TOWARD A PAGAN BIOETHICS

NATHAN KNUTSON
Toward a Pagan Bioethics

Nathan Knutson
MDiv ’24
Harvard Divinity School
April 2024

Faculty Advisor: Dr. Giovanna Parmigiani, PhD
Teaching Fellow: Dylan Nelson

A Senior Paper Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Divinity, Harvard Divinity School, Cambridge, Massachusetts
A note on the cover art:

I created the painting seen on the cover as a way of providing a visual representation of bioethics as influenced by Nature-Centered spirituality. The various beings in the painting are brought together by physical means and are mutually supportive of one another. As integral actors in the forming and transforming of each other I invite you to consider yourself within any of these figures, recognizing that we as individuals cannot flourish without the support and mutual flourishing of our fellow beings. In stripping away any immediate reference to modern healthcare or medicine, this painting emphasizes our basal connections with other living beings and the tangible role we play in each other’s lives. The figures can simultaneously be thought of as sharing in the creation of distinct and whole persons while also being open to the care and connection that is found when we are vulnerable to one another, with a tender openness that is ready to accept both the needs and assistance of those around us.

I encourage you to use this image as a visual anchor for the meditative portions of this project which are expanded upon in the preface. By inviting you back to this visual I hope to stoke the fires of our collective moral and ethical imagination, so that you can at various points picture yourself, your profession, and your communities as any or all of the figures; to include the light burst bringing illumination to the painting and the background nebulous of formless color that provides a space which the other beings inhabit.
We begin in the Center, where Spirit dwells at the heart of it all. Turning ourselves inward toward the Center brings us into a space of introspection where we recognize the meaning of all that we have been and will continue to be a part of. That which holds us together, the Spirit, dissolves the conventional boundaries of place and time, allowing us to feel and act in connection with all other beings who craft meaning from this shared experience of existence. As we look to the anchoring cover painting let us witness the spiritual connection, openness, and flow that centers these beings in a place of care for one another. May we live into this same feeling of connection to foster empathy, care, and joy throughout the world. May we be held securely in the embrace of Spirit and Center.

What you are about to partake in is a project that is intentionally blended, multifaceted, and at times even counterintuitive, which is why I feel it is important to first situate my perspective on the writing and research process for this project on bioethics and religion within a reasonable amount of context. Crafting something that even begins to parse out the interwoven nature of this topic of bioethics and the ties it shares with the many other pertinent concerns of this world is nigh impossible. In recognition of these complexities I seek to create something that can simultaneously be thought of as ethical research, meditation, theology, and ritual, all without falling too deeply into the many trappings these various forms present as obstacles to both you as reader, and me as author.

Utilizing an unorthodox style for this project follows in the legacy of many boundary-pushing scholars and writers who have done the hard work of carving out a niche for themselves and their unique insights within a world content with easy definitions and rigid borders. While they are too numerous to comprehensively list here, I would like to acknowledge that I am indebted to these predecessors and their work which has made room for this project and its attempt at deepening our understanding for the place of diverse forms of ethics and religious practice within people’s daily lives.¹

Following the sound advice from a number of my current academic colleagues and community members this paper is organized into sections which are connected to an element and direction of Nature that is commonly worked with by many contemporary Pagan practitioners and their respective communities. These elements are Spirit, Earth, Air, Fire, and Water. The directions are Center, North, East, South, West. Each element and direction is associated with a set of qualities that can be invoked and contemplated while reading the relevant section.

¹ Some of the many scholars and writers who have influenced this approach to are, in no particular order, bell hooks, Wendell Berry, Star Hawk, Malidoma Patrice Somé, Robin Wall Kimmerer, and Atul Gawande.
Deepening one’s physical and emotional connection to the process of bioethical discernment and its implications.

