

Doctoring Good Religion: Secular Theories of Religion in Medical Ethics

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Most medical ethicists (and likely most medical professionals) today recognize and are sensitive to the importance of religiosity among patients, and so they employ a sectarian model of religious inquiry that gives voice to a plurality of different religious groups or representatives. In this model, medical ethicists consult religious traditions and mine their texts, practices, and values for resources in the debates over new medical technologies or in setting the limits of medical interventions. Each tradition gets an equal voice—an opportunity to present their values and priorities to the medical debate. This model prioritizes patient autonomy by privatizing religious beliefs and practices while at the same time articulating carefully circumscribed religious reasons that may be presented in public (in this case, referring to the secular institution of the hospital).

My thesis is that the secular imaginary that structures contemporary American medical ethics depends upon the presumed opposition of secular and religious values, even as it accepts religiously-oriented values and ideas into medical ethics debates. Furthermore, by circumscribing the import of religious values and practices in medical decision-making, medical ethicists theorize about religion and produce (or regulate) religious subjects. My aim will be to elucidate the hidden values of the secular episteme that undergirds ethics handbooks on religious resources in medical decision-making. I will trouble the boundary between religion and secularity in medical ethics—not offering an apology for religion but instead offering a reflection on the way religion is theorized by secular medical ethics.

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