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How to Spot a Usurper: Clinical Ethics Consultation and (True) Moral Authority

Kelly Kate Evans

Nicholas Colgrove

I. INTRODUCTION

Clinical ethics consultants (CECs) are not moral authorities. Standardization of CECs' professional role does not confer upon them moral authority. Certification of particular CECs does not confer upon them moral authority (nor does it reflect such authority). Or so we will argue. This paper offers a distinctly Orthodox Christian response to those who claim that CECs—or any other academically trained bioethicist—retain moral authority (i.e., an authority to know and recommend the right course of action).ⁱ Orthodox Christians appreciate the radical gulf between those who are *in* authority to recommend right action and those who are *an* authority on various movements in the pluralistic history of ethical ideas and legal jurisprudence regarding clinical life. Orthodox Christians understand that insofar as CECs retain any authority, it is the later sort (a kind of *academic* authority, perhaps). Lastly, Orthodox Christianity is clear on who is in authority over individuals regarding their medical plans (and these criteria largely ignore whatever secular moral reasoning is said to be central to the bioethics mainstream). In short, Orthodox Christians are unmoved by secular claims to moral authority for at least two reasons: First, because secular philosophers have failed to produce a clear source of their moral intuitions and second, because Orthodox Christians understand themselves as obedient to the one, *true* moral authority: The Triune God. Hence, secular claims to moral authority are little more than an attempt to usurp the throne of God.

This paper proceeds in three parts. First, we discuss recent movements toward the certification of CECs in the United States, focusing primarily on proposals and programs put forth by the American Society for Humanities and Bioethics (ASBH). Second, we outline two secular reasons to be concerned about the relevant trends toward certification. For one thing, certification is currently being advanced via political dominance, rather than gaining authority by reliance on rigorous philosophical argument or reason. For another, the trends operate on the assumption that there exists a secular, content-full, canonical, morality. There is no such morality. Next, we argue that Orthodox Christians should resist the current trends toward certification of CECs. Specifically, we unpack ways in which the ASBH's certification program (and those like it) conflict with Orthodox claims about moral authority and the moral life more generally. We conclude that Orthodox Christians should resist the current certification trends.ⁱⁱ

II. PRESUMPTION OF MORAL AUTHORITY IN CERTIFICATION TRENDS

What exactly is the role of a CEC in healthcare? Answers are varied and disputed.ⁱⁱⁱ Yet, despite unresolved disagreement over the nature, function, and role of CECs in healthcare, in recent years there has been a push to standardize the requirements that must be met for a CEC to do his or her job well. The ASBH has, for example, outlined "Core Competencies" that every legitimate CEC should satisfy (American Society for Bioethics and Humanities, 2011). The ASBH has also recently launched its Healthcare Ethics Consultant-Certified (HCEC-C) Program, which provides a special mark of approval to those CECs who complete the program. As reported on the ASBH website, "the HEC-C credential endorses your knowledge of key concepts in healthcare ethics and *affirms your expertise, competence, and skillset*" (American Society for Bioethics and Humanities, 2020a,

emphasis added). Further, the ASBH boasts that its mark of approval “sets you apart to enhance your career and promote the importance of your work” (American Society for Bioethics and Humanities, 2020b). Certification, then, is a benefit to the individual receiving it and a boon to the profession generally (insofar as certification may be seen to legitimize or “promote[s] the importance” of CECs’ work at large).

At this stage, we should be careful to distinguish between two distinct categories of certification. First, one may be certified as an expert concerning certain types of *procedures*. Procedures relevant to a CEC’s work may include conflict resolution, identifying the source of disagreement between parties, and so forth (see, for example, American Society for Bioethics and Humanities, 2011, 2-3). It may be possible to become an expert in conflict resolution—in performing the relevant kinds of procedures—without ever presuming to be an expert in moral matters (Engelhardt, 2017, 287-289). On the other hand, one may be certified as an expert concerning *moral* matters and granted a certificate in knowing how to discern or identify the *morally right* course of action in morally (and medically) complicated situations. This latter kind of certification is what we take to be more directly associated with thinking of CECs as moral authorities.^{iv}

Perhaps the ASBH is only concerned with the former kind of certification. After all, the *Core Competencies* considers and rejects the “authoritarian approach” to CECs’ work, which views “the consultant as the primary moral decision maker” in a clinical setting (American Society for Bioethics and Humanities, 2011, 6). The ASBH rejects this approach because it “amounts to moral ‘hegemony’” and so, “usurps the authority of primary decision makers” (2011, 6-7). In place of the authoritarian approach, the ASBH promotes an “ethics facilitation approach,” in which “the consultant helps to elucidate issues, aid effective communication, and integrate the perspectives of the relevant stakeholders” (2011, 7). This kind of approach seems far closer to the view that CECs are masters of a particular set of procedures (e.g., conflict resolution) rather than moral guides or authorities. Hence, even if the ASBH’s certification program has the effect of promoting one particular (and contentious) approach, it cannot reasonably be accused of advocating the view that CECs are moral authorities.

However, we have two reasons for remaining concerned that ASBH seeks to certify CECs as moral authorities. First, there is an important difference between the claim that the CEC is “the primary moral decision maker” in a given situation and the claim that the CEC is a moral authority (e.g., an agent who knows and recommends the right course of action) in a given situation. In rejecting the authoritarian approach, the ASBH rejects the first of these claims, but not the second. Hence, on the proposal at hand, one may still maintain that the CEC is a moral authority—CECs are said to know what is right and their recommendations are said to guide patients towards ethically sound decisions—while conceding that the CEC should not have the power to *make decisions*. On such a view, patients are simply allowed the freedom to make morally wrong decisions; decisions which would run contrary to the competent CEC’s sage advice. In rejecting the authoritarian approach, therefore, the ASBH’s proposal does not (yet) deny the claim that CECs are moral authorities.

Second, a close look at the competencies reveals that CECs *are* considered moral authorities (on the ASBH’s proposal). They are not mere masters of particular procedures. At a minimum, recommendations must be made within “a range of ethically acceptable options” (2011, 8). This requirement raises the following questions: Ethically acceptable to whom? The patient? Their surrogate(s) or whomever is reasonably considered a “primary decision maker”? Certainly not. If the CEC’s primary task were to make recommendations that all “ethically appropriate decision makers” agree upon, this would be to endorse the “pure consensus approach” (American Society for Bioethics and Humanities, 2011,7-8). The pure consensus approach states that “the sole goal [of a CEC’s work] ... is to forge agreement among involved parties” (American Society for Bioethics and Humanities, 2011, 7). The ASBH explicitly rejects this approach given the possibility that “such a consensus”—even among ethically appropriate decision makers—might “fall outside the boundaries of *widely accepted* ethical and legal norms and standards” (2011, 7, emphasis added). When stating the CEC’s recommendations must be made within a range of “ethically acceptable options,” therefore, what is referred to as “ethically acceptable” is not determined by the worldviews of patients or their proxies. It is determined by social norms; “prevailing ethical and legal standards” (2011, 9). The competent CEC will (among other things) be an expert on knowing what these standards are and how to apply them.

Further, on the ASBH’s proposal, sometimes patients and physicians simply get things wrong (from a moral standpoint). In some cases, “a proposed course of action may be unethical and the consultant should recommend against it” (2011, 8). Further, there will be cases where “only one of the proposed courses of action is ethically justified” hence “consultants should explain why alternative actions are not ethically justified” (2011, 8). In each of these instances, the CEC serves as a moral judge, whether identifying why a decision maker’s

choice is the wrong one (and recommending against it) or identifying the sole option that is morally acceptable (and recommending it).