Calling to the elements and directions is a practice that is done in many Pagan communities to form a container, sometimes called “casting a circle”. This practice creates a space within which further ritual and philosophical work can be undertaken. Beginning each section with a meditative practice helps to set the larger tone for this project. As well as the kinds of changes it hopes to support out in the world beyond the strict confines of what is commonly divided into rigid camps of either academic or religious thought. Meditations of this sort are an act that requires us to pause and consider ourselves and our place within the entire web of life. Learning to not think of the self as solely a disconnected being who is an arbiter of medicine, religion, or ethics. But rather, that we are all beings fully embedded in the context of physical place, time, and community. The very existence of which is bound up within the mutual flourishing of all beings.

The brief meditations found at the top of each section of this paper are meant be invoked by the reader as you move thorough this paper as way of grounding the entire project within the archetypal elements. Inviting the many fractured pieces of our world and ourselves back into the fold of ethical thought and practice, bring about a greater potential for transformation and positive change. The specific pairings of these elements with their associated directions is a practice that has been handed down from within the broader Pagan community. Many reasonings and arguments exist to justify these particular combinations and their order of invocation, but for the purposes of this project we will not invest much effort into the examination of these arguments. Instead we will simply acknowledge that the underlying elements are, and always will be, present forces within our lives that merit consideration and reflection. Especially when we are considering matters of ethics and health.

Guiding information about the elements, their widely associated alchemical symbols, as well as their respective directions has been laid out below for those who would find this helpful. This is by no means a perfect articulation of how people have come to comprehend this phenomenon of creating a ritual meditative container as many variations on this practice exist within a broad subset of Pagan communities. With this understanding of adaptability I invite any and all who take part in this project to adjust these summaries and meditations as needed to better reflect their own positionality and insights so that we may have more robust multilateral conversations about these important issues while respecting the unique contexts we all find ourselves within.

Spirit is the element associated with Center. While not a direction typically used as a navigational aid in our daily lives it is nonetheless an important waypoint which helps to guide this entire process of research and ritual inquiry. Spirit and Center hold close all that we cannot as human beings fully comprehend; it makes tangible the invisible viscera that connects each of us to each other in ways that have yet to be entirely revealed. By leaning into the mystery and grandeur of this place in the circle of elements we gain a sense of trust in the process, as well as in one another, neither of which can be grasped through logical means alone. May they move beside us as continue along the many twists and turns we have yet to encounter.
Earth is the element associated with the direction of North. It is a grounding force which allows us a chance to recognize how we are already interconnected and held to ways of being that simultaneously help and harm us. Earth and North are forces of strength, they drive us forward and connect us to the specific needs of place. May they inform how we begin our journey together, and may they support us on our path of discovery.

Air is the element associated with the direction of East. It is the element we move within every day but often fail to notice; it surrounds us and calls us into this space and time as both wind and breath. Air and East allow us to recognize how we are currently sustained and how each of us participates in the current atmosphere through the physical nature of our being. May we appreciate the sustaining power of Air and East, and the role they have played in bringing us to where we are today.

Fire is the element associated with the direction of South. It gives light to all that is brought near, allowing us to better understand that which has for too long been kept in the darkness of rigid thinking. The direction of South and its spark of Fire ignites new innovations and creates a catalytic reaction of change that if harnesses with care can be utilized for collective betterment. May they provide for us a place full of warmth, creativity, and energy where we can discern a brighter tomorrow.

Water is the element associated with the direction of West. It represents the constant adaptation and flow of life, a power that changes and manipulates the status quo in a necessary balance of renewal and destruction. Water moves in ways that are both gentle and powerful, bringing into being a landscape carved by its presence. The direction of West is the place of the setting sun, a space of transition from day to night, signaling the coming of a fresh time of beginnings, and an end of that which has run its course. May they shift our thoughts and actions in ways that will benefit the web of being, and may we recognize the need for this adaptation and transformation in the quest for a more equitable world.

