

The bioethical debate between Laicism and Catholicism on the self-determination of death and dying. Gathering of logical substratum over and above opposites

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Abstract

The study considers two corpora that confront the themes of the end of life: the first is constituted by 12 contributions from a book edited by the Fondazione Umberto Veronesi (2006) and the second by 13 contributions from an International Congress organized by the Pontificia Accademia Pro Vita (2008). To underline similarities and differences in the lexical profiles the two groups of opposite contributions have been compared and contrasted using qualitative and quantitative perspectives. The research identifies and describes the pivot concepts that justify the contraposition. This work is important because it shows a methodological way to demonstrate the procedure useful for a critical analysis of the contents that are involved in the bioethical debate. In fact it is a very rare experiment in this field, and so it opens a new view on the possibility of rendering methodologically more evident the comparison on which the political and social choices depend.

Keywords: Bioethics, self-determination, catholic ethics, lay ethics, statistical analysis of textual data

1. Introduction

This research is a part of the bioethical debate on end of life questions, which in Italy are heavily influenced by Catholicism, whose indications take on a political relevance since they express the Vatican decisions (Fornero, 2009). Italy differs from other Western Countries, since, in the definition of the limits that must be imposed on the scientific-technological management of biological life, it assumes a position that may be defined as “theocratic” (see, for example, the rejection of assisted reproduction – Law 40/04). In the international debate, one of the most important bioethical questions is inherent to the subject of freedom of self-determination regarding the control over one’s body. The lay (Enlightened) positions try to promote, through positive laws, the individual’s power to make decisions about the quality and quantity of medical treatment. On the contrary, the theocratic advocates try to limit such freedom on behalf of the law of God; his ministers’ moral interpretations are intended to orient social and political choices. The pivotal point of the argument consists in the fact, on one hand, that those who centre their reasoning on the value of spiritual life deduce from this dimension the norms that discipline corporal life and their technical management. But lay (Enlightened) positions, on the other hand, do not recognize any divine/spiritual principle that may limit the technological management of the biological dimension, because it is explainable/alterable without appealing to any spirit or God. Since the comparison between the two polarities produces a remarkable

social tension (Fornero, 2009), even to invest the debate on the foundation of democracy, since non-catholic people perceive submitting to norms regarding the intimate and private dimension to be damaging and limiting way, because they are forced to correspond to religious values that they do not accept, the Italian condition is an important field in the studies inherent to the contraposition between religious versus lay-enlightened positions, with respect to the regulation of scientific-technological intervention on biological life.

Our analysis investigates: the concepts expressed by key-words that result redundant, or that are considered effective in the rhetoric strategies finalized for the conquest of consent and which, for this reason, are more frequently used. These key-words are distinguished between those that characterize the two polarities and those that delineate a mutual symbolic field which result both as a reciprocal effect of influence and as a substratum of Western culture.

In this study two corpora which confront the themes of the end of life are considered: the first corpus is a document representing the lay-enlightened position, composed of chapters from a book edited by the Fondazione Umberto Veronesi (FUV); the second corpus includes the proceedings of an International Congress organized by the Pontificia Accademia Pro Vita (PAPV). In the first part, to underline redundancy, the two groups of opposite contributions have been compared by means of a simple analysis of the frequencies of the key-words (and related terms). Redundancy is the construction of a message that emphasizes an idea through the repetition of key-words and concepts. From a psychosocial point of view, in spite of the fact that redundancy is negatively perceived as improper because of its use of duplicative or unnecessary wording, its communicative function regards on one hand the avoidance of the possibility of others' misinterpretation of the idea, and, on the other hand, the facilitation of the automatic process of memorization that makes the concepts that are promoted familiar. Through the use of repetition of certain concepts, redundancy increases the odds of predictability of a message's meaning and understanding others. From a theoretical point of view, redundancy typically takes the form of tautology, through the repetition of the same meaning with different words. In the first part of our analysis we consider the repetition (high frequency) of specific words in the two groups of texts. In the second part, similarities (symbolic substratum) and differences of the lexical profiles of the two corpora are considered to investigate the second form of redundancy (tautology) recognizing the way through which their basilar common concepts differentiate the same redundant words in opposite concepts.

2. Statistical analysis of textual data

In this research two corpora, that deal with the theme of the end of life from two different points of view, are considered: the first is constituted by 12 contributions from the volume *Il Testamento Biologico. Riflessioni di 10 giuristi / The biological will. Reflections of 10 jurists*, edited by the Fondazione Umberto Veronesi (2006); the second by contributions discussed at the International conference *Accanto al malato inguaribile e al morente: orientamenti etici ed operativi / Close to the incurable or terminal ill patient: ethical and effective orientations*, organized by the Pontificia Accademia Pro Vita (Sgreccia and Laffitte, 2008). The set constituted by the two corpora may be considered of great dimension (Tab. 1): the first is composed of 54,000 occurrences while the second by 80,000.

