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VIRTUE ETHICS IN THE AGE OF HIV
(From the lecture "Infectious Virtue")

ABSTRACT

While the worldwide incidence of HIV/AIDS declines, the number of seropositive individuals continue to rise exponentially in our country. The primary concern affecting people living with HIV/AIDS is the stigmatization associated with the disease. How do we, as a Church respond to this crisis? In contemporary moral theology, the emphasis is given to the rediscovery of the virtue ethics. Following the eudaemonistic teleology of Thomas Aquinas, the virtues, especially compassion, can inform how institutions respond to the HIV/ AIDS situation in a manner that uplifts the dignity of persons, faithful to the teaching of Christ, and addresses the harm of stigmatization.

Key Words: HIV/AIDS, Virtue Ethics, Stigmatization, Compassion, Justice

INTRODUCTION

Everything has been done before. As Qoheleth said, "What has been will be again, what has been done will be done again; there is nothing new under the sun." (Eccl. 1:9)

I begin this discussion on HIV/AIDS with the universal biohazard symbol. To many, this symbol of danger represents toxic substances, radioactive material, and poisonous chemicals. But for the queer community in San Francisco, USA this is a sign of HIV/AIDS. It becomes a sort of a silent warning to anybody intending to engage in casual sexual relations. Bug-chasers and gift-givers use this symbol. Bug-chasing and its counterpart, gift-giving, are part of a subculture in the gay community. Bug-chasers seek to be infected by seropositive patients, while gift-givers willfully infect others. This notorious activity was a fad in the middle of the previous decade. Since then, the majority are more careful and responsible in using protection or informing casual partners of their HIV status. The question is what will be the next fad in this colorful community as there is nothing new under the sun?

The problem of HIV infection (human immunodeficiency virus) and AIDS (acquired immune deficiency syndrome) is entirely different in the Philippines. Today, both government and civil society are active in their campaign against HIV. Even the Church has programs to reach out to young people, and so I will not go there in this lecture. But as Church people, we ask, where do we situate ourselves in approaching HIV? What I am proposing here is a paradigm that is not new. In fact, it comes from very ancient sources – a methodic bioethical approach based on virtue ethics. Following the lead of bug-chasers and gift-givers, we as a Church can become agents of infection, not of viruses and disease, but of virtue. We do not give and chase after HIV but transmit the infectious virtues of compassion, loyalty, justice, and care.

HIV TODAY

Before the introduction of antiretroviral therapy (ART), HIV infection often quickly progressed to a terminal illness. AIDS represents the full-blown disease. The drug availability prolonged survival of patients and decreased end-of-life care in the first world. In developing countries with high disease incidence, like Thailand, antiretroviral drugs are scarcely available that palliative remains the only tenable response. Here in the Philippines, the situation is different for now since the rate of infection is now increasing. Unless foresight and planning are in place, it won't be long before we are confronted with the same situation faced by other developing countries with high HIV cases.

Sub-Saharan Africa still has the highest incidence and prevalence rate of HIV worldwide. Locally, the NCR still has the highest incidence, followed by regions III and VII at a rapidly increasing rate.[1] The cost of treatment with ART is high. Our advantage is the heightened awareness and surveillance, more people are getting tested and treated early. The highest rate of transmission of the virus happens in the sector of society of men having sex with other men (MSM) at 81%.[2] In the campaign against HIV infection, protection by using condoms is advocated.

HIV AND THE CHURCH

There are two prevailing thoughts on HIV/AIDS present in the Church. On the one hand, there are those who advocate prevention by strict observance marital fidelity and abstinence. Then there are the liberals who at least concede, if not promote condom use as a preventive measure. When Pope Benedict XVI visited Cameroon in 2009, he was reported saying that specific situation condom use didn't do much to curb the AIDS crisis.

[1]"HIV/AIDS and ART Registry of the Philippines: March 2016. Epidemiology Bureau, Department of Health. (2016)," http://www.aidsdatahub.org/hivaids-and-art-registry-philippines-march-2016-epidemiology-bureau-department-health-2016, (accessed October 18, 2017).
[2]Ibid.

Of course, he was lambasted for his comment. But Benedict XVI was correct because, despite effective condom campaign and distribution, culture becomes a determining factor. On another occasion, Pope Benedict was said to have given the opposite comment when in 2010 he said that, "There may be a basis in the case of some individuals, as perhaps when a male prostitute uses a condom, where this can be a first step in the direction of a moralization."[3] The physician in me would agree that despite no singular universal mean can curb HIV; condoms help prevent the transmission of the virus during sexual contact.

