

Malek's Programmatic Secularism? A Dissent.

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Programmatic secularism aims to secure public reason from rival rationalities, notably those from religious experience and education. The gathering of knowledge in clinical ethics into a concrete array of consensus claims and consensus-derived principles are thought by Janet Malek to secure such public reason—an essential tool for clinical ethics consultants to execute their professional role. The author compares this gathering of knowledge to an understanding of what technology is. Accordingly, the following interrogates Malek's programmatic secularism, which is a moral technique (technology) that not only homogenizes moral dialogue but also dehumanizes persons as it tyrannizes the creative freedom for moral conversation and genuine encounter. Thus, the reader is encouraged to dissent of such a vision for delimiting the role of clinical ethics consultants according to the rule and measure of technology, the ontology of our age.

Keywords. Janet Malek, Programmatic Secularism, Moral Technique, Technology as Ontology, Dissent

I. INTRODUCTION

The question is raised in a special issue of *HEC Forum*¹: How ought clinical ethics consultants' (CEC) religious beliefs and values influence the professional consultative practices including the adjudication and formation of ethics recommendations in a pluralistic and secular medical milieu? The issue explores a range of responses to the principal question. For example, Janet Malek argues that religious beliefs should not be(come) a factor for professional consultants' case analyses, conversational approaches, or consultative activities (Malek 2019). J. Clint Parker argues instead that a CEC should not be restrained from appealing to authentic religious beliefs (Parker 2019). Abram Brummett (2020), by contrast elsewhere, has offered his middle way, arguing that clinical ethics consultation is a quasi-religious exercise for both religious and secular ethicists. Brummett's paper suggests, therefore, that recusal of religion from consultative practices is by no means a consensus. But the present issue is concerned, principally, with Malek's strong position that CECs' religious beliefs and values, viz. religious worldviews, ought not to be part of clinical ethicists' consultations in any substantive way save for, and with overwhelming caution, as an instrument for building rapport with persons gathered around a crisis.

Malek's position has been challenged by others already, notably by Nick Colgrove and Kelly Kate Evans (2019). They first challenge the critical assumptive point of departure for Malek that there is such a phenomenon as 'bioethical consensus'. Yet, even if such a consensus did exist, Colgrove and Evans find other limitations in Malek's argument, including in each of the pillars presented to construct her original response: the need for clarity, availability, consistency, and autonomy. Their conclusion that Malek's argument is not only flawed in general but also fatally dependent upon consensus might seem enough to set aside further

attention to an inadequate argument in favor of a strong position concerning the role of religion for clinical ethics consultants.

However, a critique of Malek's position as Colgrove and Evans advance fails to engage the basic hermeneutical framework of a programmatic secularism from which Malek operates. It is this framework that warrants, rather demands, further interrogative attention. Programmatic secularism might be explained as such: a system which argues "any and every public manifestation of any particular religious allegiance is to be ironed out" (Williams 2012, 2-3). Even though Malek (2019, 101) gestures toward the inclusion of religious authorities in medical decision-making at the conclusion of her paper, a programmatic secularism is evident in Malek's vision for the CEC. She aims to iron out rival rationalities, such as those religion might introduce, which run counter to consensus claims that CECs ought to prioritize. That is, in her words, Malek (2019, 92) is laboring to "defend the strong claim that a clinical ethics consultant's religious worldview has *no place* in developing ethical recommendations or communicating about them with patients, surrogates, and clinicians" (emphasis is mine). Thus, the loyalty her vision of secular clinical ethics demands toward general principles or commitments 'by consensus' does conflict with particular religious convictions, not to mention other competing views and values (ASBH Core Competencies Task Force 2011, 2n2). For Christians, specifically, Malek's programmatic secularism screens out nothing less than the kind of reality by which they conduct their lives; viz. Christ, who claims and conforms his beloved, shaping each one's being, in totality, toward his likeness both in and for the world. Christians are thus educated not only to see but also to participate in the world differently as they labor under the schooling of Christ toward holiness—a difference programmatic secularism elevates as a problem to remove from public discourse. Yet programmatic secularism stands also in

contradistinction to procedural secularism, which creates the space to host a variety of religious communities as it aims to celebrate and to bring awareness to difference, generating and affirming capacities for respectful, content-rich, and, at times, disruptive conversations (Williams 2012). Such procedural secularism is not unlike an analogue of non-ecumenical studies, which is a hallmark of this journal, for example. While procedural secularism aims to cultivate a conversation between distinctive worldviews, and religions, where each is encouraged and enabled to share moral speech on their own terms, programmatic secularism aims to flatten out or actively remove differences so that everyone is compelled to dialogue from a delimited set of terms and a commonly held grammar deemed suitable a priori for public reason.