Even in tough cases, the CEC is permitted to “guide” decision makers towards a particular course of action (at least when the reasons for this guidance are “well established by societal values and law...and confirmed in the bioethics literature”) (2011, 9). As stated in the *Core Competencies*, “the consultant should refrain from *unduly* influencing the patient’s decision” since “there is a fine line between educating (which may involve *some degree of persuasion*) and manipulating” (2011, 9, emphases added). In sum, the competent CEC is permitted (and expected) to be an educator in moral matters (in at least some cases). This education process is consistent with attempts to influence and persuade decision makers to make a particular choice (so long as that influence is not “undue” and persuasion does not collapse into manipulation). Hence, even if the ASBH claims the CEC is not the appropriate *decision maker* in a given situation, they have given us plenty of reason to think that the certified CEC is intended to be a kind of moral expert or authority. Yet, there are both secular and theological reasons to exercise caution when deciding whether or not to embrace the idea that CECs are moral authorities.

III. REASON FOR CAUTION, A SECULAR PERSPECTIVE

Here, we consider two reasons to be hesitant about accepting the view that (certified) CECs are moral authorities. Neither of these reasons make reference to any one religious tradition in particular. The first concern is that the particular vision of CECs’ work and the values that vision entails are being advanced via political dominance, rather than gaining authority via philosophical argument, reason, or agreement. The second concern is that the rationale behind elevating CECs to a position of moral authority rests on the assumption that there exists (in purely secular terms) a content-full, canonical, morality. This background assumption becomes especially clear when examining recent work by Janet Malek (2019, 101), who argues that on the ASBH’s proposal, CECs’ religious perspectives should play “little or no work in her consultation work.” The problem is that such a secular, content-full, and canonical morality does not exist. As such, the project of establishing CECs as moral authorities amounts to little more than the imposition on a pluralistic community of one particular moral vision among others. In a secular world, this project might be akin to using political force to establish a throne—a locus of authority—where none exists (and none may be discovered). As we will see in the next section, to the Orthodox Christian—who maintains that the one true God stands alone as the ultimate source of real moral authority—the secular project is an attempt to usurp the throne that exists from eternity. Hence, though there are secular reasons to be suspicious of universal standards in CEC certification, for the Orthodox Christian, there are substantially deeper reasons to be hesitant in doing so.

Political Dominance, Not Agreement

Regarding the first secular concern—that political dominance (rather than reason or agreement) is the primary means by which the relevant approach to CECs’ work is being advanced—there is something backward about driving towards standardization and certification when the role of CECs remains heavily contested. Colgrove and Evans (2019, 317) explain, “to work towards promoting consistency in CECs’ ‘product’ before there is agreement in what we take the goals of a CEC to be would be to put the cart before the horse.”^v In other words, if the current situation is one in which there are many varied and incompatible views of what a CEC’s role is, we might reasonably expect that disagreement be dealt with prior to standardizing a particular approach *for the nation*.^{vi} This is especially true if—in the act of standardizing (or certifying) one view among others—the intent is to raise that approach (and the values that come with it) to a place of dominance over the others. This does seem to be what is happening with the ASBH’s proposal.

To see why, recall their boast: That the ASBH’s certification program “sets apart” those who complete it, boosting their careers. Regarding those who complete the program, the ASBH has declared (in effect, if not explicitly) that *these* are the true CECs—the *crème de la crème*—the people who have mastered the knowledge, skills, etc., that are essential for the CEC to perform their work *well*. Assuming that the ASBH is correct in asserting that certification will boost participants’ career, we might reasonably expect that certified CECs will, in time, edge out their non-certified competitors. Hence, across the nation and amidst a plurality of moral perspectives and a plurality of views regarding the nature of CECs’ work, one approach is being lifted into a position of power—not in virtue of widespread agreement or on the basis of being the sole result of a well-

reasoned process—but by political manoeuvre. A worry, then, is that it is political clout—not sound rational argument or agreement—that is the vehicle by which the ASBH promotes and imposes its own vision of a CEC’s role—on a national scale—and promotes/imposes the moral values built into that vision along the way.

The second concern, which runs much deeper than the first, is the presumption that there is a secular, content-full, canonical, morality that grounds the recommendations of intellectuals and CECs as authoritative. Consider, for example, a recent essay by Janet Malek (2019), who seeks (in part) to elucidate how the ASBH’s proposal applies to CECs’ religious perspectives. Malek argues that CECs “elicit the ethical concerns of others, discuss available options with them, and offer recommendations about morally acceptable courses of action” (2019, 91). What CECs discuss and which courses of action count as “morally acceptable” depends on what is approved by an intellectual “consensus.” As Malek puts it, “CECs analyze cases using bioethical methods and building on areas of bioethical consensus” (2019, 94).^{vii}

Malek’s invocation of a “bioethical consensus” articulates the popular view that bioethics has been successful in establishing itself as a content-full, canonical, and secular moral authority in medicine. The consensus she refers to is (1) secular, (2) resembles (or includes) mainstream secular moral convictions, and (3) grounds the expertise claims of CECs. If one recommends courses of actions that fall outside of this consensus, one has failed to recommend according to professional standards (2019, 94).^{viii} Though she does not elaborate much on the specific content of this consensus, it is clear from her various arguments that the principles included in the consensus are somehow available^{ix} to everyone insofar as they correctly reason. As Colgrove and Evans summarize, “the consensus Malek appeals to is supposed to be the timeless result of secular reasoning” (2019, 308). It is supposed to include principles that everyone agrees upon; principles that can be discovered (or derived) via ethical inquiry, at least once all religiously-based beliefs and values have been bracketed from the discussion” (2019, 308).

The consensus assumption Malek makes is not novel. It has roots in the history of bioethics itself. As H. Tristram Engelhardt Jr. explains, contemporary bioethics grew out of scholastic commitments that one, canonical morality, with definite (i.e., unchanging, non-contextual) content is both available from a God’s eye perspective and is rationally discoverable. In particular, contemporary bioethics grew out of the expectation that a rationally warranted account of morality could provide a “moral *lingua franca*, a moral discourse accessible to all” (Engelhardt, 2017, 215). Such an expectation was supported by the cultural Christianity of the high middle ages. The cultural acceptance of the idea of a rationally discoverable, reliable discernment of the right and the good in medieval Europe inspired Enlightenment attempts to produce a canonical moral system without any reference to God. As Engelhardt explains

Among post-Christian Western Europeans, the expectation persisted that there is one content-full canonical morality, and that it can be warranted through sound rational argument. Such expectations regarding the possibility of a rationally justifiable secular canonical morality, which were defended by philosophers such as Immanuel Kant (1724-1804), Jeremy Bentham (1748-1832), and John Stuart Mill (1806-1873), are expressions of this faith. (Engelhardt, 2017, 216)

In short, modern and contemporary moral theory attempts to justify a binding secular morality that would carry the authority of God’s word without God.