ENDING THE STIGMA OF HIV/ AIDS

> *As a body is one though it has many parts, and all the parts of the body, though many, are one body, so also Christ. (1 Cor. 12: 12)*

The Church can do so much to address HIV/ AIDS. But according to an infectious specialist, her most significant contribution would be to end the stigma of HIV. Too often, we the Church people, if not fueled the stigmatization of HIV patients despite the many initiatives and programs launched in collaboration with many dioceses and Church organizations all over the country. This includes the continued refusal to recognizing condoms as a preventive tool; the continued discrimination against the LGBTQQIAAP[4] community; and the continued insistence that HIV is the result of promiscuity and infidelity and homosexuality and that it is most likely a death sentence – all these actions have stigmatized the disease.

[3]Frances D'Emilio and Nicole Winfield, "Pope Says Male Prostitutes Using Condoms Justifiable to Halt Spread of HIV," http://www.washingtonpost.com/wp-dyn/content/article/2010/11/20/AR2010112001849.html, (November 20, 2010).
[4]Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Allies and Pansexual

VIRTUE ETHICS

We are familiar with two main approaches to ethics: teleology and deontology. Teleological ethics (e.g., consequentialism and utilitarianism) looks at the outcome of our action. Utilitarianism considers the greatest good for the greatest number. Deontology emphasizes the doing one's duty or abiding by the rule. Consequentialism is best exemplified by utilitarianism, while deontology is exemplified by the Kantian categorical imperatives. In the field of medical ethics, a principles-based approach, particularly that proposed by Beauchamp and Childress, has become a standard. These principles are namely, respect for autonomy, beneficence, non-maleficence, and justice.[5] Many authors today are asking if a principle-based approach adequately captures both the contextual nature of decisions in patient care and the moral importance of the health professional's character. Thus, opening the door for virtue ethics in medicine.[6]

The past few decades saw the emergence of virtue ethics. A virtue is a habit or a dispositional trait of character that is socially valuable and reliably present in a person.[7] Virtue is moral excellence. The origins of virtue ethics can be traced back to Aristotle. In the Nicomachean Ethics, Aristotle talks about eudemonia, often translated as happiness, but which meaning is closest to human flourishing. Eudemonia is understood as an ongoing and stable dynamic, a way of being in action, that which is appropriate to the human psyche at its excellence (arête). Excellence or arête is often translated as "virtue." A virtuous person, therefore, is someone who attains excellence. Attaining excellence becomes possible by phronesis or practical judgment or correct thinking, often

[5]For a complete description of the biomedical ethics, see Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 7th ed (New York: Oxford University Press, 2013).
[6]Justin Oakley, "A Virtue Ethics Approach," in *A Companion to Bioethics*, ed. Helga Kuhse and Peter Singer of *Blackwell Companions to Philosophy* (Oxford, UK ; Malden, Mass., USA: Blackwell Publishers, 2009).
[7]Beauchamp and Childress, *The Principles of Biomedical Ethics*, 31.

translated as prudence.[8] Virtue is those traits acquired through time that contribute to the common good.[9] Aristotle went on to say that moral virtue is a conscious choice. One can attain excellence by practice until it becomes a habit. The opposite of a virtue is, of course, vice. If courage is a virtue, its extreme form would be rashness, while its opposite is cowardice. If industriousness is a virtue, its vice would be laziness, and so on and so forth.

Virtue is also central to Catholic teaching. The eudaemonistic ethics of virtue was embraced and expanded by the Scholastics, especially St. Thomas Aquinas. From this period, we come to embrace the cardinal virtues of prudence, justice, temperance, and courage and the theological virtues of faith, hope, and charity. We believe that the theological virtues are infused in every person that together with grace and the gifts of the Holy Spirit they lead one to holiness. Because virtue ethics looks towards the end or a goal, which is flourishing, it is said to be teleological. It is premised on the notion of true human nature with a determinate human good or an end or telos. Alasdair McIntyre notes that within this teleological scheme there us a fundamental contrast between man-as-he appears-to-be and man-as-he-could-be-if-he-realized-his-essential-nature.[10]

Virtue ethics is premised on an understanding of ourselves as self-forming and determining agents. Virtue ethics looks on the human agency that is relevant to patient care especially in cases of HIV and AIDS. We shall consider the following virtues: compassion, loyalty, justice, and care.

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[8]In *Nicomachean Ethics* Book IV, there are three approaches to knowledge: *episteme*, *techne,* and *phronesis.* Episteme concerns scientific knowledge and *techne* denotes technical knowledge of skills and crafts, whereas *phronesis* **emphasizes practical knowledge or wisdom, translated into Latin as** *prudentia.*

[9]Joseph J. Kotva*, The Christian Case for Virtue Ethics, Moral Traditions & Moral Arguments* (Washington, D.C: Georgetown University Press, 1996), 26.