As we make our way through this project, I sincerely invite you to relate to it all in whatever route feels genuine in light of your particular context and tradition. Knowing that whether you choose to participate in this as a ritual meditation to deepen our collective understanding of Pagan bioethics, or purely as a work of academic research, you are appreciated and your contributions to the web of being are not taken for granted. If we as a collective desire to enact positive change in our shared present we must recognize ourselves as one small yet complete part of a larger whole that unceasingly bends the arch of history toward an end to injustice, a reduction of harm, and the creation of a sustainable home for all. Each and every one of us have a role in this work. I thank you for your efforts and the part you play.
Introduction (Earth & North)

~ A Meditation on Earth and North ~

Earth is the literal ground upon which we move. It is the substance that provides us an opportunity to be rooted in the here and now. The minerals, metals, and organic materials that make up its body are also found in each of us, human and non-human alike, it is the matter that gives shape to our thoughts and beliefs. It is constant; as present today as it was yesterday, changing on scales that our human lifespans can barely comprehend. We remember and invoke this element to serve as our foundation, upon which we will build all that we know. North services as its symbol, grounding and guiding how we move through life, on a journey toward the unknowable tomorrow. As we go forth on this collective journey may we be supported by Earth and North. May we feel their encouragement and steadfast dedication to the body that is all of us.

For each person, at all times, there is a network of connections in which they are suspended, held in ever-present community by the other beings of this universe. This interconnected web brings us together within a complex matrix of relationships which fluctuate, decay, flourish, and regrow continuously throughout the perspective of one’s lifetime; in tandem with our physically embodied journeys as distinct entities that have come to compose just a small part of this web. We choose, over the course of our lives, how and when to engage with one another to facilitate these relationships. Strengthening some while allowing others to fade away. These circumstances and choices help give shape to the broad philosophical concepts of engagement, relationship, individuality, and community. All of which are pertinent topics to be considered when we are inevitably faced with medical and healthcare decisions, both for ourselves and our loved ones. Parsing out the nuances and trappings of ethical decision making in medical contexts is a practice best done in communion with these shared aspects of life which fill up any one individual with the holistic community we all rely on to survive and thrive in this world. Together, through this paper, we will examine these concepts and ideas, lending our attention and talents to this ever present effort to make this realm a more colorful and joyous picture of ethical life.

Through an engagement with the ontology, theology, and ethics of contemporary Paganism we will explore the ways in which a broad Pagan bioethical theory of healthcare can be crafted. This task will not be straight forward. and I am hoping most of all that this paper will merely act as a continuation to conversations that have been taking place on the margins of academic and professional spaces since time immemorial. It is not enough to rehash philosophical arguments of bioethics through the same rhetoric of objectivity and scientific neutrality which has become the norm in our current age. Doing so would only sink us further into a space where we try endlessly to rationalize and justify the continued degradation of our planet and dehumanization of our kin in pursuit of a singular answer that does not exist. In writing this project I am looking to explore with each of you a multitude of possibilities, not with
the immediate intent of solving today’s problems which are held up as the most pressing of all concerns. But instead, helping simply to shed light onto the variety of considerations we as a society and culture make within the contexts of both personal and collective health.

To understand what Pagan ethics might offer to the realm of medicine we must first grasp a very basic makeup of contemporary Paganism, and the variety of peoples, groups, and communities who identify with this movement. Nature, always with a capital N, as it is most often understood in Paganism to be a living member of the community, is central to the Pagan way of life. It makes up the whole of who we are and encompasses everything that is often lumped into the distinct terms of “natural” and “supernatural”. Calling for us to remember that we are simultaneously subject to this state of life as well as a force of wider change upon the space itself. From this central understanding of our place within Nature itself, Paganism fissions into a variety of practices that, are more often than not, grounded in the traditions of indigenous peoples and pre-colonial societies from all around the world. Many Pagan communities today emphasize these traditions as a way of calling forth our primeval and continued connection to a particular place and the set of divine understandings, pantheons, or myths that have sprung from these beautiful histories.