Unfortunately, attempts to formulate a secular foundation for morality did not provide a cultural consensus regarding the right and the good. Rather, “...secular moral norms came to be recognized [in the general culture] as contingent and socio-historically conditioned, in addition to being multiple” (Engelhardt, 2011, 137-8). Here, Engelhardt refers to the cultural influence of moral anti-realism, either in the form of non-cognitivism (e.g., like that of David Hume (1711-1776) or A.J. Ayer (1910-1989) or error theories (e.g., like those of Nietzsche (1844-1900) or J.L. Mackie (1917-1981)). Moral anti-realism made popular a disbelief in the idea that rationality could secure one, secular, content-full, and canonical moral viewpoint. The contemporary belief that morality is merely a personal preference or lifestyle choice grows out of moral anti-realism’s success. Without God and without rationality to dictate one set of moral duties, general secular moral views have moved in the direction of pluralism.^x

In fact, if Engelhardt is right, then attempts to formulate a universal, secular foundation for morality are all doomed from the start. As he puts it,

... any attempt to justify a particular content-full moral understanding as canonical will either beg the question at issue by presupposing what is at stake (i.e., the existence of a content-full moral standard) or involve an infinite regress. (Engelhardt, 1996, 42)

If morality is said to be grounded in *intuition*, for example, we should ask: Which moral intuitions are the right ones? To answer that question, we must either assert that some particular intuition(s) form the foundation of morality—and that is that—or we must defend our view by appeal to “higher order intuitions” ad infinitum (Engelhardt, 1996, 43). Or, suppose morality most centrally involves bringing about the best consequences. Which consequences are good and which are bad? Engelhardt (1996, 46) responds, “One must already have a vision of the good in order to rank consequences. One cannot appeal to consequences to determine the correct ranking of consequences.” In short, the consequentialist must “presuppose an antecedent, ... [an] authoritative means of judging, ranking, or comparing benefits and harms” if his moral system is to be of any use (Engelhardt, 1996, 46). After all, simple assertions like “bring about the greatest consequences” provide no moral guidance whatsoever (without our first knowing which consequences are better than others).^{xi}

The same problem arises (quite explicitly) in Beauchamp and Childress’s (2013) *Principles of Biomedical Ethics*.^{xii} Beauchamp and Childress (2013, 404-5) defend a kind of “reflective equilibrium” model where “justification in ethics and political philosophy occurs through a reflective testing of moral beliefs, moral principles, judgments, and theoretical postulates with the goal of making them coherent.” By itself coherence is too easy, however, since it is possible to have a perfectly coherent moral system that involves routinely engaging in actions—thievery, assault, etc.—which may strike us as obviously immoral. This is, as Beauchamp and Childress (2013, 407) call it, the “Pirates’ Creed of Ethics” objection. Pirates may have coherent moral systems—in that all the principles are consistent with one another—yet the actions prescribed by the system are obviously immoral. Hence, the true moral system is not merely coherent; it needs something more.

To block the Pirate's Creed objection, Beauchamp and Childress appeal to some quasi-foundational principles (and virtues) that state (or imply) that actions like lying, stealing, and assault are immoral. These quasi-foundational principles are called “considered judgments” and include our “most well-established moral beliefs,” such as “do not kill,” “nurture the young and dependent,” and “keep your promises” (Beauchamp and Childress, 2013, 409, 3). Since considered judgments are meant to be the starting point of the reflective process, however, they cannot be *justified* by the reflective process. Hence, Beauchamp and Childress concede that “other justifying conditions are required” to support them (2013, 409).

From whence come considered judgments? Beauchamp and Childress (2013) are clear: They are the principles agreed upon by all qualified moral judges. As they (2013, 409) put it, “it is not mere commonness of moral beliefs that provides normative force, but commonness of viewpoint reached by individuals *who are qualified* to reach considered judgments” (emphasis added). To be “qualified” as a moral judge, “evaluators must exhibit absence of prejudice, ... and honesty, as well as attitudes of sympathy and compassion for the welfare of others ... in a consistent and sustained way” (Beauchamp and Childress, 2019, 440). In other words, qualified moral judges are those people who possess the right “epistemic and moral virtues” (Beauchamp and Childress, 2019, 440). At this point, Engelhardt’s dilemma strikes again: Why *those* virtues? That is, why think that honesty, sympathy, and compassion are the *right* (or *good*) character traits?

Beauchamp and Childress seem to simply assert that these traits—upon which all of morality resides—just *are* the right traits (and that is all there is to it). If so, then they beg the question by assuming the very thing at stake. Alternatively, Beauchamp and Childress could defend the legitimacy of considered judgments by an appeal to a higher order of considered judgments: *considered* considered judgments. But, this process would either go on ad infinitum or until a particular set of judgments was arbitrarily assumed to be the right one. Thus, despite the prominence and undeniable success of their *Principles* in professional bioethics, Beauchamp and Childress’s (2019) account fares no better than any other in the face of Engelhardt’s dilemma. All have fallen short of establishing a secular, content-full, canonical morality.^{xiii}

Despite universal failure, however, contemporary bioethics seems to operate under the assumption that one, rationally discoverable, canonical moral code can (or has been) discovered. There have been attempts to articulate a bioethics from diverse perspectives like those of libertarians (e.g., Kukathas 2007), social democrats (Daniels, 1985; Buchanan, 2009); proponents of casuistry (e.g., Brody 2003), of traditional natural lawyers (see, e.g. Oderberg, 2000), contemporary natural lawyers (see, e.g., George and Tollefsen, 2011), those who argue that

medicine has an internal morality of its own (e.g., Pellegrino, 2008), and perhaps most famously (as discussed above), principlists (see, e.g., Beauchamp and Childress, 2019), to name only a few. Bioethics is in a state of entrenched meta-ethical disagreement. Thus, even when the guidance offered by academic bioethics and clinical ethics is presented as theoretically rigorous, it is not grounded in a legitimate moral authority. The historical fact remains that there is not one dominant moral authority guiding the field. There is a diversity of perspectives and no standard to identify which view is true.

Further, much content in bioethics seems merely to reflect the preferences of those making the argument, a point Elizabeth Anscombe appreciated:

Where then does [the secular moralist] get the standard from? In practice the answer invariably is: from the standards current in his society or his circle. And it has in fact been the mark of all these philosophers that they have been extremely conventional; they have nothing in them by which to revolt against the conventional standards of their sort of people; it is impossible they be profound (Anscombe, 1958, 185-6).

Without a secular, canonical, content-full moral authority, bioethics is not easily able to rule on matters of morality in ways far outside the convention of the time. The authors of attempts to fashion such an authority are themselves subject to the contingencies of society and culture. It is unclear how they could jump outside of their own perspectives and reason from the universal perspective of traditional morality. Suffice it to say, it is unsurprising that those interested in pushing particular bioethical views often appeal not to philosophy, but to politics.^{xiv}

Of course, in the absence of a common moral authority, agents may seek to persuade others to accept their view or simply force the issue. Note, however, that persuasion and appeal to reason are not interchangeable. After all, persuasion can take the form of rigorous philosophical explication, rhetoric, sophistry, or temptation. That is, one need not appeal to sound, rational arguments to persuade others to accept a view (as is obvious in the political arena). Furthermore, if one is unable to persuade others towards their view, force may be utilized. Making one's ethical views into law or a professional standard is, perhaps, the surest way of forcing others to do what they otherwise would object to doing.^{xv}

The problem is that clinical and academic bioethics present themselves *as if* they proceeded on settled intellectual foundations, but in fact they seek the force of law (or professional standard) to back their conclusions. This presentation skews the perception of the authority behind the mandates. The presumption is that bioethical mandates carry the force of morality because intellectuals working in these areas purport to be “ethicists” and use terminology that suggests that their recommendations flow from morality itself. But the force of law is not the force of morality. The force of “professional standard” is not the force of morality either. The ambiguity in the presentation of clinical ethics and academic bioethics *as if* they proceed on intellectual foundations confuses the source of authority from that of law (or professional standard) to that of morality.^{xvi} Without an adequate foundation for morality, the ethics of academic philosophy is filled with culturally particular content and left without any of the force traditionally understood to motivate persons to do good.

In summary, insofar as the ASBH (2011)—and authors like Malek (2019), to a greater degree—suggest that CECs are moral authorities, they appear to rely on the presumption that there is a content-full, secular morality that grounds the recommendations and moral expertise of CECs. This morality is thought to be binding for all, and so, authoritative for all.^{xvii} The problem is that such a morality does not exist. Those who claim to derive moral authority over all others—deriving this authority from the “common morality”—purport to draw water from a well that has run dry (indeed, there was never any water there to begin with). Accounts that treat CECs as moral authorities, therefore, impose some particular vision(s) of the good—some particular moral perspective(s)—on others, whether those being imposed upon find the vision compelling or not. It is by political endeavour—whether relying upon persuasion or force—that one particular (non-universal) moral vision is lifted into a place of “authority.”