[10]Alasdair C. MacIntyre, *After Virtue: A Study in Moral Theory*, 3rd ed. (Notre Dame, Indiana: University of Notre Dame Press, 2007), 52.

Compassion

MSM remains as the highest form of transmission. Often, they become objects of ridicule and bullying among their peers, family, and the bigger population. But they are the section of society that is most at risk. Many of our Church people have biases against gays and lesbians. Without being discriminatory to gay people, Church ministries and programs directed to AIDS awareness campaigns must include them. While it is intended for the wider population, MSM and those at risk, ought to be given priority and critical roles. Our brothers and sisters in the LGBT community need to know that we care.

Compassion is the prelude to caring. The virtue of compassion combines active regard for the welfare of another person, with an imaginative awareness and emotional response of sympathy, tenderness, and discomfort at another's misfortune or suffering. Compassion presupposes solidarity and has affinities with mercy. It is expressed in acts of beneficence that attempts to alleviate the pain of another person. Compassion is directed to others.[11]

The CBCP issued a pastoral statement on the AIDS crisis back in 1992 where the bishops called for compassion and mutual caring and solidarity of the potential threat of HIV. It was prophetic, and way ahead of its time.[12] Compassion also means understanding. The importance of listening in handling HIV cases is crucial because of the emotional upheaval that a patient may undergo when finding out and afterward. Our engagements with AIDS patients and HIV positive individuals must be genuine mercy. Not a condescending pity or a judgmental form of help, but one that flows from compassion.

[11] Beauchamp and Childress, *The Principles of Biomedical Ethics,* 37.
[12] "In the Compassion of Jesus," http://www.cbcponline.net/documents/1990s/1993-aids.html, (accessed October 19, 2017).

Loyalty

Filipino families provide the support system needed by a family member in times of sickness in the form of financial assistance or by acting as caregivers. The loyalty and dedication are often shown death. In chronic diseases, like cancer or diabetes, prolonged treatment can drain the family's resources posing new challenges and crisis. There are also some illnesses that up until now remains a taboo to many Filipinos like mental illness. Many in the family hushed depression and psychosis. Similar stigmatization occurs in HIV and AIDS. Many patients are reluctant of informing their families. They fear the rejection and the division that could potentially tear the family apart. Acceptance is a long process, even for the patient himself. But in time, families may come to it. By definition, loyalty is a practical disposition to persist in an intrinsically valued (though not necessarily valuable) associational attachment, where that involves a potentially costly commitment to secure or at least not to jeopardize the interests or well-being of the object of loyalty.[13] Loyalty is also seen in the patient to healthcare provider relationship or counselee-counselor relationship. While loyalty provides a situation that allows the trust to grow and commitment to happen, too much of it can become problematic, patronizing, or misplaced.

Justice

Not everyone who is HIV seropositive has AIDS. AIDS represents the final stages of the disease. Seropositive individuals need to control or decrease their viral load with antiretroviral therapy (ART). On the other hand, AIDS patients suffer from opportunistic infections and cancers. They need treatment for these complications. In our country, the government provides free HIV screening and even antiretroviral drugs. But as more and more cases are identified, there will come the point when there

[13]John Kleinig, "Loyalty," in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta, Winter 2017 (Stanford University: Metaphysics Research Lab, 2017), https://plato.stanford.edu/archives/win2017/entries/loyalty/.

is a scarcity of available resources. Like in many other countries, AIDS and HIV constitute a justice issue. In bioethics, the principle of justice is about allocating resources – both material and personnel. But justice as a virtue is the mean between selfishness and selflessness. The virtue of justice comes between the individual and the institution. Justice in healthcare means an equitable and a fair distribution of the materials needed for the population.

Every patient has the right to access optimal healthcare. And moral rights have corresponding duties. The right of the citizen means a corresponding duty on the part of the government. HIV patients have the right to receive some form of medical aid or support from the government.

But can the same claims be made to the Church? The Church does not have legal duties to meet the medical needs of seropositive patients, but it is bound morally to respond nonetheless. The basis of "duty" here is not a matter of obligation, but vocation and witness. Taking the side of the HIV and AIDS patients is a preferential option for poor and the most vulnerable that is central to the Catholic social teachings.