While procedural secularism might suggest all reasoning is situated by worldviews, philosophies, and religions, programmatic secularism purposely fails to appreciate and to attend to such situatedness. Instead, it suggests that there is even something as uniform and universally accessible as “secular” [neutral, universal] reason, which determines the program for engaging in public reason. Such accessible reason is as a kind of technique, organizing language and the accompanying justificatory procedures accordingly. Technique, in this sense, might be thought of as a set of teachable and repeatable procedures, with elaborated methodology, that can be learned and applied to achieve concrete aims and purposes (Marcel 2008). Others might concur, yet use the language of technology instead—defining technology as “the organization of knowledge for the achievement for practical purposes” (Mesthene 1970, 25). I tend to use these terms interchangeably (Moyse 2021). With technology, or technique, defined as such, we deter an immature understanding of technology, which reduces such to a constellation of discrete material objects—devices often conjured when thinking about technology. Definitions, as given here though briefly, might help us to appreciate the ubiquity of technology, including in political,

professional, and moral life where techniques are fashioned and implemented to accomplish practical aims—implemented oftentimes with great effect.

So, with her programmatic secular approach in hand, Malek is able to dismiss different sets of reasonings that could otherwise be inaccessible to one another—inaccessible difference is the problem to be resolved by the administration of a given technique. Malek is concerned that religious reasoning appears inaccessible as such and the consensual apparatus she advocates to guide the work of a clinical ethics consultant should thus be administered so as to avoid difference and to deliver the commodity of the consultative exercise—a “secular” accounting of the moral challenges confronted in the clinical milieu for the delivery of a decision-making product.

Therefore, rather than reiterating previous important critiques of Malek’s position, the following will illuminate and expose the programmatic secularism proffered by Malek as a moral technique that homogenizes and determines moral speech, thus tyrannizing the creative freedom for moral conversation and genuine (and quite possibly disruptive) encounter between situated persons. Put differently, Malek assumes that non-religious reasoning will follow a uniform pattern of steps when confronting clinical ethical consultations thus making moral reasoning into a kind of assembly line which develops a moral “product” (Malek 2019, 100). This is not only unrealistic but opens Malek’s argument to the current critique of technology. Additionally, not only shaping a moral product, Malek’s moral technique also impacts persons trained to offer the consultative service. The CEC in Malek’s argument is dislocated from their situatedness, or previous moral experience, and oriented toward another characterized by a kind of solitude that the programmatic moral construct conditions—a kind of “life-world isolated from God and confined within the horizon of the immanent” (Engelhardt 2005, 23). Therefore, that the program

of modern clinical ethics, as imagined by Malek, risks making one a sinner should concern the reader of Christian Bioethics. That it betrays the task of becoming human should concern everyone.

II. ON THE MEANING OF (MORAL) TECHNIQUE

While it might be that Colgrove and Evans' response to Malek is sufficient to demonstrate the *weakness* of her strong argument opposed to religion in clinical ethicists' consultative practices, something further needs to be said. That *something* regards a question that sits upon my desk like a *memento mori*, ever reminding me about the way technology is "the ontology of our age" (Grant 2009b, 605).

By using the term ontology, George Grant wants his reader to understand that technology is not merely an artefact or procedure for human usage. It is, rather, as that which teaches us to see and to be in the world: "technology persuades and conforms human being ... as a habituating pedagogy, [it] trains the way we have become surveyors, manipulators, and masters *against* nature, including human nature, seeking to construct a civilization" (Moyse 2021, 106-107; c.f. Grant 2005, 595-96). Technology is more than simple machines and digital devices; it is a schooling through both material and social practices that conform the way we are in the world. In the technological age, everything risks becoming "hypostasize[d] as technique" (Grant 2009a, 1020)—even the content and contours of public moral reasoning.