2.1. The first part: identifying the key-words

The statistical analysis of the textual data involves the use of a direct approach to the textual information, without a *a priori* reading, and offers a representation of the contents mediated by

quantitative elaborations (Tuzzi, 2003). The adoption of this statistical approach is justified by the vast dimensions of the texts: these methodologies have a great value especially when the text is heavy reading for the researcher, because the corpora are large (Bolasco, 1996). The aim of the comparison is the emergence of similarities and differences among contributions of different authors, on the basis of the lexical profiles, which are the inventory of the presence, the absence and the frequency of words (occurrences) in the texts. Even though this form of analysis of the text may seem hazardous because it considers the frequency of the words and extracts them from their context, the observation of the list of the more frequent word-types (redundancy) of the two corpora in order to reconstitute the indication of the main contents of the text is sufficient:

FUV: *patient, physician, life, will, consent, person, right, treatment, death, testament, law, euthanasia, directives, respect, support, biological, subject, treatments, choices, decision, health, dignity*

PAPV: *life, death, patient, moral, person, physician, treatments, sense, God, health, Christ, good, man, patients, Jesus, treatment.*

	<i>N</i> <i>word-tokens</i>	<i>V</i> <i>word-types</i>	<i>TTR%</i> <i>type-token ratio</i>	<i>hapax</i>	<i>hapax%</i>	<i>mean</i> <i>freq</i>
FUV	56,602	6,909	12.21	3,449	49.92	8.19
PAPV	82,356	9,626	11.69	4,937	51.29	8.56
Corpus	138,958	12,755	9.18	6,211	48.69	10.89

Table 1: Dimensions of the subcorpora

The vocabulary of the two corpora is very wide (approximately 13,000 word-types). We chose to select first of all only the high frequency nouns, which are collocated in the level of the higher frequencies. We have selected 63 word-types that belongs to a meaningful noun (in the singular or plural form): *life, patient, death, physician, person, treatments, manner, will, moral, consent, right, health, meaning, treatment, man, euthanasia, act, moment, God, good, law, means, patients, Christ, tool, care, respect, time, testament, physicians, interventions, decisions, persons, situation, dignity, directives, assistance, sickness, support, capability, subject, decision, sick, medicine, principle, possibility, value, nature, evaluation, freedom, Jesus, personal, relationship, referring, ethic, judgment, problem, conditions, pain, autonomy, society, therapy* (in order of decreasing frequency). All the word-types in this list have been disambiguated by means of a lemmatization and by checking the context of each occurrence. The lemmatization process associates a word with a pair including a lemma and a grammatical category (e.g., in English, the word-type *thought* is associated with either the lemma *to think* and grammatical category *verb* or the lemma *thought* and category *noun*). In some cases, the same word leads to different lemmas (as is the case with *thought*) and the number of different lemmas increases, thus reducing ambiguity. In other cases different words are associated to the same lemma (e.g., in the case of *tooth* singular and *teeth* plural, which are both associated with the lemma *tooth* and category *noun*).

In order to collect the lemmas of all high-frequency nouns, also the contingent variations (plural or singular) belonging to the low-frequency level have been disambiguated and aggregated. For example, the word *ethics* (*etica*) in the Italian singular form (*etica*) belongs to the level of the average-frequencies but the plural form (*etiche*) is in the low-frequencies level. In order to preserve the noun *ethic*, first of all the four word-types (number in relation to the contingent variations of noun and adjective for the Italian language: singular *etica_noun* and *etica_adj*, and plural *etiche_noun* and *etiche_adj*) must be disambiguated, and then the singular (frequent)

and plural (infrequent) variation of the noun must be aggregated. To obtain the lemma of the adjective *ethical* (that in the Italian language may be identical to the noun) it is necessary to aggregate the feminine singular (*etica_adj*), the masculine singular (*etico*), the feminine plural (*etiche_adj*), and the masculine plural (*etici*), including the English adjective *ethical*, sometime used in the Italian text. In Italian language we found a wide range of contingent variations: singular and plural (for nouns); masculine and feminine, singular and plural (for adjectives); six different persons (for verb conjugations) and so on. It should be remembered that, more than in other languages, lemmatization plays a major role in Italian in reducing noise and increasing the amount of information conveyed by each lemma. To offer an overall view (Tab. 2), high frequency lemmatized nouns and further low-frequency lemmatized nouns and adjectives (correlated to the meaning of the target words) have been added.

