implicit in every illness is a reminder to prepare ourselves for the definitive moment in which our life choices come to fulfillment.

Religion helps us situate our experiences within a larger world view.

Hope is often one of the first casualties of an HIV diagnosis. But the pain and suffering of death are not ultimately final. Because of the resurrection of Jesus, dying is transformed; life comes out of the dying process; life conquers death. This is the kind of belief that can sustain hope, even when the future—judged by the standards of modern medical practice—is bleak. The virtue of hope makes heavy demands on those who face death because it calls for a new way of living together and relating to the future: "Hope does not have to portend recovery, as is frequently assumed in the medical context; rather, hope refers to the prospect of meaningful experience together with others at those times when one most needs comfort and companionship."⁷ Though Stephen's illness was terminal, family and friends could have created a meaningful experience based not on the expectation of recovery but on comfort and companionship. The ability to relativize death makes such hope possible.

In the encounter with death, it is encouraging to recall that even as physical life is assaulted, new life on many levels is generated. Families and community groups have found the resources to convert fear and grief into compassion, generosity, courage and service for one another. In dying, new forms of life are born.

Sin and Punishment

There has been an unfortunate tendency to seek the meaning of the AIDS epidemic in the providence of God, as a manifestation of the divine will to punish those who violate moral law. Denial of social benefits (access to health care, medical insurance, housing, employment, etc.), restrictions on civil rights and imposition of legal penalties have been legitimated by the view that persons who are HIV-positive are receiving "just desserts" for their immoral behavior.

Stephen's family could not cope with his illness or its cause—perhaps indicating a moral judgment on his homosexuality. There is nothing in Christian tradition to suggest that God balances good and

evil by directly punishing individuals. While the relationship between the biological and the moral order is complex and not fully understood, to collapse one into the other is unwarranted.

Deep in the Judeo-Christian tradition is the knowledge that our loving God does not punish through disease. God's love is unconditional and enduring, far surpassing our understanding and freely given to each person.⁸

Jesus rejected a common assumption that suffering is a direct consequence of sin. When his disciples asked him if a man who was born blind suffered as a result of his sin or that of his parents, Jesus replied, "It was no sin, either of this man or of his parents. Rather, it was to let God's work show forth in him" (John 9:1-3). The message is clear: moralizing judgments on others' behavior have no basis in Christian teaching.

Sexuality and AIDS

"AIDS is neither a referendum on homosexuality nor a plebiscite on drug use."⁹ Yet because homosexual males have been overrepresented among those who have died of AIDS in the United States, much debate has focused on sexual ethics. Catholic moral tradition has, over the centuries, articulated the meaning of sexuality in reference to marriage and procreation. With this paradigm, the emphasis in religious sexual ethics falls on prohibiting specific behavior outside the marriage relationship. By contrast, the exaltation of the body in popular secular thought and the absence of norms for sexual conduct are as problematic as viewing human sexuality exclusively from the perspective of prohibited

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actions, as if "thou shalt not" offers both positive and negative parameters for sexual conduct. Both approaches reveal the tenacity of dualistic thinking and the profound influence of individualism. It is not surprising that in sexuality guilt is the most common feeling. This makes it difficult to appreciate the positive values incarnate in human sexual relations and the harmful consequences of sexual promiscuity.

A biblically inspired sexual ethic will regard sexuality as a language expressing the innermost being of the human person, a communication that "tends toward the establishment of a relationship based on the totality of who we are. . . . Sexual activity finds in itself, in the truthful communication of intimate selves, its very meaning."¹⁰

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As members of a faith community, we approach moral questions about AIDS by teaching and affirming "the dignity of each human person, the unconditional love of God for each person and the responsible use of the gift of human sexuality that is characteristic of mature Christians."¹¹ The role of religion in sexual ethics is to clarify the virtues—love, fidelity, chastity—necessary for respecting human dignity. Stephen's difficulties with integrating his homosexuality alienated him from family and friends. His search for relationships in which he could develop an interpersonal and social history conducive to his full development ended in self-destructive behavior. His tragic story reveals not only the poverty of Stephen's life, but also the poverty and woundedness of the community which did not muster the resources for a loving and just response to his needs.

Perhaps the AIDS epidemic, because it has claimed so many homosexual persons, will encourage efforts toward a theology of sexuality that will situate sexual ethics in the context of a social ethic rather than viewing it as a matter of physical acts involving only individual persons.