Due to a number of factors, including the loose configuration of many communities, reluctance to identify with the label of a particular understanding organized religion, and ongoing negative biases toward Paganism from other religious communities, it is difficult to estimate the current number of contemporary Pagan adherents. In the United States a rough census of religious affiliation conducted in 2014 reported a number close to one million Pagans, or about 0.5% of the overall population. While these numbers may be small in comparison to other religious traditions, and accurate numbers are hard to even produce because of the reasons just listed, there is still a significant minority of American’s today who identify with a Nature-centered religious tradition. Since the time of this last survey the number of Pagan practitioners is believed, by nearly all accounts, to be growing. As attitudes toward Nature-centered traditions have been trending toward greater acceptance and younger generations increasingly explore traditions outside of the ones handed down to them by family ties. Paganism is often framed as a broad umbrella-like category rather than singular religion, like Christianity or Islam, and therefore does not lay claim to any specific tradition, and there are no universally recognized hierarchies; especially for those who practice within distinct ethnoreligious communities who do not wish to be associated with the term Pagan. At times it can be difficult to traverse this line of separation and connection with grace, and the discussions as to which communities choose to be considered Pagan or not are ongoing.

Paganism today embodies a reverence for our physical as well as spiritual place in the web of all life, seeking to be present here, in this difficult and complicated space where life takes on that special tint of meaning found through the act of living. All while continuing to explore, critique, and feel a deep awe toward all that is involved in this process of life. Pagans live into

---

the reality of today, acting to change that which cannot be tolerated while accepting the quirks that make us who we truly are.

My hope for this project is that we, in the course of contemplating these issues through a Pagan lens, will become better able to witness and support each other in this strange act of being alive. As a vehicle to move us along in this process, I seek to make bioethics more of an ontology than an epistemology. That is to say, I believe to get us pointed in a direction of real ethical change we must try our best to make ethics visceral, living, and deeply embodied. Something that is as tangibly felt as much as it is mentally pondered. Undertaking such a transformative journey is not something that can be accomplished fully through the written page. To make the points laid out here truly felt they will need to be taken up by our bodies and put into use within the systems we construct. Without this physical embodiment, bioethics will continue to languish in a state of abstraction, relevant to us only in cases of emergency after the systems have already failed. Preventing these travesties and making bioethics into a living practice of collective action will not be easy or straightforward, but it is worth it. Which is why we find ourselves in conversation, and why the relationship we are creating between us in this moment, matters.

Inspired in large part by my own lived experiences as both a former surgical technologist and current practitioner of a Nature-centered religion, this project is by no means a neutral outlining of objective facts that rationally try to persuade anyone toward a pre-determined outcome. Instead, this project is an outflowing of all the events, insights, and emotions that make our existence here together meaningful and worthy of examination. Processing them together in ways that try to make sense out of an innately random existence.

In the course of creating this project, I tried to blend the academic with the narrative and the personal with the communal. Not shying away from highly charged moments and ideas that have informed my own understanding of ethics. To do otherwise would be ingenuine to the wider Pagan and academic communities who have embraced and supported me on this journey. While the arguments made here might not land universally, they nonetheless work to amplify the overall trajectory of this project’s scope, which is meant to make bioethics a subject that can be approached from all angles, a topic that in time can become more familiar and relevant to us all. In providing a sense of reality and lived complexity to a subject that is so often treated as a fixed laboratory specimen, my intention, much like those of Nature-centered religion itself, is to stir up creative energies that might in some small way help to make this world into a more equitable, just, and joyous place to call home.
Where We are Today: A Perspective on Conventional Bioethics (Air & East)

~ A Meditation on Air and East ~

In the East the morning Sun greets us with warmth, embracing the world with daylight, stirring the atmosphere. Each day we feel this movement through our bodies and deep within our souls. As the planet warms with the gentle caress of a day renewed, Air swirls circles. These winds move all they encounter in a dance of atmospheric balance, reminding us to recognize the atmosphere and its place within the web of life. In each moment this breath of wind is within and around us, ever present. With each inhalation we take in this force and with each exhalation we release it again into the world. We are inseparable from the Air and from the East. May we go forth into the world providing for each other a similar sense of stirring warmth, where all of our actions embody the caring and fluctuating embrace of East and Air.

