

¹AIDS, ETHICS AND CONSCIENCE

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HIV/Aids is primarily a community health problem. Unfortunately, from its first identification the virus assumed an unprecedented moral dimension, especially in the religious domain. HIV status is almost always related to sexual activity. Many religious traditions have an ambiguous, if not downright antagonistic attitude to human sexuality – an attitude which is not in any way compatible with authentic religion, but which continues to plague the actions and image of religion and religious leadership.

The post-sexual-revolution (and post-Christian) culture, which is often described as ‘Western’, inheriting, as it does, a lip service to Christian morality, is equally plagued by an embarrassment about sexuality – while at the same time advocating a very liberated, if not promiscuous lifestyle. Finally, in Africa at least, the extremely rigid discipline about sexual activity that characterized most traditional cultures provides a fertile setting in modern Africa for the all-pervasive assumption that a HIV-positive person is ‘guilty’. The negative attitude to sexuality survives even when the traditional cultures are virtually replaced by an urban culture.

I propose to give clear reasons for a Christian to dispose, once for all, of the need to judge HIV-positive persons, so as to liberate our discussion for the REAL moral issues arising

¹ Presented at Conference organized by SACBC Aids Office, May 2-4, 2007.

from the present pandemic. I have written elsewhere² on this topic, but considering the ongoing stigmatization of Aids victims, and the ongoing pervasive moralistic image of Church leaders and members, it bears repetition, at least in summary:

1. Christ clearly instructed his followers not to judge others – “Judge not so that you may not be judged.”³
2. Christ did give his Church a teaching role – “Go, teach all nations...”⁴ - which must surely include teaching about morality, but teaching about morality and judging the consciences of people are two very distinct things. Unfortunately, it appears that many religious leaders and ‘religiously-motivated people’ accept the notion that a moral teacher must also be the judge. Christ’s warning about judging others is self-righteously forgotten!
3. The moral climate and value system of modern society in Southern Africa is not only tolerant of extra-marital activity, but virtually demands it.
4. Young people, and the very high percentage of morally immature ‘chronological adults’ in modern society, will inevitably conform to the sexual mores of their environment, and will accept those mores as ‘moral’.
5. It does not take much imagination to realize that the environment in which we all live is saturated with the message that not only encourages ‘recreational sexual activity’ but makes it virtually compulsory.
6. For there to be serious sin, there must be grave matter, full knowledge and full consent. While in no way suggesting that promiscuous sexual activity is not

² See, for example, Bate, Stuart C.2003,Responsibility in Time of Aids, Pietermaritzburg, pp.2-19

³ Matt, 7,1-5

⁴ Matt, 28,19

extremely harmful to individuals and society at large, an awareness of the immaturity of the average youth and adult, combined with the pressures from the highly-effective media-ruled society, makes it clear that those who are sexually active outside the confines of marriage (even if they are active in a Christian community) are rarely guilty of serious sin. In other words, there is grave matter, but the possibility of full knowledge and full consent is very low.

7. Looking at the matter from the perspective of the supremacy of Conscience⁵ we must also be open to the possibility that even when consent is complete, the conscience of the individual may not be in unison with the well-known teaching of the Church on sexual matters. In which case, again, there is no sin.
8. Accepting that the Church teaching on sexuality is wise and beneficial, each sexually active member of our Church or society at large, who does not conform to the Church teaching is not evidence of the pervasiveness of sin but of the failure of the Church to teach effectively and credibly on sexual matters⁶.

There is no scriptural or theological justification for the moralistic posture being taken by a large segment of Church leadership, because, as I have elsewhere summarized, **NO ONE DESERVES TO HAVE AIDS.**⁷ Unfortunately, the preoccupation with sexual ‘malpractices’ dissipates the energy we should employ in addressing the huge amount of suffering and other related moral issues.

⁵ “Above the Pope as an expression of the binding claim of Church authority stands one’s own conscience, which has to be obeyed first of all, if need be against the demands of Church authority” Joseph Ratzinger, 1968

⁶ Pope Benedict’s Encyclical on sexuality – “Deus Amor Est”, December 25, 2005 – is a heartening example of positive and credible teaching on sexuality, but many say it is ‘too little, too late’.