Since words may have different meanings that may assume different valences when they are considered jointly to the adjacent words, the observation of multi-words (compounds and expressions constituted by sequences of words that always appear identical in the *corpora*) would be more appropriate. By means of the TaLTaC² software (Bolasco et al., 2008) we have identified in the corpora multi-words; compounds, expressions, sequences of words that gain or change meaning if considered as a block and, more generally, sequences of words that make sense and are repeated several times in the corpus. The research of the multi-words have guaranteed the finding of more than 700 meaningful sequences of words in the corpus. Analogously, as in the case of the words, also the list of the more-frequent multi-words permits the reconstruction of the main contents of the two corpora, but with a greater potential with respect to the recognition of the key-concepts:

FUV: *biological testament, anticipated directives, therapeutic obstinacy, anticipated declarations, medical act, supporting administration, living will, informed consent, sanitary treatment, patient's will, one's own body, vegetative state, palliative care, deontological medical code, life-quality, doctor-patient relationship, sanitary treatments...*

PAPV: *life preservation, palliative cares, extension of life, human life, sanitary assistant, therapeutic obstinacy, traditional teaching, end of life, therapeutic proportionality, medical intervention, moral duty, enteral nutrition, clinical situation, palliative attendance, moral obligation, human being, decision making, life meaning, Saint Paul...*

2.1. The second part: Symbolic common universe, differences and specificities

The second part of the analysis has defined the distinctive features of the redundancies in the antithetic position of FUV and PAPV, in order to recognize which of them are point of strength of the respective argumentations. For this operation, common key-words, that constitute the shared symbolic substratum have been pointed out. Among them, with respect to the two groups of test, the key-words (words and multi-words) we considered are: a) in common and used with similar frequencies in both corpora; b) in common but used with significant different frequencies (specific); c) characterizing (specific and exclusive) and so indicating the declination of the shared sense in a final antithetic solution; d) used in one corpus and never in the other (exclusive) and for this reason useful to assess the originality of the corpus. A set of words and multi-words have been recognized as “specific” to a corpus because they were repeated noticeably more in that corpus than in the other one. We have used the traditional “characteristic textual units method” (Lebart et al., 1998) based on the hypergeometric model (Lafon, 1980; Pauli and Tuzzi, 2009). Words/multi-words which show a high probability of over-usage ($p\text{-value} < 0.025$) could be considered specific for one corpus with respect to the other.

Noun	correlated lemmas	FUV		PAPV		Noun	correlated lemmas	FUV		PAPV	
		N	x10.000	N	x10.000			N	x10.000	N	x10.000
life		299	52.82	708	85.97	will		213	37.63	47	5.71
death		118	20.85	458	55.61	decision		119	21.02	110	13.36
health		69	12.19	143	17.36	consent		202	35.69	19	2.31
sense		43	7.60	147	17.85		<i>assent</i>	3	0.53	2	0.24
euthanasia		110	19.43	64	7.77		<i>dissent</i>	21	3.71	0	0.00
illness		51	9.01	110	13.36		<i>rejection</i>	41	7.24	28	3.40
good		12	2.12	113	13.72	choice		131	23.14	34	4.13
	<i>wellness</i>	4	0.71	29	3.52	directive		124	21.91	22	2.67
							<i>advanced</i>	146	25.79	4	0.49
patient		418	73.85	533	64.72	testament		122	21.55	14	1.70
person		208	36.75	271	32.91		<i>biological</i>	92	16.25	7	0.85
man		61	10.78	146	17.73	evaluation		31	5.48	88	10.69
	<i>woman</i>	1	0.18	22	2.67		<i>devaluation</i>	0	0.00	1	0.12
sick		93	16.43	71	8.62	capability		65	11.48	44	5.34
subject		96	16.96	36	4.37		<i>incapability</i>	62	10.95	2	0.24
	<i>human</i>	58	10.25	167	20.28	judgment		17	3.00	89	10.81
	<i>divine</i>	3	0.53	39	4.74		<i>prejudice</i>	2	0.35	0	0.00
						possibility		48	8.48	56	6.80
physician		274	48.41	121	14.69		<i>impossibility</i>	22	3.89	35	4.25
	<i>medical</i>	172	30.39	257	31.21		<i>necessity</i>	38	6.71	29	3.52
	<i>paramedical</i>	0	0.00	1	0.12	reference		41	7.24	63	7.65
staff		8	1.41	8	0.97	nature		42	7.42	60	7.29
assistance		25	4.42	89	10.81	freedom		58	10.25	43	5.22
supporting		80	14.13	31	3.76	information		44	7.77	55	6.68
							<i>communication</i>	6	1.06	24	2.91
cure		131	23.14	251	30.48	autonomy		67	11.84	22	2.67
	<i>palliative (adj.)</i>	22	3.89	124	15.06		<i>self-determination</i>	51	9.01	8	0.97
treatment		212	37.45	100	12.14		<i>autonomy</i>	0	0.00	1	0.12
	<i>maltreatment</i>	0	0.00	1	0.12		<i>conscience</i>	40	7.07	35	4.25
	<i>therapeutic</i>	107	18.90	89	10.81		<i>unconsciousness</i>	6	1.06	1	0.12
	<i>sanitary</i>	81	14.31	87	10.56		<i>self-consciousness</i>	0	0.00	4	0.49
means		16	2.83	261	31.69						
manner		109	19.26	164	19.91	condition		59	10.42	107	12.99
	<i>modality</i>	12	2.12	9	1.09	problem		79	13.96	84	10.20
act		127	22.44	85	10.32	moment		67	11.84	95	11.54
intervention		77	13.60	114	13.84	situation		77	13.60	81	9.84
therapy		76	13.43	79	9.59	time		61	10.78	87	10.56
medicine		35	6.18	74	8.99	relationship		29	5.12	81	9.84
							<i>correlation</i>	1	0.18	2	0.24
right		217	38.34	70	8.50		<i>interrelation</i>	0	0.00	1	0.12
duty		32	5.65	89	10.81						
law		115	20.32	45	5.46	principle		108	19.08	57	6.92
	<i>pre-law</i>	1	0.18	0	0.00	value		58	10.25	101	12.26
							<i>society</i>	17	3.00	69	8.38
God		7	1.24	144	17.49		<i>tradition</i>	4	0.71	52	6.31
Christ		1	0.18	138	16.76	respect		84	14.84	47	5.71
Jesus		0	0.00	100	12.14	dignity		69	12.19	49	5.95
	<i>faith</i>	3	0.53	58	7.04	suffering		39	6.89	74	8.99
	<i>love</i>	1	0.18	58	7.04	pain		22	3.89	80	9.71
	<i>sin</i>	0	0.00	38	4.61		<i>painless</i>	1	0.18	0	0.00
	<i>resurrection</i>	0	0.00	36	4.37	body		52	9.19	34	4.13
	<i>salvation</i>	0	0.00	10	1.21		<i>corporality</i>	1	0.18	0	0.00
						conservation		0	0.00	84	10.20
ethics		18	3.18	38	4.61		<i>self-preservation</i>	0	0.00	2	0.24
	<i>ethicality</i>	2	0.35	0	0.00	obstinacy		41	7.24	30	3.64
	<i>ethical</i>	33	5.83	114	13.84	proportionality		1	0.18	53	6.44
moral		1	0.18	15	1.82		<i>disproportionality</i>	0	0.00	4	0.49
	<i>morality</i>	0	0.00	10	1.21						
	<i>immoral</i>	0	0.00	1	0.12						
	<i>moral (adj.)</i>	26	4.59	243	29.51						
						Total		56,602	10,000	82,356	10,000