To properly situate ourselves in the sprawling bioethical landscape of the present day we must account for the deep histories that have given shape to the perceived goals of medical care and the role health plays in the life of the human being. Reckoning with these concepts, events, and their combined lived effects, all of which contain both miraculous and horrifying moments, is a job best addressed with active discussion and intentional listening with a wide swath of communities. As a singular person staring at a computer screen doing research and writing in silence, I feel it is important to acknowledge that in some ways I am perpetuating a gap between those who have the luxury of thinking about and critiquing healthcare from a distance and those who actively participate in it every day as workers, patients, and the web of caregivers that hold the system together. Positioning myself, my thoughts, and my intentions temporarily within this existing binary is not to discredit either the merits of academic research and their effects on our collective discussions, or the views of workers who are busy saving lives, and do not have time to quibble with abstract ethical positions. This acknowledgment, rather than continuing to perpetuate a binary understanding of the world, is meant to contextualize the growing realization that any proposed theory must be fully grounded within the realm we currently inhabit, where there are no isolated decisions, and actions of death and life are not as easily separated as the topics and paragraphs on this page.

If you are choosing to interact with this paper as a meditation on the role of Nature-Centered spirituality in healthcare, then it is now that we truly begin to feel the air of bioethics that is all around us. The ideas we hold about healing and the purpose of medicine, combined with the actions we take to bring such ideas into the world, are the very atmosphere we move through. They are the very substance of bioethics itself.

Often as imperceptible as the gravitational pull which holds us in an embrace with the Earth, institutionally approved models of bioethics are all around us exerting pressure and influencing our decision making within each and every movement. For the many people who are deeply engrossed in other needs and attention controlling tasks involved with being alive, the
atmosphere of bioethics is rarely confronted head on. But even without intricate philosophical dissection, collective bioethical thought and presupposition continues to influence how we construct as well as maintain the systems and rituals that make up much of what people interact with in our current healthcare settings.

In this section of the paper we will examine these existing presuppositions to orient our work of creating new paths for the future of bioethics. Being that I am engrossed in the landscape and culture of the United States, this first part of the project primarily focuses on this region of the world. This choice is not to dismiss the strengths and weaknesses of any other region’s medical systems. It is rather an acknowledgment that I am bound to this place and time in ways that make it difficult to authentically perceive the intricacies and particularities that move through the healthcare systems of other communities. Being transparent and upfront about this personal bias is just one of the many small ways we can open up this conversation about health and bioethics. Seeking not to attack each other on matters of personal history but looking to change our collective stance for the betterment of our communities as a whole.

Spanning the centuries since its founding as a nation built upon colonial histories and intents, the United States of America has been inundated with a number of frameworks for ethical medical care. Frameworks that have been simultaneously overlapping, competing, and complimenting one another. Instituted haphazardly in connection with a multitude of factors such as geography, class, race, and religion - these bioethical standards have all too often have been an infliction of the current powerholder’s ethical views upon a large swath of people, with little to no consultation with many of the community that exist within the country.

The roots for this practice did not arise from a purported ideal of scientific neutrality. Rather these paradigms can, in many contemporary iterations, be traced back to earlier such methods of social manipulation and control found across the European continent. A culture which has arguably been the most influential force in shaping the current bioethical perceptions of Americans. The codifying of these European medical ethics had become a prominent subject of scholarship during the Renaissance and Age of Enlightenment. A time when western Europe leaned heavily into an understanding that they held ultimate “Truth”, and a supposedly civilized way of living. This time period became defined by a variety of widespread attempts to prioritize detached rationality and glorified individualism over other ethical standards and ways of being. Signaling a through line that can help us understand how the use of objectivity and scientific reasoning dominated the field of healthcare, over other medical ways that were filled with more communally engaged and historically connected practices.³