Technology, or technique, becomes the way that all things appear to us. And the problem of rival reasonings incumbent to the plural environment of clinical settings is thus seen as an occasion for the administration and organization of moral knowledge for the purpose of providing effective clinical ethics free of difference. The reason "technique" becomes the critical

lens through which the present interrogation occurs, is because Malek, herself, is already constructing her programmatic secularist *apologia* with a predominant technological imaginary. The correlation between programmatic secularism, that excludes difference, of any kind, and technology, as defined above, is strong. Consider her words: “Although no two ethics consults will be exactly the same, a uniform set of practices should be used by all consultants that conforms with existing professional standards. This practice is vital to ensure consistency and high quality in the “product” offered by a consultation service” (Malek 2019, 96). She goes on to say, “If variation in the substance (rather than style) among consultants should be minimized, there is little room to accommodate variation in consultation practices based on an individual consultant’s religious worldview” (Malek 2019, 96). It is, for example, by such an understanding of the consultative practice, and the product such practices might proffer, that questions concerning technology arise. And so I argue Malek’s paper gives the reader occasion to ask the following: (1) how are such arguments icons or artefacts of technology; and (2) what impact do techniques, so understood, have on human being?

So my position relative to such questions might begin as such: responding to the first question, a modern bioethics, including the schema arranged for clinical ethics consultants, can be thought of as a set of moral techniques, which organize the grammar and justificatory procedure of moral discourse in clinical encounters such that the many persons gathered might process ‘ethics’ with an effectiveness that common language and procedural mechanics, it is argued, afford. Put differently, modern moral techniques, including those incumbent upon clinical bioethicists, can incorporate persons into “frameworks that sustain distance between moral individuals while regulating moral speech ... intended to control moral discourse” (Moyse 2015, 76-77). The distance is sustained by way of the grammatical constructions that erect

general principles and justificatory procedures, freed from the challenges that rival and inaccessible reasonings might introduce. Such distance from difference is sustained by a framework determined as essential for professional practice for the purposes of effective and timely dialogue and decision-making in clinical settings. Yet, responding now to the second question, in sharing the general features through managed dialogue, the particularity of persons and their situatedness, or existential hermeneutical horizon, remains concealed. That is to say, through managed dialogue, the moral identities of persons, identities forged through both immanent concerns and transcendent targets (MacIntyre 1981), is muted. Thus, the schema of a moral technique considered ultimate, as Malek's consensus claims seem to point, constrains human *being* (where being is otherwise expressed in genuine encounter by mutual listening and hearing and exchanging speech [Barth,1981b]), while promising instrumental outcomes and freedom from others, i.e., coercive influences.

It is no wonder, then, that Malek's vision of clinical ethics encourages a significant level of control over the CEC. The dialogue it determines sufficiently isolates the peculiarity of moral strangers that gather—each is isolated into a kind of nonrepresentational gathering of persons, aggregated around an apparatus of general and procedurally determined consensus claims and consensus-derived principles. That is to say, Malek's argument from consensus functions as an apparatus, which promises to deliver the commodity of a secular (thought as general values shared or held in common) consultative experience. Similar to a pair of scissors, which promises to sheer materials, predictably, consistently, and repeatedly, Malek's system intends to produce the consultative exercise, with the levers of consultative language and procedure centered around the fulcrum of an immanent consensus. Meanwhile, the professionalized CEC is the expert technician trained to wield these consultative scissors. While acknowledging and reflecting the

rival rationalities and situated expressions of others gathered, which provides a kind of “coefficient of elasticity”² (Ellul 1964, 136), the CEC cuts the consultation to measure. That a decision-maker might introduce their own religious beliefs to the discussion does resolve the critique being lodged here, because Malek's understanding of secular reason in the public square, or the nature of the moral decision making her logic implies, still draws a sharp distinction between a religious “space” and the “public square.” In doing so, Malek suggests that religious reasoning does not have a role within the public square. Accordingly, the CEC works to translate such belief by drawing persons back toward the *common* standards of consensus claims and a priori principles the profession has agreed are basic. This is, after all, what we are told we need for such moments of clinical ethical crisis and decision-making (Illich 1977). Certainly, Malek highlighting the consistent product of her consultative program is something being presented as a need throughout her essay—the framework is needed because difference in rival reasoning is regarded as a problem to overcome.

Of course, a critical response might be logged at this point: the systemization and consistency of a model like that of Malek's does afford a delimited expectation for training and a standard of competency. The technique constructs the system by which CECs *can* practice their role and by which CECs will be held to account. The assumption being, CECs would otherwise be deficient in the capacity to engage the pluralistic moral landscape incumbent to clinical medicine and health care without such conforming standards—and line managers would face significant challenges to effectively evaluate CEC personnel.