Table 2: Frequencies of the lemmas of high-frequency nouns and of some correlated lemmas

The selection of words/multi-words was applied after classifying the essential key-words on the basis of some fundamental thematic macro-categories: life/death; the individual between choice of life/death (*consent, choice, will, autonomy, decision, freedom, self-determination*); society and law (*right, duty, principle, value, law, directive*); social agreement and morals (*ethics, morals, bioethics*); medical intervention and person (*dignity, respect, proportionality, conservation, therapeutic obstinacy, health and illness*).

2.1.1. Life and death: Symbolic common universe (Tab. 3a)

The common universe of the terms used by PAPV and by FUV, with respect to the question life-death, shows the primacy of the *value of life* of the *patient*, which is defined in the *ethical* definition of its *quality*, through the recognition of the *right to preserve, safeguard it till death*, even when the end is *imminent*. The discussion over the *right to die* and the meaning of death provides the arena where differences are evidenced.

2.1.2. Life and death: Differences and specificities (Tab. 3a)

Regarding life, although considered sacred, the terms characterizing with an exclusive specificity the FUV texts are centred on aspects that underline its *quality* through self-determination at the *end of life*, (*i.e., life testament, choices of the end of life*). On the contrary, in the text PAPV the reference is the *life as good*, whose *extension* expresses the value of its *conservation*. Relative to the theme of death, the exclusive FUV terms are inherent to positive-methodological and medical-legal aspects. Instead, the PAPV horizon only considers the religious perspective and evokes the figure of Christ and of immortality.

FUV		PAPV		FUV		PAPV	
		LIFE				DEATH	
* quality of life		* life		* + verification of death	* death		
* vital support		* extension of life		+ proximity of the death	* In front of the death		
* end of life		* human life		+ cerebral death	* + death of Christ/Jesus		
* + life testament		* end of life		+ theme of death	* + death of the patient		
* + maintenance in life		* eternal life			* + corporal death		
* + end of life choice/s		* + conservation of life			* + death approaching		
* + sacredness of life		* + meaning of life			+ fear of death		
+ subject life		* + quality of life			+ rejection of death		
+ testament for life		* + life support			+ immortality		
+ life of a patient		* + personal life			+ death on the Cross		
+ interruption of life		+ full-life			+ thought of death		
		+ moral of life			+ spiritual death		
		+ meaning of life			+ mortal sin		
		+ spiritual life			+ mortal sickness		
		+ gift of life			+ about the death		
		+ vital functions			+ death and resurrection of Jesus		
		+ public life					
		+ earthly life					
		+ life conditions					

Table 3a: Life and death (+ exclusive; * specific)

2.1.3. Individuals between the choice of life/death: Symbolic common universe (Tab. 3b)

Regarding the theme inherent to the individual's life/death choices, the following categories have been selected: *consent, choice, will, autonomy, decision, freedom, self-determination*.