The dominant group’s authority to enforce ethical standards on the medical care of all people was initially justified through arguments that can be divided into two broad categories. Those of authority by one’s superior intellect, and those of authority by one’s intimate connection with an all-powerful God.⁴ These two arguments uncoincidentally also came to be

---

used in justifying colonialist actions that were taking place at an accelerated rate around this same time, in a number or regions across the globe. Having been sanctioned by the all-encompassing influence of the medieval Europe’s Christian Church in the form of universities, government bureaucracies, local parishes, or outright theocracies; the highly educated men who practiced, and-or wrote about, medicine and philosophy became de-facto gatekeepers to a host of societal issues that involved questions of an ethical nature. Actively excluding other worldviews from influence or implementation within their expanding colonial empires.

During the time of the Enlightenment, and the coinciding global reach of settler colonialism, large healthcare systems had yet to find prominence in European society or their respective colonies. Individuals or small collectives of doctors who had been ostensibly verified by their association with selective institutions of learning and their pre-existing high socio-religious roles became widely considered to be what I will refer to as the “traditional” power holders within the conventional understanding of our medical systems. The broad influence of these powerholders grew alongside the repeatability and increasing standardization of medical practice following the later scientific revolution. Their connection to both the intellectual as well as divine authorities present in early-modern European society intentionally blurred their role from the wider public’s perspective, allowing doctors significant leeway in which they could wield their social power as desired. Over time this power came to be protected not only from their educational and religiously derived backgrounds but was additionally guarded by their increasing social and economic status within a rapidly urbanizing landscape. As it was almost exclusively the socially and economically privileged classes of society who supplied the individuals that were allowed to work in professionalized forms of medical care. Blocking access for others to participate in societally recognized roles of influence, these authoritative doctors contributed to the growing movement to individualize and professionalize forms of ethical authority in medicine. In solidifying a top-down style of medical authority and ethical decision making, these power structures placed the emphasis of medicine on the isolated organ functions of an individual’s physical body; contrasting them with those of a theoretical ideal. All in the hopes of finding a way in which to fit the patient as closely as possible to the abstract conception of an idealized other. This concept is still prevalent in our systems today, generally being referred to and interacted with, simply as “biomedicine”.

Shifting the basis for authority from an explicitly religious model toward one that favors a more secular framing did not eliminate the long histories of religious influence on these powerholder’s roles. Instead it further separated healthcare from the social aspects of life which continually shape our human understanding of the world. By emphasizing more of their secular components, the traditional power holders were able to keep their ideals relevant in a rapidly changing social atmosphere where secular sciences and religious faith were purported to be at odds with each other. In continuing to use a pseudo-secular value ethic that maintained their

---


7 Jonsen, 54.
place of privilege, these powerholders spread their influence further beyond the changing limits of religious institutions. Asserting their philosophical as well as physical influence on how our embodied beings live in relationship to the rest of this world.

As many religious justifications for social and medical authority began their long drawn out transformation within overt forms of public influence, in the wake of what many today would call a western turn toward modernization, the quasi-secular aspects of the traditional powerholders grasp on ethics grew in prominence. Contributing to what Hefner and others consider to be an age of “multiple modernities”, in which there are a chaotic jumble of underexamined and disconnected, yet highly present, emphases influencing the role powerholders construct and maintain within a given society. Masking the religious influences which have shaped our medical systems, and the powerholders within them, while obscuring a significant part of current medicine’s origin story and the centuries of religio-cultural influence that has left us in a state of ethical stagnation.

