Free and Virtuous Medicine

To Heal, Not Harm

with Andrew Kubick

CATHOLIC HEALTH CARE LEADERSHIP ALLIANCE
CHRIST CENTERED CARE

Acton University
Tuesday, June 23rd
3:45-5:05 PM

Objectives for this Lecture

1. Describe the 4-principle bioethics framework.
2. Evaluate its fitness to resolve real-life moral dilemmas.
3. Suggest a different moral framework as a remedy for any deficiency with the 4-principle framework.

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The 4-Principle Bioethics Framework

1972	1974	1979
40-Year Untreated Syphilis Study at Tuskegee	National Research Act (Pub. L. 93-348)	*The Belmont Report* & *Principles of Biomedical Ethics*

HHS.gov

"[The Belmont Report] is a statement of basic ethical principles and guidelines that should assist in resolving the ethical problems that surround the conduct of research with human subject."[1]

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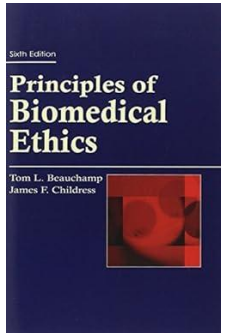
The 4-Principle Bioethics Framework

Common Morality

Autonomy Nonmaleficence Beneficence Justice



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"The four principles flow from common morality to inform biomedical ethics, promoting professional practice standards for people who work in health care and medical research."[2]

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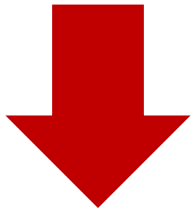
The 4-Principle Bioethics Framework

Common Morality



"Good is to be done and pursued, and evil is to be avoided."[3]

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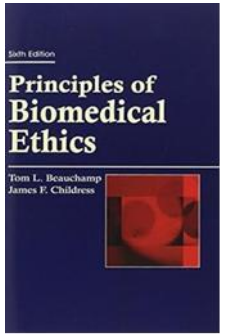
The 4-Principle Bioethics Framework

Autonomy Nonmaleficence Beneficence Justice



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"[Autonomy] is not excessively individualistic, not excessively focused on reason, and not unduly legalistic."[4]

"Autonomy is the ground of the dignity of human nature and of every rational nature."[5]

Immanuel Kant
Granger Art

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The 4-Principle Bioethics Framework

Autonomy Nonmaleficence Beneficence Justice

"The patient's autonomy always, always should be respected, even if it is absolutely contrary—the decision is contrary to best medical advice and what the physician wants."[6]

Jack Kevorkian
The Economist

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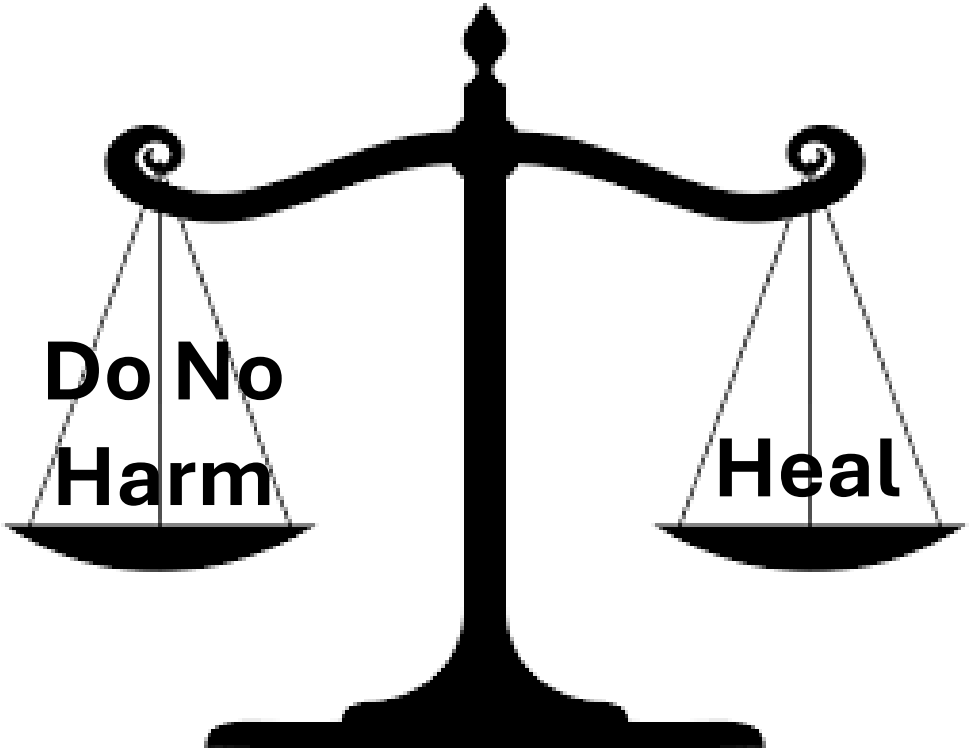
The 4-Principle Bioethics Framework