In this area, the key-concepts equally considered by FUV and PAPV are relative to the *decisional capability* of the patient and so the difficulty in the recognition of his/her authentic and not *presumed will*, so that his/her consent was an expression of his/her *personal freedom*.

2.1.4. Individuals between the choice of life/death: Differences and specificities (Tab. 3b)

The structure of the FUV texts, determined by exclusive and specific terms, with respect to the individual's freedom in the choice of life-death, clinches the fundamental positive dimension of the law through the concepts of *consent* and *principle of consent*, *choice* and *freedom of choice*, which are assumed in the medical practices (informed and free consent, patient's choice, advance choices), to be declined as that of the patient's will: *patient's consent*, *consent to treatment*, *expressed consent*, *expressing one's own consent*, *one's own consent* and *one's own choices*, from which the possibility of the *end of life choice* derives as admissible. The key to understand the reason for the considerable slightness of these concepts in PAPV is traceable to the category *will*, where the same results *good will* as *God's will* and *Father's will*, and in the category of *freedom* where it corresponds to the *freedom of Christ*. On the contrary, freedom characterizes FUV texts, with respect to the individual's dimension (*freedom of choice*, *individual's freedom*, *decisional freedom*...). The consequence is the exclusion of the category of *autonomy* in the PAPV texts and its high consideration as principle (*autonomy principles*) in FUV, with respect to the *individual's autonomy*, which corresponds to the *autonomy of decision* of the *person*, and so also the *professional autonomy*, and to the *self-determination* (*principle of self-determination*, *patient's self-determination*, *principle of self-determination*).

FUV	PAPV	FUV	PAPV
<i>CONSENT</i>		<i>CHOICE</i>	
* consent		* choice	
* informed consent		* + one's own choices	
* consent of patient		* + end of life choice/s	
* + consent to treatment		+ freedom of choice/	
* + consent principle		+ patient's choice	
* + free and informed consent		+ advance choices	
* + advance consent		+ fundamental choices	
* + expressed consent			
* + expressing one's own consent			
* + one's own consent			
+ rule of consent			
<i>WILL</i>		<i>AUTONOMY</i>	
* will	* + Father's will	* autonomy	
* patient's will	+ God's will	* individual's autonomy	
* expressing one's own will	+ good will	* + autonomy principles	
* expressed will		* + autonomy of decision	
* sick will		+ private autonomy	
* + respect of the will		+ autonomy of the person	
* + manifestation of will		+ professional autonomy	
* + against the will			
* + declaration of will		<i>DECISION</i>	
* + contrary will		* decision	* + decisions making
+ act of will		* + decision of the patient	* + decision making process
+ previously expressed will		* + autonomy of decision	+ medical decisions
+ expression of will		+ freedom of decision	+ ethical decisions
+ advance will			
<i>FREEDOM</i>		<i>SELF-DETERMINATION</i>	
* freedom	+ Christ freedom	* self-determination	
+ freedom of choice		* + principle of self-determination	
+ individual's freedom		* + patient's self-determination	
+ decisional freedom		* + right of self-determination	

Table 3b: Individual between choose of life/death (+ exclusive; * specific)

2.1.5. Society and law: Symbolic common universe (Tab. 3c)

Considering the theme inherent to the relationship between law and society in life/death choices, the following categories have been selected: *right, principle, duty, law, directive*. Regarding the relationship between society and law, from the common symbolic substratum of the *fundamental rights*, the questions, on one hand, regarding the *rights* of the *patient* and *freedom*, and, on the other hand, the opposition *living right* versus *dying right*, take form.

2.1.6. Society and law: Differences and specificities (Tab. 3c)

The references to the rights and to the law (*draft bill, disposition of law, special law*) that justify the *advance directive* are other areas where the linguistic characterization of the FUV emerges with many exclusive and specific terms, which extrapolate from the European Charter of Fundamental Rights many detailed forms of the freedom of *self-determination*, like the rights of: *healthy, dying, refusing, choosing, deciding*. The importance of the juridical dimension, informing the medical field, in the texts of FUV is confirmed through the terms inherent to the duty (*duties of caring for the person, juridical duty, physician's duty*); on the contrary, in PAPV the duty is defined only in *ethical* and *moral* terms. In fact, the exclusive principle of PAPV is relative to the *ethical adequacy* that is parallel to the *moral value*, while FUV principles are: *self-determination, consent* and *autonomy*, corresponding to the *juridical values*.