In a world where there is no true moral authority—a world without a King—to declare oneself “King” and impose one’s will on others is (at most) an offense against one’s neighbour. Sure enough, whether one realizes it or not, doing so means engaging in a charade, a sham, and one need only worry about repercussions from those

upon whom one attempts to impose one's will (in the form of forceful resistance, for example). Orthodox Christians, on the other hand, appreciate the fact that there *is* a true King; a true throne from which all power and authority flows. To (attempt to) seize *that* throne is to commit a terrible offense against the one true King: The only *real* power that exists. Orthodoxy—and other Christian denominations along with it—maintain that we do live in a world with one true King. He is not only the source of all moral authority—and so is morally justified in judging and sentencing would-be usurpers—but possesses all manner of power to carry out His will.

IV. REASON FOR CAUTION, ORTHODOX AUTHORITY

For the Orthodox Christian, there are two reasons to be cautious about embracing the trend towards certification of CECs as moral experts. First, Orthodox Christians understand themselves as in submission to the only true moral authority, the Triune God, and they understand secular certification mandates as devoid of any legitimate moral authority. Second, Orthodox Christians understand themselves as obedient to God's command to love one another. For an Orthodox Christian, to love both their patients and their colleagues means that they work for the good of the other, where the ultimate good of salvation reigns tantamount. Secular CEC certifications in secular moral philosophy do not aid the Orthodox Christian CEC in loving their patients or colleagues (at least, not if the secular philosophy is meant as both a primer for how to think about cases and the content of available recommendation options). In what follows, we discuss both reasons. We end the section by considering CEC certification plans that might work in a pluralistic professional environment (without leading to discrimination of religious CECs, like the Orthodox).

Love, Not Reason: Orthodox Moral Epistemology

One, if not the, major reason Orthodox Christians do not recognize secular moral philosophy as either actually or potentially authoritative is that they know that moral philosophy will never be able to achieve full moral understanding through discursive, rational reflection.^{xviii} What the secular world gets right is by the grace of God. It is not thanks to their own analytical effort. There is no knowing what is good or evil, what is right or wrong, aside from God's illuminating the mind to these truths.^{xix} Indeed, Orthodoxy, the life-world that sustained the Christians of the first century, understands that love, not discursive reason is sufficient to come to know truly the will of God. Radoslav A. Tsanoff explains

The moving spirit in the early Church was not the classical spirit of critical inquiry. The writings of the New Testament were not philosophical treatises or systemic expositions of the nature of things; they were gospels and epistles, glad tidings of salvation and personal exhortations. The Christian convert was not a scientific or philosophical inquirer engaged in investigation or theory or in the pursuit of understanding. He was a sinner come to the throne of grace in humble hope of salvation (1972, 264).

The failure of philosophical reason rightly to disclose a secular, canonical account of morality was not only obvious to Orthodox Christian Fathers of the first centuries after Christ,^{xx} but also of little consequence to bioethical thinking within Orthodoxy today.^{xxi} Because Orthodox Christian bioethics starts with a loving turn towards God, an effort to follow his command against the passions of a fallen nature, the failure of philosophy decisively to demonstrate a rationally grounded morality is no tragedy. The shift in focus from holiness to philosophical discovery is a major cultural and theological gap between Orthodox and Western Christianities.^{xxii} Engelhardt helpfully describes the Orthodox orientation here:

Traditional Christianity has not sought to devise better arguments to prove God's existence or discursively to discover the character of divine commands. Instead, the cardinal question has been: How can I live so as to experience God and know the content of the moral life (including that which bears on health care)? (2000, 163)

Orthodox knowers center their approach to God on the pursuit of holiness because they take seriously the Fall of man and the influence of sin on discursive attempts to know and rightly interpret His commands. Human reason on its own, unaided by Tradition sustained by the liturgical pursuit of holiness, distorts knowledge of the truth. One must live rightly to know rightly, a point that even a Western thinker like Kierkegaard appreciates.^{xxiii} Those

who wish rightly to understand moral Truth, God's commands, must therefore rightly orient themselves through liturgical ritual, including ascetic fasting and almsgiving. Thus, Orthodox Christian moral epistemology begins and ends with the liturgical experience of the Person of Jesus Christ.

This is both because (1) one requires a relationship with the Truth to know it and (2) because the divine liturgy provides the Orthodox with the rituals that best facilitate this relationship. Regarding (1), we must underscore the centrality of relationships in Orthodox living. Without a sustained relationship with God through rightly ordered ritual, one's moral beliefs can only approximate what it means to act rightly. Moral truth in Orthodoxy is a Person, the long-awaited Messiah of Israel, the Triune God. If one thinks outside of the right relationship with Christ, they think outside of a relationship with Truth; their thinking is broken as a result of their broken relationship. Englehardt explains this point:

The theology of the Christianity of the first thousand years, in acknowledging the radical power and centrality of God, appreciates that the good is not censored by God simply because it is good, nor is the good simply because God endorses it. Rather, it is impossible adequately and without serious moral distortion to appreciate any human moral behaviour apart from the Creator. Just as it is impossible to calculate the motions of any of the stars except by reference to the masses around which they move, so, too, the existence of God orients, locates, and gives place to all that is created" (2005, 225).

The centrality of liturgical experience for the pursuit of moral knowledge speaks to Anscombe's observations of the failure of secular reasoning to grasp canonical moral truth. If there is not a decisive, discursive avenue to truth, then perhaps it is as the first century Christians knew. Truth is a person to be approached through humble submission, experienced, and known, (not *something* to know *about*). Again, Engelhardt explains that

A change of heart, repentance, is integral to an epistemology grounded in a worshipful relationship to, indeed, in a union with, God. If canonical moral knowledge cannot be acquired by analysis and discursive argument, but first and originally through an experiential relationship with God, then the method of this epistemology will be unavoidably tied to living as a traditional Christian. To know well, one must be open to God (2000, 161).

The justification for right liturgical worship for Orthodox Christians is not philosophical, but rather experiential. To the question, "How do you know that God is commanding you to love others this way?" the Orthodox Christian can answer in all seriousness, "He told me." It is in the liturgy where one encounters God, receives commands, and asks for forgiveness. One must be spiritually prepared through liturgical life to reflect on bioethical and theological issues. Without the preparation, it is unclear what truth or whom the expectant knower encounters.^{xxiv}

Orthodox moral epistemology is premised on a commitment to living morally, which is why the function of the liturgy is to rightly order one's encounter with God. Christians require direction in how they ought to live. The rituals of the Liturgy both provide this direction and provide a framework within which one experiences the fruits of rightly ordered prayer and repentance. Jeff Bishop (2017) summarizes the moral education of the Liturgy as orienting one towards God so that they may orient rightly towards others:

For Christians, the right way to comport oneself to others grows out of Divine Liturgy; it gives us our orientation. The postures one strikes when facing the altar of God teaches one the way to comport oneself to the Divine Other. One crosses the body, one bows the head, at points one may touch the ground during the *Trisagion*, or one might kneel, or prostrate oneself before the Holy One. In Divine Liturgy, one learns how to comport oneself rightly to the other because one has learned through practice how to comport oneself to God (82).