Further bottlenecking the ethical innovation flow into a trickle of thought from a privileged few; the later forming American medical systems took up this European model of medical and ethical authority. Building their foundations upon a bedrock of paternalistic and hierarchical precedents. This broad acceptance of a medical provider’s supreme authority over a patient’s treatment and care melded into the wider culture of a rapidly expanding US, becoming a part of the larger social history of the nation. The meteoric rise of the biological sciences and biomedical intervention has brought an ever increasing public awareness to the sphere of physical health and what it means in our day to day lives. The expanding medicalization of our existence, which grew within the context of an already established authoritative medical ethic, continues to disenfranchise the human community from a wider sense of self. Discouraging people from realizing relational forms of bioethical power in favor of isolated ethical concerns. Placing primal matters as wide ranging as identity, adaptability, and justice deeper into the hands of the privileged few who have held on to an unyielding sense of authority for many generations.

As the technological knowledge of biomedicine exponentially grew, the field of medicine was driven further into a secularized framing reinforced by the cumulative scientific breakthroughs of the late 19th and early 20th centuries. At this same time the U.S. delved deeper into rigid structures of ethical, economic, and legislative standards wherein disadvantaged classes and social groups became subjected to significantly dissimilar kinds of care than their more privileged counterparts. Major discrepancies in the availability, quality, and accessibility of both basic and specialized healthcare, coupled with the social shifts toward industrialization, contributed greatly to a living legacy that we still unconsciously breath in to enliven our

---

collective outlook on healthcare. Informing the boundaries of what issues and questions we consider to be within the bioethics canon today.

The topic of ethics, and its entanglement with questions of healthcare and life, can be found in the record dating back to the beginnings of nearly every philosophical tradition, it was not until recent decades that American philosophers like Beauchamp and Childress carved out a separate space and name for what has come to be deemed truly “bioethics” or “biomedical ethics” within the larger realm of philosophical thinking. While the name itself may be relatively new, the histories of biomedical ethics are anything but. In examining the ethical trends of our current day we come to understand how these stories are not tales of steady linear progress toward a singular utopian end-goal but are in many ways narratives that showcase how we are beholden to repetitive themes, perspectives, and biases that have always been present within our social structures. Identifying these themes and their continued influence on the currents of bioethical thought allow us the space in which to contextualize their continued impacts on healthcare systems as a whole.

Since the earliest days of rationalized scientific medicine there has been a push to disconnect the physical ills experienced by our bodies from their social contexts in an effort to increase the efficiency of curing seemingly isolated diseases, and to minimize threats against the established authorities who do so. In attempting to objectively describe the body through a burgeoning scientific-medical gaze, healthcare systems have worked to actively change the definition of human health and have influenced how we perceive of our bodies as social creatures. Disregarding a patient’s contextualized place in the social web became an ideal to strive toward within the scope of contemporary medicine. For some time scientifically driven medical care has been trending toward increasingly colonialist and purportedly secular forms of thinking supported by strong appeals to a sense of modernity and hyper-rational objectivity. In seeking to spread a particular medical worldview that disconnects the majority of healthcare practices from a broad array of past social contexts, modern medicine aims in almost all instances to extend the human lifespan for as long as physically possible. Bringing us to a point where, as David Arnold writes, “there is, indeed, a sense in which all modern medicine is engaged in a colonizing process”, molding all aspects of healthcare into a system meant to optimize the patient’s potential as a continued source of productivity.13

Advancements in the care and treatment of disease we have come to consider as normal hurdles of life find their sustenance within this colonial-capitalist movement, begetting ever more communities in which the very concept of health itself has become yet another commodity to be bought and sold by those who hold the most power. As the ethicist Ruha Benjamin

elaborates in her norm-shattering article on the potential for a bioethic of informed refusal; these colonial expectations of health and medicine have resulted in a profound severing of our physical bodies from their contextualized histories and traditions. Supporting healthcare methods that reinforce reductive social groupings that have been assigned by dominant powerholders. Leaving a wound that has yet to be earnestly addressed by the western medical profession. These worldviews will, without proper care and attention, likely fester in perpetuity.