FUV	PAPV	FUV	PAPV
<i>RIGHT</i>		<i>PRINCIPLE</i>	
* right		* principle	+ principle of ethic adequacy
* fundamental rights		* + self-determination principle	
* European Charter of fundamental rights		* + general principle	
* + healthy right		* + consent principle	
* + Human Rights Convention		* + automomy principles	
* + self-determination right		<i>VALUE</i>	
* + right to die		* + binding value	* value
* + right to refuse		* + juridical value	+ moral value
* + patient's right/s		<i>LAW</i>	
+ civil law		* law	
+ right not to care		* + drafts bill/bills	
+ right to make decisions about one's own body		* + disposition of law	
+ European Charter of Human Rights		+ special laws	
+ right to choose		+ bill/bills	
+ right to decide			
+ right of the person			
+ respect for the rights			
<i>DUTY</i>	<i>DIRECTIVE</i>		
+ duties of caring for the person	* duty	* directive	
+ juridical duty	* + moral duty/ies	* advance directives	
+ physician's duty	+ dutiful moral	* + advance directive	
	+ ethical duty	+ expressed advance directive	

Table 3c: Society and law (+ exclusive; * specific)

2.1.7. Social agreement and moral: Symbolic common universe (Tab. 3d)

With respect to the theme inherent to the agreement on moral questions in the life-death administration, the following categories have been selected: *ethic, bioethics, moral*. The

common discussion about the *medical ethic* and the importance of the *ethical committees* underlines how the *ethical point of view* influences the *ethical valuation* in both *professional ethic* and *ethical life*.

2.1.8. Social agreement and moral: Differences and specificities (Tab. 3d)

Through the characterizing words, it is possible to recognize in this area the presence of two opposite universes of sense: the *bioethics* versus *ethic* and *moral*. The first dimension marks FUV, the second PAPV. Respect to the bioethics, FUV refers to politic-juridical organisms: the *National Bioethics Committee* and the *European Convention of Bioethics*. PAPV, instead, turns to the *ethic* to consider *duty, judgment and decision, questions* that interest the *contemporary medical ethic* and considers *duty, obligation, impossibility, tradition, good, doctrine* and *catholic moral* as resources to solve *problems and questions*, through *reflection, reasoning* and *moral evaluation*.

FUV	PAPV	FUV	PAPV
	<i>ETHIC</i>		<i>MORAL</i>
	<ul style="list-style-type: none"> * ethic * ethical * + contemporary medical ethic + ethical judgment + ethical questions + ethical duty + ethical decisions + principle of ethical adequacy 		<ul style="list-style-type: none"> * moral (noun) * moral (adj.) * + moral duty * + moral obligation * + moral judgment * + moral impossibility * + morally obligatory * + moral character * + moral tradition + catholic morals + moral duties + moral good + moral value + moral of life + moral object + person's moral + moral dutifulness + moral problems + moral question + moral doctrine + Catholic moral thought + Catholic moral + moral reflection + moral evaluation + moral thought + moral reasoning
	<i>BIOETHICS</i>		
<ul style="list-style-type: none"> * + National Bioethics Committee + European Convention on Bioethics 			

Table 3d: Social agreement and moral (+ exclusive; * specific)

2.1.9. Medical intervention and the person: Symbolic common universe (Tab. 3e)

With respect to the theme inherent to the relationship between medical intervention and person, the following categories have been selected: *dignity, proportionality, respect, conservation, obstinacy, health, illness*. The shared problem by PAPV e FUV about the *care as medical intervention* on the *person* grows through the discussion on the themes of *human dignity, unconditioned respect* and the promotion of the *health* versus *therapeutic obstinacy*.

2.1.10. Medical intervention and the person: Differences and specificities (Tab. 3e)

The categories of *dignity* and *respect* characterize the FUV texts, where the function of the *respect for the person*, of his/her *will* and *personality*, of the rights that safeguard *dignity* and *death with dignity* against that *damage* caused to them, are underlined. In PAPV texts *dignity* is an ontological dimension that is related to the symbolic structure of the *proportionality* in the *therapeutic practice* and in the use of instruments, administrated through *criteria, judgment* and *reasoning* considered appropriate.