However, the creation of highly specialized service-providers is not liberating. Rather, it is disabling, as Ivan Illich might argue and, concomitantly, as the argument I am introducing is suggesting. While it is argued the CEC requires a range of skills (from legal advisor to dispute

mediator to ethics expert [Engelhardt 2003]), the constructed need for a consensus model is disabling not only for the CEC, the principal focus of this essay, but also those persons the CEC is meant to serve: “professionalized services define need as a deficiency and at the same time individualize and compartmentalize the deficient components” (McKnight 1977, 82). Such training, a mechanized and rationalized and bureaucratized repetition, risks reducing all toward a particular order set toward control rather than liberation (Moyse, 2021; Ritzer, 2009). Jacques Ellul has thus cautioned his reader regarding such technique, writing that “Technique requires predictability and, no less, exactness of prediction. It is necessary, then, that technique prevail over the human being . . . in order to wipe out the blots his personal determination introduces into the perfect design of the organization” (Ellul 1964, 139). Such training under the constraints of technique, for example, is quite different from the image of education that one might encounter in the paideutic traditions of the Greeks and early Christians, for example, which aimed neither to conform persons toward a static ideal nor to close down rival schoolings through the habits of virtue (both intellectual and moral), but to shape persons in ways that might transcend the icons of excellence (Herdt 2008). Moreover, the various roles a CEC does display in her work requires moral agility, not technique, and the institutional inclusion of rival consultancies (i.e., rationalities) would develop a more robust moral geography that is representative of “the actual character of bioethics consultation and the heterogeneous moral and conceptual commitments that underlie this diversity” (Engelhardt 2003, 380). But consultative agility is not the aim of Malek’s program; unencumbered technical proficiency is.

Becoming a technician, therefore, the CEC is shaped by the same scissors she learns to use. Thus, the particularity of the consultant, i.e., their personal identity gathered around moral experience and education, is moot, given the organization of knowledge and procedural acumen

determined essential for a CEC's professional (thus public) standards of practice. So, shaped to form, viz. professionalized, any one CEC will do, as long as the CEC is attentive to and compliant with using such moral scissors—as long as the CEC has been sufficiently re-situated by the content and context of a programmatic secular ideology.

Mechanically, therefore, Malek's CEC is to deploy a determinative moral technique in order to achieve the predictable, consistent, and repeatable standard of practice, which Colgrove and Evans (2019, 307) describe as such: "When a case raises an ethical issue for which there is a prescribed course of action—prescribed by consensus—the CEC is tasked with recommending that course of action." Moreover, when consensus does not exist, it remains imperative for the CEC to "rely on 'accepted moral principles' (principles that fall within the consensus) and derive a solution based upon those principles" (Colgrove and Evans 2019, 307; c.f. Malek 2019, 95). Put simply, Malek's programmatic secularist vision for the professional CEC is this: take the scissors and cut the dilemma to form—this, as the operationalized pedagogy of technique trains, is the good.

III. HEWING DOWN MORAL FORESTS, TERRAFORMING ETHICS PARKS

Cutting to form, however, is nothing novel in our modern experience. It is an expression of the modern project, preoccupied with order and control. Let me explain: Hermann Hesse, for example, gives his reader of *Steppenwolf* a quintessential image of the modern project, which intends to discern useable from unusable resources for the purpose of accomplishing practical aims and achievements. He invites his reader to imagine a garden with variety of vegetation in which a gardener might be found evaluating the utility of plants with a base interest in those that are comestible. Of the floras that are inedible, the gardener disdains and cuts down, "nine-tenths

of this garden would be useless to him” (Hesse 1965, 75). For Karl Barth, reflecting on the modern project, that a gardener stands in a *garden* assumes the world before her has been determined already by a will to form. She now stands seeing “a visibly idealized nature, which is meant: the stream as a fountain, the lake as a clean and tidy pond, the woods as a park reduced to visible order, the field and the bushes and flowers as a garden, [and the like]” (Barth 2002, 41). One could discuss, fittingly, a modern bioethics erected for professionalized clinical consultations as such: “Like the woods as a park, it too has been reduced to visible order” (Moyse 2015, 204).