DIGNITY, ETHICS OF CARE, AND END OF LIFE

The principle of justice predominant in bioethics is profoundly influenced by Kantian deontology. Carol Gilligan pointed out that there are two different gender-specific moral systems: justice and an ethics of care.[14] The virtue of caring is familiar to us in the healing ministry. We consider caring as a virtue that is fundamental to our relationships, practices, and actions. Caring is also an operative of compassion: the virtue of care is a subspecies of compassion. An ethics of care emphasizes traits valued in intimate personal relationships, such as sympathy, fidelity, and love. Caring refers to care for, emotional commitment to, and willingness to act on behalf of persons with whom one

[14]Farley, Margaret, "Feminism and Universal Morality," in *Prospects for a Common Morality*, ed. Gene H. Outka and John P. Reeder (Princeton, N.J: Princeton University Press, 1993).

has significant relationships.[15] An ethics of care emphasizes mutual interdependence and emotional responsiveness. In HIV/ AIDS, we encounter persons who feel most vulnerable, dependent, or gravely ill.[16] The challenges to caring happen during the chronicity of illness. Over time, a caregiver experiences fatigue. Accompanying or journeying with someone reaches a plateau when one doesn't know what to do anymore. During these times, it is best to step back and allow others to provide care; this is to protect both the well-being of the provider and the patient.

Among dying patients, the need to provide care can become overwhelming that more and more people are seeking physician-assisted suicide (PAS) a practice is still uncommon for us Filipinos. The argument put forward by advocates of PAS is to die with dignity by means contrary to Catholic teaching. Instead of PAS, we must provide palliative care to the dying. Palliative care is not a premature taking of one's life, but to provide the optimal care available that will make the dying process will be free of excessive pain. Apart from medical intervention, spiritual and emotional support must also be given so that the person going through this process felt not alone but assured of the support of the Church.

TOWARDS PRAXIS

We have discussed how a virtue ethic is appropriate to HIV/AIDS ministry. Some of us know of people living with AIDS. Priests, parish workers, doctors, counselors, and friends have journeyed with some of them. As Qoheleth said, there is nothing new under the sun (Eccl. 1:9). To us who have worked with HIV/AIDS, how do we see our ministry? Is it merely because of duty and obligation? The virtue ethics allow us to reexamine our motivations. While there is nothing wrong with doing things because they are our duty, the invitation is to grow in virtue.

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[15]Beauchamp and Childress, *The Principles of Biomedical Ethics,* 35.

[16]For a detailed discussion on an Ethic of Care, see Diana Fritz Cates and Paul Lauritzen, eds., *Medicine and the Ethics of Care* (Washington, DC: Georgetown University Press, 2001).

In summary, I will make the following suggestions to Church ministries:

1. Our Church ministries, including awareness campaigns, needs to shift the focus from the disease to the person. We stop referring to them as cases, but call them by their names. Campaign materials must not dwell on the science of HIV/AIDS but balanced with a compassionate treatment of individuals suffering them.
2. The same ministries also need to be inclusive: in particular, young people, MSM, gays, lesbians, and other people at risk.
3. Even as the Church has a strong stance against birth control, Church groups must not downplay the contribution of condoms in preventing the spread of the disease in certain societies. Condoms, as objects, are neither moral nor immoral. Condom use isn't always contraceptive. And while there are situations where cultural factors influence the spread of the infection, despite condom campaign, this doesn't diminish the role of protection in curbing disease.
4. Our Churches must be open for HIV testing. Having a captured audience week after week, promoting HIV testing can increase awareness more than posters and flyers.
5. Our ministries must also include families. Strengthening family relations can be preventive. But its greatest value is when a member of the family becomes infected with HIV. Are we prepared to minister to families?

Finally, the biggest obstacle to HIV/AID ministry is the stigma. The attitude of many Church people fuels this stigmatization. Perhaps the first step that needs to be taken is to seriously confront our own prejudices and become educated ourselves before we can actually minister to others.

REFLECTION AND IMPLICATION

In proclaiming the breaking in of Kingdom of God, Jesus healed the sick and spread the good news. He forgave sinners and set the captives free. At every moment, Jesus showed compassion and mercy. The healing of the sick was a crucial element in the public ministry of Jesus. When he cured the paralytic man and the man born blind, Jesus healed them from their disability. But when he cured the outcasts: the leper and the woman with hemorrhage, Jesus opened for them to be integrated back into the community. With the healing miracles of Jesus also came forgiveness. HIV and AIDS represent brokenness in the world today. HIV patients feel like an outcast and are condemned by society as sinners. They are the ones in most need of the compassionate love of Jesus. We, the Church, continue this mission in the world today. Compassion, mercy, loyalty, and justice are the virtues among many that is most needed by a suffering humanity. Our ministry to the sick and our life of virtues allow us to participate in realizing the Kingdom today.

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