The function of the Liturgy is to first teach the creature how rightly to approach their creator, to grow in a loving relationship with that creator, while secondly and simultaneously informing the creature of how rightly to act with his fellow man. Whereas in many Western Christian circles, "the religious life, the moral life, and the enterprise of moral theology" are separate, for the Orthodox they are one in the same struggle (Englehardt, 2000, 19). The Orthodox understand that rightly ordered worship begets rightly ordered moral beliefs. Moral inquiry and moral theology are not endeavours practiced by a privileged few with the intellectual capacities to navigate

analytic arguments or historical nuance. Loving submission to the traditions of Holy Liturgy are sufficient for a deep relationship with the Truth and thus, true moral expertise.

Orthodoxy knows that love, not discursive reason, reveals truth to the knower, and so Orthodox Christians cannot submit to secular philosophers who have claimed to have discovered (or created) content-full, secular, authoritative grounds for moral expertise in clinical ethics consultation. For one thing, said expertise is not grounded in living rightly so as to experience the truth. There is no requirement that one *be* moral, but rather the emphasis is on one's competency in knowing what the right thing is to do. Here, a relevant distinction is helpful. Those well-versed, for example, in contemporary ethical thought, conflict adjudication, and medical jurisprudence might be *an authority* on matters pertaining to clinical ethics consultation, but they are not *in authority* to decide what the right thing to do is. Those who are *in authority* to know right action, for example, are those who know what God wants, those who know God. Though Orthodox Christians have no problem appreciating the skills of secular philosophers in the history of ideas and argumentative analysis, they are unable to recognize any assertion of moral authority that does not begin with the liturgical encounter with God. Aside from the liturgical points just made, we note the rather obvious point that it would be strange for an Orthodox Christian to purport to be certified to know what the right thing to do is because they are versed in various pagan or secular contemporary moral thinking fashions. Such an assertion would be deeply self-contradictory.

Forced Subversion from Religious Discrimination

If forced to become certified, the Orthodox Christian must be subversive of the goals of CEC certification. Orthodox Christians, guided by tradition, love of Christ, and their spiritual fathers, are commanded not to be voluntarily involved in evil or to want for evil to occur. They are not permitted to be immediately causally involved in the production of evil. They must be clearly opposed to the evils in which they find themselves enmired. They should openly oppose evil circumstances (see, on all of these points, Engelhardt, 2000, 368-369). A concrete example of how this comes in direct conflict with secular CEC certification standards concerns the emphasis on autonomy, especially the understanding of autonomy advanced in Malek's paper. There, Malek argues that

The problem. . . for the CEC with a religious worldview is that by allowing "her own religious perspective to shape her ethical analysis or recommendations" the CEC "risks imposing her own beliefs and values on the patient, particularly if the CEC represent[s] those recommendations as deriving from bioethical consensus" (2019, p. 97)." (Colgrove and Evans, 2019, 318).

Malek does not want the patient to receive religiously motivated recommendations, especially if they come from someone supposed to be *an authority* on secular bioethics. Yet, for the Orthodox Christian, the choice is clear. When a relevant option for a patient is evil, the Christian must avoid and oppose it. So, if a patient is requesting an abortion and the CEC understands the abortion to be an evil (as Orthodoxy teaches), out of love for patient, they cannot recommend to abort. They must be openly opposed to the abortion and refuse to participate in the evil, all the while understanding that the patient always retains the freedom to choose to do so if they can find someone to consent to perform the abortion. Here, the CEC is clearly operating from their religious worldview. If Malek's autonomy concerns make it into a universal certification standard, Orthodox Christian CECs will be forced to be subversive in just this way. Not only must they ignore injunctions they deem evil, but they must actively work to influence the patient through recommendations towards decisions beneficial for their salvation.

Clinical ethics consultations often occur within committees, so the influence that the Christian may have is most likely hampered by the plurality of moral viewpoints on the committee. Here, Orthodox Christians understand that in a fallen world it will be "almost impossible not to be partially co-opted and somewhat enmired in the production of evil" (Engelhardt, 2000, 369). Indeed, the secular colleagues they work with in their consultative work are not in a liturgical relationship with the Truth. Nevertheless, the Orthodox CEC may proceed to offer helpful process expertise in consultations. Much consultative work, as the ASBH points out (2011, 23), relies on conceptual analysis, process skills, communication skills, quality improvement skills and legal expertise, skills that do not conflict with the requirements of traditional Christian life. Yet, insofar as secular certifications mandate certain content-full recommendations—recommendations consistent with "prevailing

ethical ... standards” (American Society for Bioethics and Humanities, 2011, 9)—Orthodox Christians must not recommend according to explicitly evil recommendations regardless of what the secular morality of the certification declares, lest their own soul (or the soul of the patient) be harmed by sin. If they are granted permission by their spiritual fathers to continue to act as CEC under such conditions,^{xxv} they are expected to proceed with prayerful regret (Engelhardt, 2000, 369).

As should be clear, Orthodox Christians beliefs are secular heresy to those who accept the assumption that there exists a secular, canonical, content-full morality. Indeed, for those who see the influence of tradition as morally suspect or who have deep antagonism for religious belief, the prospect of CECs voting down abortions out of love seems criminal. Yet, this exploration into the options open for a traditionally religious CEC shows the depth of pluralism that highlights much of medicine, including CEC work. The Orthodox begin with rightly ordered worship to inform their belief and dismiss philosophical faith that discursive reason can provide for a foundation to morality without God. The secular CEC cannot begin to appreciate the moral starting point of these traditionally religious Christians because they refuse to live within its Tradition and with their Creator. The Orthodox Christian and the secular CEC will be unable to form a consensus or agree on the content of recommendations. If, by political popularity and not philosophical authority, secular organizations push universal certification agendas, which rely on the assumption of secular moral expertise to ground their authority, force Orthodox Christian CECs to be certified according to *their* intuitions concerning the ground of morality, they force the Orthodox to subvert or remove themselves from the field.

VI. CONCLUSION

In sum, the assumption that CECs retain an expertise in what is right to do—based on secular moral reasoning and their knowledge of the content within “bioethical consensus”—is unworkable for full-faith inclusion of traditionally religious persons in clinical ethics consultation. As argued, there is no secular authority recognized as canonical for declaring right action, common rules of moral inference, or common moral premises. Whatever “authority” that is invoked when secular philosophers refer to a “bioethical consensus” must therefore be seen not as legitimate moral authority, but the authority of popular opinion, an invitation to go along with the fashions of immanent legislation and professional policy.

The way out is to discharge the assumption animating ASBH certification hopes. CECs do not retain an expertise in what is right to do. Being a “moral expert” is not the only way to imagine CECs as valuable participants in the clinical setting.^{xxvi} Other justificatory accounts have been provided (Engelhardt 2011; 2018) that are able to include the traditionally religious with without such open discrimination. If traditional religious CECs are forced to be certified as secular-philosophical experts to assist in clinical ethics consultations they either must leave the field or operate subversively. Contrary to these regrettable outcomes—and in the face of intractable foundational disagreement—it seems a happy outcome to deny the moral authority of clinical ethics recommendations in favour of some other expertise, like conflict adjudication or procedural and conceptual clarity.

NOTES

ⁱ For two examples of those who maintain that CECs are moral authorities, see Meyers (2018) and Malek (2019).

ⁱⁱ Orthodox Christianity is our primary focus, but we also point to ways in which other Christians (who fall outside of Orthodox circles) might share similar concerns about the current certification trends. We find, for example, many similar lines of thought in works by Kierkegaard (who operated within the Lutheran tradition of protestantism).

ⁱⁱⁱ Disputes exist within religious and non-religious circles alike (not simply a clash between religious and non-religious). See Brummett and Salter (2019) for a helpful taxonomy of views on offer, to be discussed in greater detail below.