Of course, one must stress the ‘modern’ of such technique, for there has been no time in human history where we’ve not used artefacts of technology of some kind. The late American historian of technology Lewis Mumford goes so far as to suggest that early humans survived by the use of biotechnics, whether teeth, feet, or hands, for example (Mumford 1966). He argues such *bio-tools* are as correlates of the mechanisms and machines which came later. But for the late American philosopher of technology Emmanuel Mesthene (1967), modern technology is something new, or possibly different, because by its organization and deployment humanity pursues the *promise of order* and of *freedom from* anything or anyone. This pursuit, this will to form, contorts nature, including human nature, and her ethics, toward a constellation of objects to fit into its machinations. The terraforming orientation that the modern world habituates, a world where “every sphere of human experience is turned to order and manufactured to form” (Moyse 2021, 80), is thought to be “both reasonable and just” (Guardini 2013, 60).

For those professionalized into the cohort of CECs, it seems as though Malek’s vision assumes a sort of terraformed bioethics, where consensus has been constructed and ought to be deployed with obligatory precision. She too stands as an authority over those devout persons

who might practice a religion but remain inadequately prepared to understand “that religion’s worldview” for clinical ethics (Malek 2019, 96)—without expertise, on the level of modern mastery, Malek’s argument precludes their religious moral reasonings. Thus, Malek offers bioethical consensus as an empirical analogue of modern mastery—the fulcrum of her scissors—which includes and excludes rationalities accordingly (excluding, for example, those rationalities that challenge notions of canonical ethics and remain ever-curious about the substance of secular ethics and critical of consultative expertise [Engelhardt 2003; Engelhardt 2011a; Engelhardt 2011b]).

To mix metaphors, in deploying her bioethical consensus and rotating principles, the moral jungle of indissoluble conflicts and ranging species of moral theories and justificatory procedures is homogenized to form, while religions are all but cut out as a kind of undesirable weed—i.e., a plant in the wrong place. Such a bioethics is an analogue of technique where jungles become parks and diversity is reduced toward monocultures. The ethics park, that is the clinical ethics consultative service imagined by Malek, however, is not a destination to merely observe. Rather, it is more like an amusement park, or a mobile fair, disciplined by market metaphors for patient consumption and with a single ride, but with a required and insidious price of admission—the CEC’s surrender to form. Malek’s role for the CEC thus closes her off not only from her previous moral experiences but also from conversational encounter, while disciplining her dialogical function within the “tyranny of a total perspective” that incorporates all clinically relevant ethical knowing into a technique that lays claims to both comprehensiveness (i.e., principles shared by all persons and at all times) and consensual finality (Williams 2000, 3).

IV. TYRANNY OF TECHNIQUE, RESTRAINING FREEDOM

“Not only must CECs abide by (and apply) a particular set of ethical principles, they must also accept a very particular story about the consensus (including its formation and its secular nature) *and* they must carry out all of their work by the power of [programmatic] secular reasoning alone” (Colgrove and Evans 2019, 309). Such ethical principles, or general propositions, are considered as an essential concord for Malek’s committed or devout practitioners of clinical ethics consultative services. The belief, or trust, in these propositions is reducible to rational assent and managed by technical deployment. Yet CECs who fail to abide such propositions and practices remain suspect. For the CEC who includes religious rationalities in the execution of her work, she remains in breach.

The mid-level approach of Beauchamp and Childress (2013) might exemplify a similar modern modality—and, indeed, it is of the canon upon which Malek’s bioethical consensus is constructed. Their system, centered around a common morality (since the third edition of *Principles of Biomedical Ethics*), depends upon a particular and prescribed grammar that constructs the moral technique to be deployed in the adjudication of and justification for human action within clinical settings (Moyse 2015). Nevertheless, these such systems aim to eliminate, or at very least marginalize as personal and private, the particularity of human responses to clinical dilemmas—for Malek, especially those that are religious. By circumventing a panoply of competing worldviews and value systems, the obstacles raised by such rival reasonings are effectively eliminated. Yet such schema reduce the milieu for moral discourse to a monoculture, where the morally serious are those who reason according to the objective moral apparatus that promises to deliver a clinical ethics service that will “identify, analyze, and resolve ethical

problems” free from coercive influences (Malek 2019, 92; quoting Fletcher and Siegler 1996, 125).