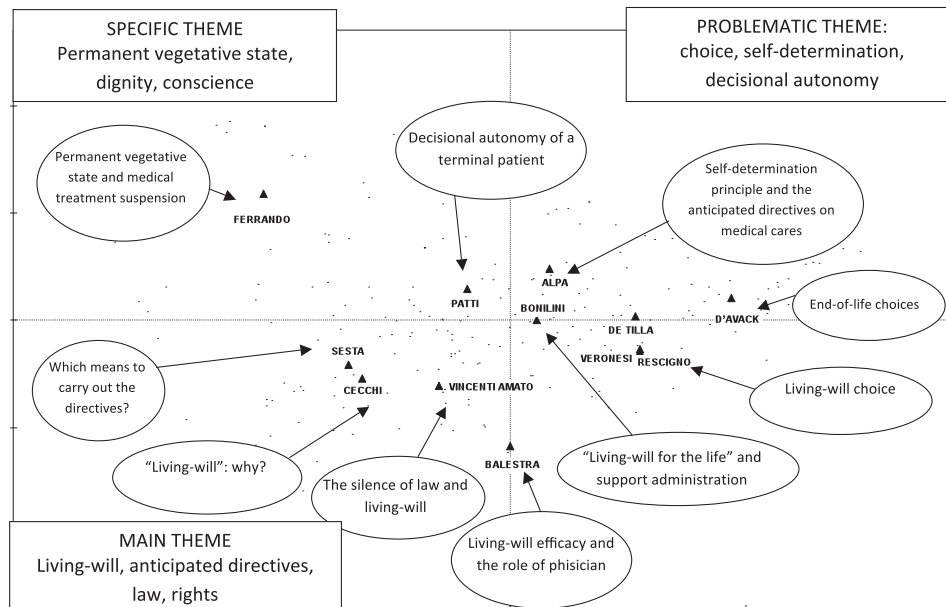
FUV	PAPV	FUV	PAPV
<i>DIGNITY</i>		<i>PROPOTIONALITY</i>	
* dignity	+ loss of dignity	* proportionality	
* + death with dignity	+ ontological dignity	* + therapeutic proportionality	
* + respect for the dignity		* + proportional instruments	
+ damaging dignity		* + proportional reasoning	
+ dignity of human person		+ judgment of proportionality	
+ Personal dignity		+ proportionality criteria	
+ damaging the personal dignity			
+ dignity of death			
<i>RESPECT</i>		<i>CONSERVATION</i>	
* respect		* + conservation of life	
* respect of the person			
* + respect of the dignity		<i>OBSTINACY</i>	
* + respect of the will		* obstinacy	
+ respect of the personalità			
+ respect for the rights			
<i>HEALTH</i>		<i>ILLNESS</i>	
* + right to health	* health	+ irreversible illness	* illness
* + tutelge of health	* + preserving health		* + chronic illnesses
	* + conserving health		+ terminal illness/es
	+ in good health		+ mortal illness
	+ good health		

Table 3e: Medical intervention and person (+ exclusive; * specific)

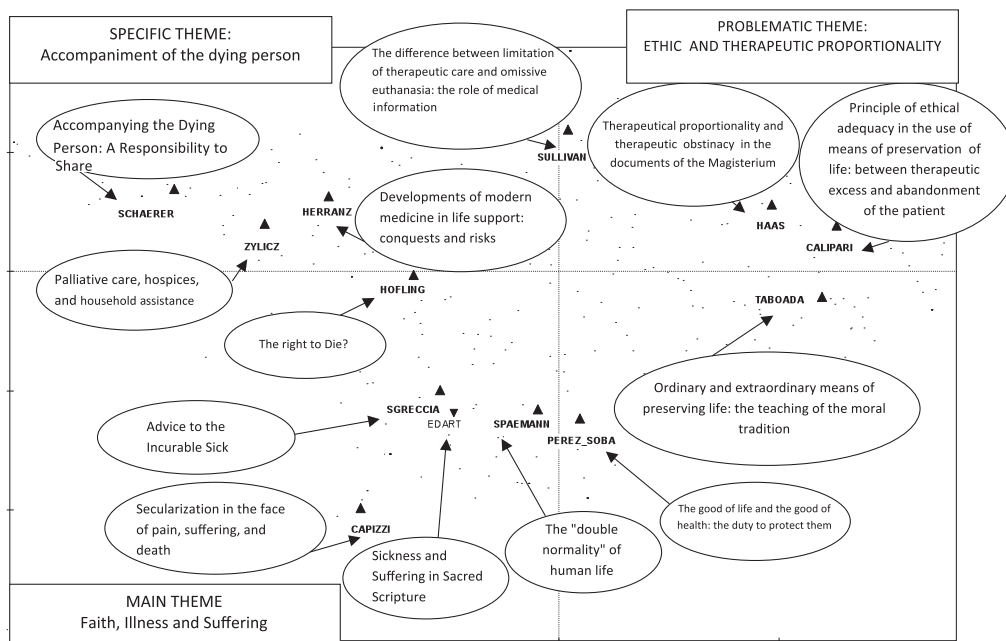
3. An Attempt at Verification

In order to further investigate these themes, an initial explorative analysis, based on correspondence analysis (Greenacre, 1984; Lebart et al., 1998) was also performed. Structures of argumentation which were very similar effectively emerged: the debate develops from “main themes” (the judicial aspects of the will for FU and faith for PAPV) to “specific themes” (vegetative states, which bring up the problem of living wills for FUV, and accompanying the dying person – problem which must be solved by making references to moral principles and faith – for PAPV) through “problematic themes” (judicial aspects for FUV and moral issues for PAPV). The argumentative methods seem similar superficially, but upon deeper analysis result to be profoundly diverse. The correspondence analysis shows similarities and differences among contributions from different authors in terms of “lexical profiles”, that is, comparing them in terms of presence, absence and frequency of words and multi-words in the texts (12 in the corpus FUV and 13 in the corpus PAPV). For this analysis words and segments (260 in FUV and 400 in PAPV, with frequency higher than 3) were taken into consideration. The graphical representation (first and second dimension) shows the authors, the titles of their contributions, and the themes (boxes).