^{iv} Given that CECs deal explicitly with moral matters, however, we anticipate that the line between “procedural expert” and “moral authority” will often become blurred. Conflict resolution, for instance, may involve giving advice on how one *ought* to proceed, which party *ought* to be given control over a medical decision, and, in each case, an explanation of why things ought to be that way. Moral reasoning—appeal to particular values and worldviews—may commonly be relied upon when

navigating this terrain. In those cases, the procedural expert may be tempted to take on (or may inadvertently take on) the role of moral expert. Alternatively, if the procedural expert bases the entirety of their work in legal structures (hospital policy, laws of the state, etc.) it may be easier to avoid the presumption of being some kind of “moral authority.” For more on this, see Colgrove and Evans (2019, 321-2).

^v Of course, Colgrove and Evans would be wrong to expect that there must be universal agreement on the nature of CECs’ work before launching certification programs. But, some kind of general agreement does not seem like an unreasonable ask here. Brummett and Salter’s (2019) taxonomy is, we think, good evidence that such an agreement has not yet been reached. Further, it should be noted that even if there were universal agreement regarding the role of a CEC in healthcare, this would be insufficient to establish the CEC as any kind of *moral authority*. More on this below.

^{vi} That the ASBH aims to establish “a national standard” is stated explicitly at the top of their front page for the HEC-C program (2020a).

^{vii} See Colgrove and Evans (2019, 307-311) for an argument against the view that such a consensus exists or is even helpful in the ways Malek suggests. For other responses to Malek, see Parker (2019) and Brummett (2020).

^{viii} This is a stronger claim that we find in the ASBH’s Core Competencies, at least if professional “bioethical consensus” is narrower (or more specific) than “widely accepted ethical and legal norms and standards” (2011, 7). We will say more about ways in which Malek’s proposal goes (far) beyond the ASBH’s proposal at the conclusion of this section. For the time being, our concern is aimed at those who think of CECs as moral authorities, which both Malek (2019) and the ASBH (2011) do (even if Malek does so to a greater degree).

^{ix} See Colgrove and Evans (2019, 313-319) for more on her arguments concerning availability.

^x MacIntyre gives his own account of this progression, arguing that in the context of pre-modern thought, “there is a fundamental contrast between man-as-he-happens-to-be and man-as-he-could-be-if-he-realized-his-essential-nature” where “ethics is the science which is to enable men to understand how they make the transition from the former state to the latter” (2013, 62-3). “Secular rejection of both Protestant and Catholic theology” however, led to an elimination of “any notion of man-as-he-could-be-if-he-realized-his-*telos*” (2013, 65). All that remained, at that point, was “a certain content for morality: a set of moral injunctions” and a description of human beings as they are. This led “eighteenth-century moral philosophers” to engage “in what was an inevitably unsuccessful project”: an attempt to discover “a rational basis for their moral beliefs,” which had been reduced to mere “fragments of a once coherent scheme of thought” (2013, 65-6).

^{xi} Engelhardt (1996, 42ff) poses the same dilemma—beg the question or invoke an infinite regress—for “intuitionist accounts, casuistic accounts, consequentialist accounts, hypothetical-choice theoretic accounts (including hypothetical contractor theories), rational choice and discourse theoretic accounts, game-theoretical accounts (including prisoner dilemma-based accounts), natural law accounts, and middle-level principle-based accounts.”

^{xii} Given the prominence of Beauchamp and Childress’s work and its relevance, both to professional bioethics and to our overall point—that all have failed to establish a secular, canonical, and content-full morality—we devote more space to Beauchamp and Childress’s view than others.

^{xiii} One may object that there is a third option that allows Beauchamp and Childress to escape Engelhardt’s dilemma: Rather than arbitrarily appealing to a bedrock intuition or engaging in an endless string of justifications for one’s moral beliefs, the secular CEC may assert that the content of relevant considered judgments is a kind of basic belief. Basic beliefs are beliefs that are epistemically justified without reference to other beliefs. There is much to say about the role of basic beliefs in moral deliberation. We mention briefly one line of response we might take: These basic beliefs will not be universally accepted, nor will they be universally understood in the same way. Beauchamp and Childress (2013, 409) admit as much, given that only the considered judgments of *qualified* moral judges are taken to be the starting place for their moral theory. As such, we need a standard by which to judge the right basic beliefs from the wrong ones. As an aside, there is at least one practical consequence of a lack of standard regarding right basic beliefs: The CECs recommendation based on contentious basic beliefs carries no practical authority to guide patients and colleagues who disagree with them. Further, where disagreement arises between secular and non-secular parties, both may have a story to tell regarding why the other is mistaken. Even supposing that secular parties hold basic beliefs that are *correct*, the truth of these beliefs will be rooted in God’s authority—the only true moral authority—as opposed to the authority of any secular power or being. That secular CECs rightly hold these beliefs will also be by the grace of God alone, as opposed to being rooted in their own ability to grasp moral truth. That said, for more on the possibility of secular CECs (or ethicists) making correct moral judgments, see endnote xviii.

^{xiv} This is often the case regardless of intention. The claim here is thus not that Malek intentionally invokes politics to ground her claims, but that because there is no morally authoritative secular bioethics consensus, Malek’s argument defaults to relying on its political popularity to gain rhetorical force. Those who believe that religious persons should be cast out of clinical ethics and that medicine is an inherently secular enterprise will find themselves in political agreement with Malek’s conclusions.

^{xv} To see this kind of force at work, consider arguments presented by Savulescu and Schuklenk (2017, 168) and Stahl and Emanuel (2017, 1383-1384) when discussing conscientious objection. Both sets of authors argue that physicians who are—due to matters of conscience—unwilling to perform procedures that the profession has deemed to be morally and medically acceptable (e.g., abortion) should be forced out of their jobs. That is, if physicians cannot find a way (or subspecialty) that allows them to square their moral commitments with the standards of the profession, then they should simply “leave the profession” (Stahl and Emanuel, 2017, 1383). Relatedly, Schuklenk made headlines in 2019 when asserting that “Medical schools, pharmacy schools should go out of their way to basically eliminate applicants who they know already will not provide these services” (Browne, 2019).

^{xvi} Additionally, the lack of one, canonical moral viewpoint in bioethics renders the field susceptible to the fickle, sometimes irrational, preferences of culture. As Anscombe (1958) implies, bioethics, like morality in general, takes on the cultural assumptions of general secular culture. It must. Without a recognized authority dictating morality, the social mores of time and place stand in as default content for an otherwise pluralism of competing historical and cross-cultural accounts.

^{xvii} Beauchamp and Childress (2013, 3-4), for example, assert that the “common morality” central to their project “is applicable to all persons in all places, and we rightly judge all human conduct by its standards.”