Interestingly, and ironically, while a prominent concern for Malek is the protection of persons from coercive influence while navigating dilemmas of moral significance within clinical settings, moral technique seems to preclude such freedom. That is to say, while Malek seems especially concerned about the coercive influence of religious rationalities, which might foster decisions that are not only clinically imprudent but also ethically incongruent with bioethical conventions, “the autonomous person subsumed under the weight of moral technique [becomes] but a rudimentary cog in the mechanics of moral decision-making” (Moyse 2015, 103). As alluded earlier, any person, not a particular person, will do in the administration of adjudicative procedures, so long as she takes up the schema and capitulates to the grammar of the moral technique—a technique that seems proud to be without a foundation, save for a commitment to logical empiricism and its contrived canon.

That the ethics services proffered by the CEC are constructed further as a commodity to be consumed by and for the benefit of the patient, among others engaged at the crux of clinical crises, adds further evidence to the argument that ours is an age of technology. And the imputed need for the services are further established not only by the grammar that only a selective few can administer but also by the so-claimed inadequacy and risks of rival rationalities. Ivan Illich would likely have concluded such clinical ethics as a disabling profession for these, among other, reasons (Illich 1997).

So, even though Malek (2019, 95) claims CECs ought to come to an “independent conclusion,” when placed under the weight of moral technique, the expert in clinical ethics is not free to respond creatively to the problems encountered in the biomedical moral milieu. Rather, she must

submit to the a priori forms and procedures, viz. accepted moral principles and incumbent methodology, illumined by the moral technique and rendered necessary by the abstracted ‘all’ who so-govern consensus and the field of practice. She must, therefore, capitulate to a new situatedness that the professional field of practice demands: “Respect for and compliance with” such technique is rendered instead *basic* for those committed to the objectives of a secularized clinical ethical consultative service (Malek 2019, 95)—rendered as a foundational technique required of technicians “so they [ethics consultants] can conduct those discussions using a common language” (Malek 2019, 100).

Now, add to the weight of the a priori forms, which constrain moral speech, and therefore, human action, “the hegemonic power of the medical profession . . . which presupposes biomedicine is *the way* to respond to terminal illness and death (whether by sustaining life or controlling death)” (McGrath 1998, 523; c.f. Kaufman 2005, 25-60, Bishop 2011, 96-118, and O’Mahony 2016, 180-212), there is then little space left for individuals to exercise one’s moral agency without constraint. Instead, the exercise of the rational will toward so-called independent conclusion is simply a capitulation to conform to the way of moral speech and the objectives of the biomedical institution, including a professionalizing clinical ethics cohort, which seeks to oppose, viz. control, the world in which it exists.

Of course, as alluded above, this sort of moral technique is nothing new. The placing of CECs into a moral construction of morally committed persons, subjects those gathered for ethics consultations to the authority of the systems assembled to guide moral dialogue and decision-making. Such systems are presented not only as canonical but also universal, a situated abstraction of all persons, at all times, in all places. Yet those who do not abide such systems are determined as uncommitted or unprofessional—“[v]iolation of these norms is unethical and will

both generate feelings of remorse and provoke the moral censure of others” (Beauchamp 2013, 3). And, as it often goes, when the outsider is excluded from the concern, she is rendered powerless and can only too easily be accused of incompetence (Horkheimer and Adorno 1996). Or, to put it differently, “The coming to be of technology has required changes in what we think is good, what we think good is, how we conceive sanity and madness, justice and injustice, rationality and irrationality, beauty and ugliness” (Grant 2009b, 604).

Thus, some have learned to surrender themselves to such abstract apparatus, accepting, by a kind of faith, the programmatic secularist claim opposed to religious rival reasoning. The prescribed grammar and justificatory procedures are argued as *the* normative instrument for service and its objective formulations as the right mode of mastery. Yet CECs determined by such instruments become not only dependent upon the lingua franca of secularist moral reasoning, but also its questions and answers concretized by consensus. They become icons of technique (Moyse 2021). Respect for autonomy and concerns for coercion are an illusion of such distorted universalism, which tyrannizes human freedom. Put differently, and with intensity, moral “technique enslaves people, tendering an illusion of freedom, all the while constraining individuals under the demands of [a] technocracy” (Moyse 2015, 105).

Appropriately, then, we must be(come) dissenting of such programmatic secularist arguments. Such programmatic secularist ethics work against the creativity and freedom of moral agents, constraining rather than liberating moral agency under the weight of a constellation of (albeit general, or content-thin) moral ideals, principles, and rules determined canonical. Such theories or ideations, such secular liturgies, do not simply pit abstracted moral techniques against concrete humanity, they situate persons within a horizon from which they learn to see the world,

and everything in it, as mere fodder for technique. In doing so, such programmatic secularist techniques are dehumanizing.