The Individual and the Community

Some of the most intractable issues raised by the AIDS epidemic concern the relationship between the individual and the community. Ethical questions about confidentiality, mandatory testing, research on human subjects, allocation of resources, care of HIV-positive pregnant women, and prevention strategies reflect a common theme: protecting individual rights and preserving society's well-being.

We cannot do justice to these ethical questions apart from our solidarity in the human community, our mutual vulnerability, and our common need for healing. This means that the life and activities of each individual redound to the benefit or harm of the group. The health of the whole depends on the

wellness of individuals. It is superficial to pose ethical issues in terms of "rights," implying an adversarial pursuit of individual goods. The issues concern shared responsibility where everyone can be expected to accept some risk, to contribute spiritual and material resources, and to receive appropriate goods—economic assistance, moral and spiritual support, legal protection—in times of need. Conflicting claims can be resolved only through community dialogue, where all people receive a fair hearing and lend their experience and wisdom to the formulation of norms that promote morally responsible behavior.

For instance, HIV testing. While regard for community health may create a presumption in favor of mandatory testing, respect for individual autonomy forces us to weigh the risks to the person against the anticipated benefits for the community. When dangers to other people are serious, and when these can be reduced by accurate information obtained through reliable testing without disproportionately inflicting harm (medical, social, financial) on an individual at risk for AIDS, he or she may be expected to undergo the test for the good of the community. Confidentiality policies are intended to promote trust by protecting individuals from embarrassing or harmful disclosures about their private selves. Community well-being—protection from undue harm—may require disclosure of privileged information, but only when doing so will prevent an otherwise unpreventable harm. However, even in situations that appear to satisfy this proviso, only what is minimally necessary may be revealed.

One measure of the moral quality of a community is the readiness to care for its weakest members.

Stephen may have found hope in new treatments or a cure for AIDS. Strategies for medical research have come under serious attack since the human immunodeficiency virus was identified. Lacking an effective therapy, there is pressure to speed the testing and distribution of experimental medications. Yet the short-term needs of persons who are HIV-positive must be balanced against the long-term goals of medical research—namely, discovering safe and beneficial treatments for curable illness. To abandon reliable policies and procedures because of political pressures for quick fixes may compromise the broader need of the community for proven ther-

apies and may make it more difficult in the future to adhere to sound protocols for verifying the value of new treatments.

The Christian tradition teaches that human dignity creates a claim for all persons to participate equitably in the goods and burdens of the community. As all are required to contribute resources to build up the life of the community, so each can call on the community to sustain him or her in times of need. One measure of the moral quality of a community is its readiness to care for the weakest among its members. The community should respond in proportion to its resources. Individual claims on a community's goods should be gauged by available resources. The community must judge how to balance competing needs against limited resources. Few claims are unconditional. The principles of distributive justice should guide the allocation of health care on behalf of AIDS patients. Fairness will give serious moral weight to the fact that AIDS is fatal, the large numbers who are affected, the devastating impact on their lives, and the marginal social status of so many who are ill. There is nothing in Christian tradition to justify a niggardly or begrudging response to the medical needs of persons with AIDS. Only the effects of sin, displayed in individual and social injustice, prevent honest attempts to dispense appropriate health care to our brother or sister in need.

Conclusion

Perhaps the religious themes most relevant to AIDS can be illustrated in the biblical lesson of healing. Many of the stories in the New Testament depict Jesus breaking out of the religious and social

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conventions of his day and daring to touch the pain of another human being. Always his touch brought healing and life.¹² For those who understand what AIDS demands of us as a community, this epidemic has led us to discover anew the meaning of the human vocation and to rededicate ourselves to personal, communal and political healing.

AIDS has led us to discover anew the human vocation and to rededicate ourselves to healing.

The AIDS epidemic has raised to our consciousness the sundry limitations of our humanness and the many ways we victimize the weakest and poorest among us. The vulnerability of each person to a newly understood and death-causing disease horrifies us. In so many ways we are in touch with our societal, personal and ecclesiastical poverty. Our hearts yearn for the kingdom in which ideals are met, and moral, physical and social perfection exists. We know, however, that the kingdom is not yet here in its fullness. As in every crisis, there is both danger and opportunity . . . (an occasion) to bring Christ's healing to one another.¹³

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