^{xviii} To be clear, we are primarily concerned here to analyze the authority claims of secular CEC as opposed to answering the question of whether they can know rightly and be held responsible for a lack of moral knowledge. However, for the interested: Here is a slight complication concerning epistemic justifications for moral authority. Suppose the Orthodox CEC judges rightly, that to love his patient, he must recommend action A. Meanwhile, a certified CEC—who happens to be an atheist—recommends that in this case, action A be undertaken. In this case, the certified CEC’s recommendation is not authoritative given its roots in secular bioethics. It is the correct course of action, sure enough, because that type of action is what is prescribed by the one true moral authority. The certified CEC, therefore, gets the right answer without justification. By analogy, suppose an agent’s watch stops at 11am, but she does not realize it. By chance, the next time she checks her watch, it is exactly 11am (one day later). Were she to utter, “it is 11am,” she would speak the truth. But her method of arriving at the truth was completely coincidental. In fact, at almost every time throughout the day, the method she relies upon—checking her watch—would be *unreliable* at discerning the truth. The certified CEC who recommends action A is much like the agent who states, “it is 11am.” Each is correct, but only coincidentally and not due to any reliable process. The time-teller is mistaken about the “authority” of her watch; the CEC is mistaken about the “authority” of secular moral reasoning. Lastly, we note that this turns one of Malek’s (2019, 94-5) arguments on its head. Malek (2019, 94-5) states that even though “preferences and commitments that derive from religious worldviews may lead to good outcomes and be consistent with morally praiseworthy actions” these values should be set aside in favor of total reliance on secular moral reasoning and “areas of bioethical consensus.” Malek concedes, it would seem that the Orthodox CEC—who relies upon her religious commitments when making recommendations—will sometimes arrive at the right recommendation. That the recommendation is right is *coincidental*, however, given that it is not grounded in secular moral reasoning and areas of bioethical consensus. The Orthodox Christian, as we have argued here, is free to claim precisely the opposite. Either way, it is possible to arrive at the right conclusions despite doing so in an (apparently) coincidental way. Lastly, the fact that the secular ethicist arrives at the right conclusion (in some cases) is by the grace of God. Arriving at the right conclusion, therefore, is not necessarily purely coincidental. Insofar as the grace of God is at work in the moral deliberations of the secular ethicist, these deliberations and decisions may even be said to be justified (though clearly not for the reason the secular ethicist thinks). Insofar as the secular ethicist believes their arriving at the right conclusion is thanks to their own powers of reasoning and insight, they are mistaken. And insofar as they remain detached from the only source of moral truth—the true source of moral authority—they will be limited in their ability to discern the truth in moral matters. Most importantly, our overarching claim remains intact: Even when the secular CEC makes the right judgment because, by the grace of God, they were enabled to see what is morally correct, their claim to moral authority—e.g., as articulated by the ASBH—is mistaken.

^{xix} This should underscore our general point that though secular CECs may make morally sound recommendations, the rightness of those recommendations does not derive from their own authority.

^{xx} Clement of Alexandria writes “Should one say that Knowledge is founded on demonstration by a process of reasoning, let him hear that first principles are incapable of demonstration; for they are known neither by art nor sagacity. For the latter is conversant about objects that are susceptible of change, while the former is practical solely, and not theoretical. Hence it is thought that the first cause of the universe can be apprehended by faith alone. For all knowledge is capable of being taught; and what is capable of being taught is founded on what is known before... For knowledge is a state of mind that

results from demonstration; but faith is a grace which from what is indemonstrable conducts to what is universal and simple, what is neither with matter, nor matter, nor under matter (quoted by Engelhardt, 2000, 166). Or, consider how Tatian regards philosophers in the 2nd century: “Wherefore be not led away by the solemn assemblies of philosophers who are no philosophers, who dogmatize one against the other, though each one vents but the crude fancies of the moment. They have, moreover, many collisions among themselves; each one hates the other; they indulge in conflicting opinions and their arrogance makes them eager for the highest places. It would better become them, moreover, not to pay court to kinds unbidden, nor to flatter men at the head of affairs, but to wait till the great ones come to them” (Tatian, 1973, 280).

^{xxi} Ana Iltis offers this helpful explanation of the point here: “Instead of turning to nihilism or relativism, or pretending instead to have discovered a canonical morality that can be disclosed in terms of reason alone, the account turns to the God-Who-Commands and Whose commands cannot be known through reason alone. Although there is only one true account of morality, there is no expectation that persons who stand outside of a right relation to God will know it or accept it” (2019, 129).

^{xxii} Although, as we discuss at the end of this section, there are certainly exceptions.

^{xxiii} Kierkegaard’s *Fear and Trembling*, for example, seems to align with some of these points. *Fear and Trembling* was written under a pseudonym—Johannes de Silentio—which indicates that the work is not *directly* representative of Kierkegaard’s own beliefs and commitments. Rather, Silentio is a self-proclaimed master of “the ethical” (where “the ethical” is meant to refer to universal ethical norms, discovered and established by society). These norms, in Silentio’s mind, are generally taken to form the highest standard of human action and behavior; they are “the universal.” One can almost hear Silentio (or his contemporaries, at least) praising “the ethical” in the exact same way that Beauchamp and Childress (2013, 3-4) champion their secular “common morality”: It “is applicable to all persons in all places, and we rightly judge all human conduct by its standards.” Despite being a master of “the ethical,” however, Silentio finds himself in crisis when seeking to understand the Biblical figure, Abraham (Kierkegaard, 2006, 27).

It is a datum that Abraham is an exemplar like no other. Silentio identifies him, within Christian tradition, as “venerable,” “the father of faith,” “second father to humanity,” a “guiding star that rescues the anguished” (Kierkegaard, 2006, 15-19). Abraham’s actions, however—including acting intentionally to murder his own son, Isaac—are those of a madman. Worse still, it is not as though Abraham is considered to be the father of faith *despite* his willingness to murder Isaac when commanded by God to do so. That is, Abraham is not thought of as a moral exemplar that simply made a moral mistake on Mount Moriah one day. Instead, it is Abraham’s action—his faith—displayed on Mount Moriah that *solidifies* him as “the father of faith.” The question is, therefore, how can someone who does something so detestable be any kind of exemplar?

In short, in terms of “the ethical”—“universal” moral norms grounded solely in human reason, established by society, and commonly regarded as the highest expression of morality—Abraham’s actions are appalling, horrific, “detestable” (Kierkegaard, 2006, 23). If Abraham is an exemplar, therefore, then there must be something *higher* than “the ethical.” Or, as Silentio puts it, “either the single individual as the particular can be in an absolute relation to the absolute, and then ethics is not the highest, or Abraham is lost” (Kierkegaard, 2006, 99-100). While Silentio goes on to grapple with this paradox, Kierkegaard is teaching the reader that morality—*true* morality—cannot be captured by or reduced down to social norms or moral systems that are grounded in (fallen) human reason.

Since Silentio is writing as someone who understands “the ethical” (society’s norms) but not that which lies beyond (or above), we need to turn to Kierkegaard’s (1995) *Works of Love* to understand his own thoughts about the true nature of morality. The lesson remains, however, that what is hateful (or even immoral) according to the social norms of one’s day may, in fact, be a genuine expression of love, commanded by God, the one true moral Authority. This is, at least, how Kierkegaard (2006, 63-5) seems to understand Christ’s message in Luke 14:26: “If anyone comes to me and does not hate his own father and mother and wife and children and brothers and sisters, yes, even his own life, he cannot be my disciple.” Hatred here is defined in terms of the “ethical,” while being a disciple of Christ—exercising obedience to His commands—is what it means commitment to truly loving one’s neighbor (and submitting to genuine moral authority). We can see, therefore, comparable lines of thought identified in the Orthodox tradition (above): That God is the only true moral authority, that the right moral beliefs are grounded in a relationship with God, and that obedience to God—truly loving one’s neighbor—may call one to act in ways judged to be “hateful” according to secular reason and morality.

As a final concern, the champion of “the ethical”—social norms grounded in secular reason—may object that Kierkegaard is calling Christians to embrace *irrationality*. In response, we expect Kierkegaard (1985, 52) might respond, “It is exactly as you say, and the surprising thing is that you think it is an objection.”^[1] This is not to embrace irrationality, however. It is to reject the rule of secular, *fallen* human reason. Specifically, for Kierkegaard, it is only after the believer experiences a

“firsthand encounter with the incarnate God” that their perception and understanding of what is true and what is possible is profoundly reshaped (Evans, 2006, 140). As Evans (2006, 130) puts it, the believer “now has good reason to mistrust her earlier ideas about what is true, as a result of an encounter with reality.” This transformation allows her to understand that her understanding—her power of reason—is limited and is inhibited by sin in ways that (previously) prevented her from seeing what is true (Evans, 2006, 124-6). This does not mean that the objects of one’s faith are suddenly *understandable*, of course, but it does at least overturn the “fallen reason that pridefully insists that whatever it does not understand must be absurd” (Evans, 2006, 125).