V. CONCLUSION

Malek has argued that only a minimal range of consensus-determined principles and practices are thought useable for CECs, while other religious (rival) rationalities are as weeds in a garden, which risk tainting the manicured moral arrangement. Effectively, for Malek, religion is as a mere resource among others to be used, if determined useful, or set aside, if not. Thus, religious persons who are also tasked with performing clinical ethics consultations are expected to consider their religious beliefs and values as mere resources, objective propositions to be set aside into a sort of standing reserve. Sure, it is thought permissible to deploy such propositions in and for personal and private matters. However, “whether implicit or explicit,” use of religious reasoning has “no place” in the established practices of public ethics consultations (Malek 2019, 95).

CEC expertise is determined by the understanding, practice, and performance of the established clinical ethics technique, or methodology. The pedagogy of moral technique would train the devout CEC accordingly, such that she would see the systematic processes and assemblage of consensus-derived principles are to be deployed to ensure consistent results. After all, the organization of knowledge, as such, *is* for the achievement of practical purposes. Thus, the devout CEC will learn that consistent results derive from the relevant service for persons in clinical settings. She will learn that persons confronting clinical ethical crises need the commodified product her profession has manufactured. She will learn that she is one among many organized specialists who can tell those gathered the acceptable grammar for public moral

discourse and decision-making while writing off as valueless, or hazardous, what might be learned from competing moral grammar. To be sure, however, we must “not confuse the public use of expert factual knowledge with a profession’s corporate exercise of normative judgement” (Illich 1977, 21). Ivan Illich would argue that the former is self-limiting, and conversational, while the latter is presented as established consensus, and not to be questioned. The former affords an opportunity to be interrupted, surprised, and transformed by the presence of another whose life and experiences are as a constellation that might guide our way. The latter circumscribes conversation and presents as basic the universal opinion of the ‘profession’ and its standards of practice, which cuts through the moral material. What Malek is presenting in her paper is an apology for scissors rather than a journey by star-gazing. She is presenting a consensus-determined moral technique, which can provide effective adjudication of clinical ethics crises and concretizes harmony around a discrete set of practices and principles.

Yet there remains reason for dissenting of such programmatic secularism: the harmony that one encounters in such visible order is a harmony constructed from an imagination already deceived by a serpent (Gen. 3) and “capable of anything ... [already knowing] what is right!” (Barth 2002, 27-37). Here Barth’s exclamation is cynical, for the modern human not only committed to but also conditioned by technology has also become excessively proud. By way of modern technology, broadly considered, modern humanity has come to consider itself as a master and maker, both solitary and self-sufficient, while confronting the crises of human life (Moyse 2021). Such a human is as an icon of an anti-Christ, obstinately “trying to slip by God on a thousand secret paths” (Barth 1981a, 18).

The allusion to Genesis 3 is not merely cynical, however. The fruit of the tree was “to be desired to make one wise” (v.6 NRSV); so there is a warning about pursuing wisdom outside of a

pedagogy to God, which modern technology as an ontology fails to heed. Malek's argument seeks to resolve moral discourse (seeks wisdom, if you will), by excluding the possibility for God, and in this way is a direct repetition of taking from the tree. So, while programmatic secularism impedes authentic moral conversations and it seeks to escape difference, reasons to have concern, it would also make sinners. Of such programmatic moral technique, the Christian must dissent—not only for the Church, but also for the world.

NOTES

1. Special issue edited by J. Clint Parker: The clinical ethics consultant: What role is there for religious beliefs? *HEC Forum* 31(3), June 2019.

2. Jacques Ellul introduces the “coefficient of elasticity” while discussing the continued role for human action within a particular technological apparatus. In the context of a clinical ethics consultation, the ‘decision-maker’, for instance, is thus permitted to express other considerations in ways that illuminate their respective situatedness. But this merely maintains an “illusion of liberty, choice, and individuality” (Ellul 1964, 139). In the end, “the technical criteria matter [for the CEC], not the human element. Such criteria render the system relatively independent of human influence and the technology autonomous” (Moyse 2015, 102). The point of a professional standard of practice, which prioritizes programmatic secularism, is to overcome the “obstacle of diverse human reactions ... [while the CECs] systematically (*i.e.*, dispassionately and efficiently) guide human decision-making through the avenues of identification, specification, and justification” (Moyse 2015, 103).

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