In Fig. 1a (contributions from the FUV) the “main theme” is indicated on the bottom left: the living will and the anticipated directives, interpreted according to law and legislative aspects (*wills, patient’s rights, bills, advance consent, free and informed consent*). On the top right the box delineates an area dedicated to “problematic themes” (*end of life choices, right to self determination, individual autonomy, right to live, right to die*), where delicate themes such as active/passive euthanasia, assisted suicide consensual homicide are explored. On the top left “specific themes” are examined: vegetative states (patients in vegetative states, forced hydration, irreversible loss) where problems of human dignity and conscience during the course of treatment are raised (i.e., *continued care, the right to care, therapeutic treatments*).



(a)



(b)

Figure 1: Two-dimensional plots of the correspondence analysis (dim1 and dim2) of the contributions of FUV (a) and PAPV (b)

In the contributions presented by the PAPV (Fig. 1b) the “main theme” of the conference is indicated at the bottom: *illness, suffering and death* interpreted through faith (*faith in god, religious practice, agony, suffering, God, Christ, human life, gift, sense of life*). On the top right the “problematic theme” is ethics and therapeutic proportionality (*moral duty, moral obligation, moral impossibility, proportionality, ordinary and extraordinary means of preserving life, abandonment of the patient*). Where the role of medical information in the decision-making process is underscored. On the top left the “specific theme” regards the accompanying of the dying person (*terminally ill, dying*) both from the point of view of the spiritual and emotional experience (*spiritual research, spiritual needs, emotional support, solitude*) and from the point of view regarding care (*palliative care, palliative medicine, hospice, terminal sedation, volunteers*).

4. Conclusions

The most arduous issue which end-of-life practices must face active or passive euthanasia, and in the latter case the respect for the will of the person (interruption of care in the case of intollerable pain, or the loss of self control as in the case of vegetative states) – self determination. The biggest obstacle to euthanasia is the implication that it is a practice which does not respect life, and that it is the start of a “slippery slope”. The slippery slope argument affirms that uncontrollable results may come about from the “non-respect” of the principle of the absolute sacredness of life, even when the situation is controllable initially. The living will is the ethical response offered which respects the principle of self-determination; the decision is left to the will of the single individual, provided that individual is able to decide for himself/herself regarding his/her own dignity. But in Italy even the concept of self determination is highly limited by political forces acting from within the Parliament which are linked to the Catholic church. Given that the paradox regarding democracy means that decisions taken by the majority may go against the moral wishes of the minority, the aim of this research is to establish, through the texts regarding euthanasia and the living will, whether the concept of self-determination regarding the end of life implies latent aspects of dehumanization which could lead to the slippery slope, or is a form of respect for the individual. The results indicate that there is a fundamental common ground with respect to human life between those who belong to the Catholic world (PAPV – opposed to euthanasia and the living will) and the “pro” lay world (FUV). The concepts of good and sacredness of life, let alone of right/duty in safeguarding it, are central pivots of both the fields. It is important to consider that the common area of the confrontation is strongly characterized by terms that belongs to the language of positive law and of the medical praxis. It means, on one hand, that there is a logical-cultural continuity between the substratum and the specificity of FUV, and that, on the other hand, its use by PAPV is an expression of the catholic absorption of the medical problem, in order to lead it again to a traditional solution. The most important problem shared by both groups of texts is inherent to the theme of the consent and of the decision capabilities of the patient. The core of the matter is the opposition between positive-law, that is the framework of FUV, and the catholic ethic of PAPV. The FUV discourse begins from principles of rights sanctioned by social contract that respects human will. The PAPV reasoning is regulated by the moral that corresponds to the will of God and Christ. As the medical knowledge is scientific-technological and is also the area where the confrontation is regulated by human will, as God isn’t a direct interlocutor in scientific (medical and juridical) discussions, the catholic introduction of God’s will is considered an incorrect political operation. But this conclusion opens us to another level of the problem that here we cannot consider. In any case, if on one hand strong adhesion to values,

themes and arguments do not consent us to establish why the FUV (“pro”) position should be considered de-humanizing and less respectful of life than that of the PAPV (“con”), on the other the question of why those who must submit to the choices made by the “con” should live life in a manner which is against their will remains unanswered.

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