Autonomy **Nonmaleficence** **Beneficence** Justice



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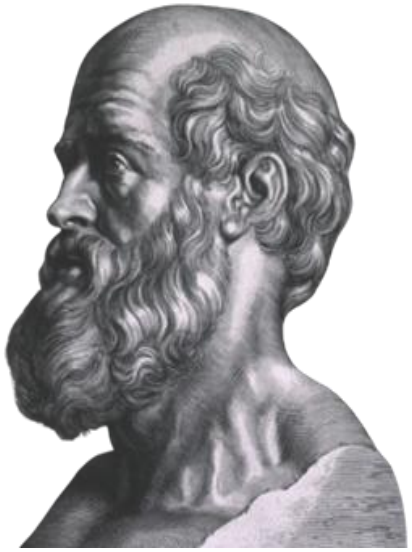
The 4-Principle Bioethics Framework

Autonomy **Nonmaleficence** **Beneficence** Justice

*"I will use those dietary regimens which will **benefit** my patients according to my greatest ability and judgement, and I will **do no harm** or **injustice** to them. I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan; and similarly, I will not give a woman a pessary to cause an abortion."*[7]



Hippocrates
Internet Encyclopedia of Philosophy

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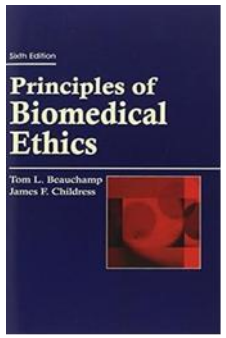
The 4-Principle Bioethics Framework

Autonomy Nonmaleficence Beneficence **Justice**



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"Fair, equitable, and appropriate treatment in light of what is due or owed to person."[8]

"Regarding the application of justice: Who ought to receive the benefits of research and bear its burdens."[9]

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The 4-Principle Bioethics Framework

Autonomy Nonmaleficence Beneficence **Justice**

"…for equality between genders that, perhaps, the woman should take the first pregnancy and then the husband can take the uterus and the next pregnancy."[6]

Dreamstime

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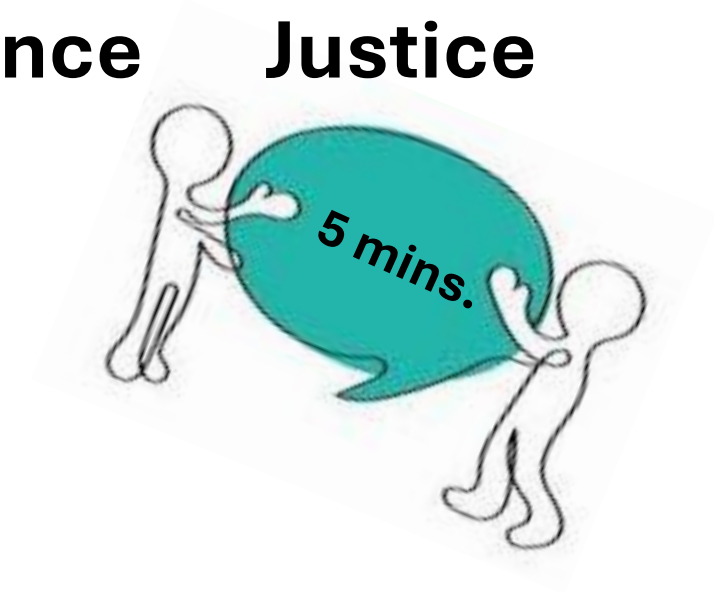
Application to Real-life Moral Dilemmas

Autonomy **Nonmaleficence** **Beneficence** **Justice**



Procured abortion

Physician-assisted suicide

Direct sterilization

In vitro fertilization

Embryonic stem cell research

Body mutilation

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Catholic Moral Principles as a Remedy

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The Grandeur of Humanity

Being	Doing	Living	Meaning
Menschenwürde	Moral*	Merit	Identity
Ontological	Moral	Social	Existential
Intrinsic	Inflorescent		
Intrinsic	Extrinsic		

Lennart Nordenfelt, “The Varieties of Dignity”

DDF, “Declaration *Dignitas Infinita”*

Daniel Sulmasy, “Dignity and Bioethics: History…,”

Nicanor Austriaco, *Biomedicine & Beatitude,* 2nd”

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Catholic Moral Principles as a Remedy

Procured abortion — ERD n. 45

Physician-assisted suicide — ERD n. 59

Direct sterilization — ERD n. 53

In vitro fertilization — ERD nn. 40-41

Embryonic stem cell research — ERD n. 51

Body mutilation — ERD n. 28

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Replacement *vs.* Assistance