^{xxiv} This is why Orthodox Christian liturgy takes great pains to address prayer to the right God, no one else. As Englehardt explains, “This necessity of appropriately directing one’s prayer discloses that other attempts at religion fall short of the mark, being significantly distorted by human passions, if not by diabolic presence” (Engelhardt, 2000, 162).

^{xxv} Orthodox Christians remain obedient to spiritual fathers, those priests or monks who regularly hear their confessions and help guide the Christian in right worship and right Christian living. If CEC work becomes too taxing on the spiritual life of the Christian, if it presents the Christian with too many encounters with evil, the spiritual father is in authority to forbid the Christian from participating in that particular career.

^{xxvi} Indeed, we agree with Iltis and Sheehan when they remark that, “note that we are not claiming that one cannot be a clinical ethicist without having solved the big (unresolvable) “meta-ethical” questions, nor that one cannot be an expert in a range of ethically related domains without doing the same” (2016, 432).

REFERENCES

- Anscombe, E. 1958. Modern Moral Philosophy. *Philosophy* 33(124):1-19.
- American Society for Bioethics and Humanities. 2011. *Core Competencies for Healthcare Ethics Consultation*. Chicago: American Society for Bioethics and Humanities.
- _____. 2020a. Healthcare Ethics Consultant-Certified Program. Available: <https://asbh.org/certification/hcec-certification> (accessed 14 May 2020).
- _____. 2020b. Benefits of Certification for Healthcare Ethics Consultants. Available: <https://asbh.org/certification/hec-c-benefits-to-hecs> (accessed 14 May 2020).
- Beauchamp, T. L. 2004. Does ethical theory have a future in bioethics? *Journal of Law, Medicine, and Ethics* 32: 209–217.
- Browne, R. 2019. Medical schools should deny applicants who object to provide abortion, assisted death: bioethicist. *Global News*, URL: <https://globalnews.ca/news/6183548/medical-school-applicants-abortion-assisted-death-conscientious-objectors/> (accessed May 13, 2020).
- Brummett, A. 2020. The quasi-religious nature of clinical ethics consultation. *HEC Forum*. Epublication ahead of print, doi: 10.1007/s10730-019-09393-5
- Brummett, A., & Ostertag, C. J. 2018. Two troubling trends in the conversation over whether clinical ethics consultants have ethics expertise. *HEC Forum*, 30(2):157–169.
- Brummett, A., & Salter, E. K. 2019. Taxonomizing views of clinical ethics expertise. *The American Journal of Bioethics*, 19(11): 50-61.
- Cahill, L.S. 1990. Can theology have a role in “public” bioethical discourse? *The Hastings Center Report* 20(4): 10–14.
- Callahan, D. 1990. Religion and the secularization of bioethics. *The Hastings Center Report* 20(4): 2–4.
- Campbell, C.S. 1990. Religion and moral meaning in bioethics. *The Hastings Center Report* 20(4): 4–10.

- Cherry, M. 2019. Bioethics without God. *Christian Bioethics* 25(1):1-16.
- Colgrove, N., and Evans, K. 2019. The Place for Religious Content in Clinical Ethics Consultations: A Reply to Janet Malek. *HEC Forum* 31(2):305-323.
- Engelhardt, H.T. Jr., 1996. *The Foundations of Bioethics*, 2nd Ed. Oxford: Oxford UP.
- _____. 2000. *The Foundations of Christian Bioethics*. Lisbon: Zwets and Zeitlinger.
- _____. 2005. Sin and Bioethics: Why a Liturgical Anthropology is Foundational. *Christian Bioethics* 11(2): 221-239.
- _____. 2009. Credentialing strategically ambiguous and heterogeneous social skills: The emperor without clothes. *HEC Forum* 21(3):293–306.
- _____. 2011. Core Competencies for Health Care Ethics Consultants: In Search of Professional Status in a Post-Modern World. *HEC Forum* 23(3):129-145.
- _____. 2017. Clinical Ethics Radically Reconsidered: Bioethics, Common Morality, and the Law. In *After God*, pp. 267-293. Yonkers, NY. St. Vladimir's Press.
- Evans, C. S. 2006. *Kierkegaard on Faith and the Self: Collected Essays*. Waco, TX: Baylor University Press.
- Gesang, B. 2010. Are moral philosophers moral experts? *Bioethics* 24:153-159.
- Ho, D. 2016. Keeping it ethically real. *Journal of Medicine and Philosophy*, 41(4), 369–383.
- Iltis, A. 2019. Ethics: The Art of Wandering Aimlessly. *Christian Bioethics* 25(1): 128-143.
- Iltis, A., and M. Sheehan. 2016. Expertise, Ethics Expertise, and Clinical Ethics Consultation: Achieving Terminological Clarity. *The Journal of Medicine and Philosophy* 41(4):416-433.
- Kierkegaard, S. 1985. *Philosophical Fragments and Johannes Climacus*. Howard V. Hong and Edna H. Hong (trans.). Princeton: Princeton University Press.
- _____. 1995. *Works of Love* Howard V. Hong and Edna H. Hong (trans.). Princeton: Princeton University Press.
- _____. 2006. *Fear and Trembling*. Cambridge: Cambridge University Press.
- Kon, A. A. 2012. Clinical ethics consultants: Advocates for both patients and clinicians. *The American Journal of Bioethics* 12(8): 15–17.
- Kornfeld, D. 2016. What is the role of a clinical ethics consultant? *The American Journal of Bioethics* 16(3):40–41.
- MacIntyre, A. 2013. *After Virtue: A Study in Moral Theory*. London: Bloomsbury Academic.
- Meyers, C. A. 2018. Ethics expertise: what it is, how to get it, and what to do with it. In *Moral Expertise: New Essays from Theoretical and Clinical Bioethics*, eds. J. C. Watson and L. K. Guidry-Grimes, pp. 53-70. Cham, Switzerland: Springer International.
- Parker, C. 2018. Clinical Ethics Consultation After God: Implications for Advocacy and Neutrality. *HEC Forum* 30(2):103-115.
- _____. 2019. The Clinical Ethics Consultant: What Role is There for Religious Beliefs? *HEC Forum* 31: 85-9.
- Rasmussen, L. 2016. Clinical ethics consultants are not 'ethics' experts—But they do have expertise. *Journal of Medicine and Philosophy* 41(4):384–400.

- _____. 2018. Against Inflationary Views of Ethics Expertise. *HEC Forum* 30(2):171-185.
- Savulescu, J. and Schuklenk, U. 2017. Doctors have no right to refuse medical assistance in dying, abortion, or contraception. *Bioethics* 31(3): 162-70.
- Stahl, R.Y., and E.J. Emanuel. 2017. Physicians, not conscripts—conscientious objection in health care. *New England Journal of Medicine* 376(14): 1380–1385.
- Tarzian, A. J., and ASBH Core Competencies Update Task Force. 2013. Health Care Ethics Consultation: An Update on Core Competencies and Emerging Standards from the American Society for Bioethics and Humanities' Core Competencies Update Task Force. *The American Journal of Bioethics* 13(2):3-13.
- Tsanoff, R. A. 1974. Christianity: The Counter-Culture. In *The Great Educators Readings for Leaders in Education*, eds. H. C. Black, K. V. Lottich, and D. S. Seckinger, pp. 264-268. Chicago: Nelson Hall Company.
- Weinstein, B. 1994. The possibility of Ethical Expertise. *Theoretical Medicine and Bioethics*. 15:61-75.