⁷ Bate, S.C.(ed.) op. cit. p.10

The Real, but Obscured, Moral Issues related to AIDS

I have argued that the pre-occupation of many ‘religious’ and ‘ethical’ people with the assumed guilt of HIV-positive people has actually distracted the Church and Society from the real moral issues that arise in the context of the epidemic. I present some of those issues, with a suggestion of the values that are involved and the appropriate ethical conclusions:

1. Prioritizing allocation of resources and personnel. South Africa is dealing with a crisis where about five million of its population are infected with HIV – a condition that is preventable but incurable. Here is not the right setting for dramatizing the magnitude of the disaster, but ‘unprecedented in human history’ is an understatement. There can be no dispute that the mission of the followers of Christ is to assist those who are in need, especially those who cannot help themselves. There has been an improvement in the roll-out of A.R.T. by public authorities, although the response in that area is far from adequate. The availability of care for those who are affected by the tragic deaths, adequate and appropriate nursing care for those who already at the full-blown Aids stage and the provision of A.R.V. and other assistance (including financial) for those who have not succeeded in benefiting from the government interventions is massively inadequate.⁸ We are frequently reminded that the Catholic Church is doing more

⁸ The fact that there are no reliable statistics for those who are not receiving assistance is, in itself, a pointer to apathy.

than any other NGO to help Aids victims, but comparisons are not relevant. The question is ‘Are we doing enough?’ and I suggest that the answer is an emphatic NO. The moralizing tone of our response is such that we feel that anything we do in this context is ‘heroic’. The Church is going about its normal day-to-day activities as if we are not living in a time of unprecedented tragedy. Is this an acceptable response from the followers of him who said: “Whatever you do to the least of my brothers you do to me”?⁹ The Church must maintain a high level of advocacy in motivating government and society to respond proportionately to the Aids disaster. The Church must also be a witness to proportionate response to a disaster, in her compassionate care for those who have less chance of receiving help.

2. Allocation of Scarce Resources: The Church has access to a limited supply of ARVs and other material assistance (most of which, interestingly, is financed from overseas). In every instance a decision must be taken when the demand exceeds the supply – whom to help and whom to leave, effectively, to die. In many cases there is an assumption that the resources should be used where there is most hope of success, or to members of our own church, or even – judgmentally – to those whose lifestyle is least ‘reprehensive’. What has happened to the theology of the ‘preferential option for the poor’ especially when the term ‘poor’ can not be equated with the ‘good-living poor’ or the ‘productive poor’ or the ‘Christian poor’? Is it not appropriate to re-examine our policies in this matter?

⁹ While regretting the disproportionate level of response of the Church at large one can only rejoice at the extraordinary heroism of a few. The recent death of Sister Anne in rescuing Aids sufferers is a greater witness than all of the moralizing statements of church leaders.

3. The Case of the Notorious Condom! In the ‘Message of Hope’ the Bishops of Southern Africa¹⁰ concede the option of using some measure to protect a married partner when the other is HIV-positive. This concession is not widely known, and, in some cases has been revoked. However, there are other similarly challenging situations. A woman who takes ARVs and becomes pregnant has a high risk of giving birth to a seriously deformed child. Not to get pregnant is the obviously moral option in such a case. In many cases the woman has no option but to continue to be sexually active, in which case should she not be advised to use a condom? The possibility of a deformed child is a scientific fact. The protection offered by using a condom is a scientific fact. I see no moral problem about making this scientific information available to the patient and allowing her to make a decision herself. Even the Principle of Double Effect permits giving information to someone, even if it is foreseen that it will be used negatively, when there are proportionate grounds for giving the information. Surely, the same also applies to giving information to sexually-active unmarried persons.
4. Confidentiality: It is interesting to note than on many moral issues the Church accepts the decisions of secular legal authorities. This applies to matters like the determination of the time of death, the right of parents to prevent blood transfusions, the right to terminate life-support systems etc. Whatever the suitability of the previous instances, I suggest that the issue of confidentiality must be re-addressed in the context of HIV/Aids. Granted that stigmatization of HIV patients is illegal as well as totally un-Christian, its existence must also be

¹⁰ *A Message of Hope*, statement from the Plenary Session of the Southern African Bishops Conference, Pretoria, July 30, 2001.

recognized as a fact of present-day life in Southern Africa. The basic principle is that only the patient has the right to access to information about his/her health etc. and that the medical practitioner may use that information only to the extent that it is in the interest of the patient. How, then do we justify having “Aids Clinics” where a patient entering is automatically identified as being HIV positive? This is both a form of discrimination and an encouragement to stigmatization. Given, also, that there are other medical conditions which are less dangerous than HIV that are ‘statutorily notifiable’, is it sufficient to invoke government non-action on notification as justification for never warning partners or potential partners? It appears to be standard for medical practitioners to give a coded warning to other potential care-givers about HIV status. Why must that end within the medical facility? How, in practice, do we maintain the dignity that each person must be accorded and, at the same time, give appropriate protection to society?

While there are NO scriptural or theological arguments to justify a moralistic response to the Aids pandemic, there ARE powerful arguments that point the Church towards a massive, compassionate, non-discriminating mobilization of her own personnel and financial resources to render assistance to God’s children who are suffering in one of humankind’s greatest disasters. An ongoing advocacy programme must also be maintained.