Replacement		Assistance
Artificial Reproductive Technologies (e.g., IVF)	**Gift of Life Received**	Restorative Reproductive Medicine
“Sex-Reassignment” Procedures	**Complementarity of Sexes**	Affirmation of Maleness and Femaleness
AI-generated Mistruths	**Intellection and Volition**	AI-supported Research
Euthanasia, Physician-Assisted Suicide, and Voluntarily Stopping Eating and Drinking	**Authentic Accompaniment**	Palliative Care and Hospice

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Replacement *vs.* Assistance

Artificial Reproductive Technologies (e.g., IVF)

Gift of Life Received

Restorative Reproductive Medicine

"Sex-Reassignment" Procedures

Complementarity of Sexes

Affirmation of Maleness and Femaleness

AI-generated Mistruths

Intellection and Volition

AI-supported Research

Euthanasia, Physician-Assisted Suicide, and Voluntarily Stopping Eating and Drinking

Authentic Accompaniment

Palliative Care and Hospice

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Replacement *vs.* Assistance

Medical Economics

"Humanity, created by God in all its grandeur, is today facing a pivotal choice: either to construct a new Tower of Babel or to build the city in which God and humanity dwell together."

— P. Leo XIV, *MH*, n. 1

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Relationships *vs.* Algorithms

"Social connection, prosociality, spirituality, optimism, and work—growing evidence suggests these five factors can play am important role in improving the well-being of people and communities."

— Giula Cambieri, Harvard T.H. Chan School of Public Health[10]

Home › Monitor on Psychology › 2026 › January/February ›

EMERGING TRENDS

AI chatbots and digital companions are reshaping emotional connection

As digital relationships proliferate, psychologists explore the mental health risks and benefits

By Efua Andoh Date created: January 1, 2026 11 min read

Vol. 57, No. 1

Print version: page 60

Artificial Intelligence | Research | Marriage and Relationships | Friendship

- Further isolation
- Loss of social skills
- Open question on the development of AI-induced psychosis
- Potential for immoral validation (amplification of "maladaptive beliefs, like delusional or suicidal thinking")[11]

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AI in Healthcare

"However, if AI is used not to enhance but to replace the relationship between patients and healthcare providers—leaving patients to interact with a machine rather than a human being—it would reduce a crucially important human relational structure to a centralized, impersonal, and unequal framework. Instead of encouraging solidarity with the sick and suffering, such applications of AI would risk worsening the loneliness that often accompanies illness, especially in the context of a culture where 'persons are no longer seen as a paramount value to be cared for and respected.' This misuse of AI would not align with respect for the dignity of the human person and solidarity with the suffering."

— Dicastery for the Doctrine of the Faith, *AeN,* n. 73

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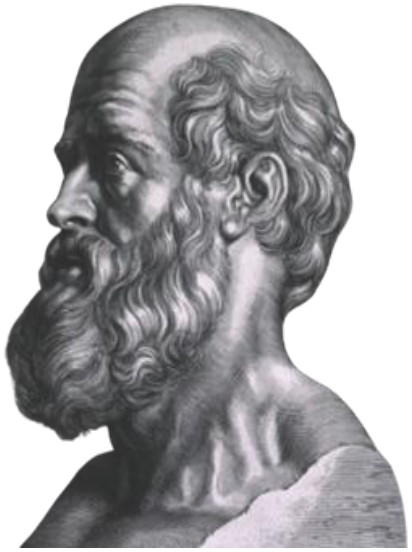
Truly Human Health Care

“It is more important to know what sort of person has a disease than to know what sort of disease a person has.”



Hippocrates
Internet Encyclopedia of Philosophy

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NCBC

24/7 Free Consultation Service

Thank You!

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Work Cited

[1] National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, *The Belmont Report* (1979): web.

[2] See Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics, 6th ed.* (New York: Oxford University Press, 2009), 12-13.

[3] Thomas Aquinas, *Summa theologiae*, I-II, 94.2.

[4] *Ibid,* 99.

[5] Immanuel Kant, *Grounding for the Metaphysics of Morals* with *On a Supposed Right to Lie because of Philanthropic Concerns, trans*. J.W. Wellington (Indianapolis: Hackett, 1993), 436.

[6] "The Kevorkian Verdict," *Frontline,* show 1416, aired May 14, 1996: web.

[7] "Hippocratic Oath," National Library of Medicine: *Greek Medicine* (2008): web.

[8] Beauchamp and Childress, *Principles of Biomedical Ethics, 6th ed.,* 241.

[9] National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, *The Belmont Report* (1979): web.

[10] Guilia Cambieri, "The Importance of Connections: Wasy to Live a Longer, Healthier Life," *Harvard T.H. Chan School of Public Health: Social and Behavioral Health* (last updated June 4, 2025), 90: web.

[11] Efua Andoh, "AI chatbots and digital companions are reshaping emotional connection: As digital relationships proliferate, psychologists explore mental health risks ad benefits," *APA Monitor on Psychology* 57, no. 1 (2026): web.

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