The very idea that any bioethics of medicine can be separated from the other philosophical and societal concerns relevant to our specific contexts is a constructed boundary springing from the modern western philosophical and medical traditions. Both of which, as has been mentioned, place a heavy emphasis on defining and separating aspects of our lived existence into categories referred to by some current bioethicists and doctors as isolated “spheres of morality” which can be examined in as neat and orderly a fashion as possible. Segmenting the ethics of our existence in this way aims to minimize the beautiful complexities that come along with the territory of wholistically engaging living beings with our multi-faceted array of needs and desires in tow. An emphatic attempt to section health off from the rest of our living contexts has been ongoing in historic medical systems since the Age of Enlightenment. Crafting a widely accepted narrative that the ethics of healthcare ought to be only a concern of and for the individual who is suffering from an independent and isolated disease, which is only tangentially connected to the unique patient who is seeking care and treatment.

In keeping with this tradition of segmentation, the large healthcare systems of the United States blossomed over the course of the 19th and 20th centuries. Forming into a distinct industry separate from other social concerns. Contributing to the rise of modern capitalism and its neoliberal conceptions of life and worth. As a standardized form of professional healthcare has become the norm for many US residents, especially in the last one hundred years, we have also witnessed the rise of bioethics as a respected field of inquiry. A lens that has brought about a simultaneous questioning and reaffirming of the role scientific medical care plays within our human lives. As someone who was once a small part of this system, I have both witnessed and contributed to an ongoing process of blending industrialized healthcare into the fabric bioethics. Congealing them together in ways that transform the foundational ideas of what health and medicine means for humans and their care in institutional settings.

Industrialized and institutionalized healthcare, complete with its attempts at universalized applicability and conscious use of corporatized structures, dominates the field of medicine in the contemporary era. The business of prolonging human life and the related goal of fixing physical bodies moves the gears of a broader wellness scene, influencing how we comprehend the rolls medicine and health ought to play within our lives and communities. A relentless desire to

---

increase the longevity of a person’s life has come to be prioritized above all other understandings of health. One only has to open the internet or turn on a television to see how the marketplace of healthcare has come to shape our views on what medicine can and cannot do to fix your life and the lives of other people around you, who are all presumed within this scenario to be in some way broken. Only able to be cured by the biomedical-industrial complex.

As a direct result of these presumptions of human brokenness and its connection with profit-driven economic paradigms, the accepted purview of bioethics has been largely pigeonholed into questions that revolve around a few central issues. When, if ever, someone has had “too much” medicine? Conflicts over financial concerns. Or disruptions in the routine of efficiency. Rather than acting as a thoughtful inquiry into the foundational ways we engage with ourselves as physically embodied beings, and how these bodies ought to relate with one another in a shared space, bioethics in practice has been relegated to small corner of our social conscience where traditional power holds continue to decide the fate of distinct, linear, cases which fit well into our existing healthcare structures. Largely without interrogating the status quo of the systems themselves.

Pharmaceutical corporations, insurance companies, and large healthcare conglomerates all have come to be common arbiters in the relationship between human beings and their health. These bureaucracies and their particular interpretation of ethics are not solely to blame for our current healthcare woes since their contributions can be shown to have had some benefit in the spread and accountability of medical care overall. But they have also acted to continue a warped understanding of healthcare, contributing to the shift that has moved medicine away from an ideal of relational concern that fosters neighborly connections. Instead driving it further down a path of a detached professional business. In doubling down on an individualized conception of health that has long been present in the practice of medicine, an adherence to professionalism reinforced through broad systemic support from the modern hospital industry, it has become difficult to even imagine a healthcare system that is not fully entwined with the profit motivated business of fixing what has often been labeled, “broken” human bodies.

Professionalization of health and healthcare in the current context of industrialized medicine has served a twofold purpose. The first being to expedite the processes of care and facilitate the flow of timely medical treatment. It is difficult to argue against efficiency and its related effort to streamline the technical processes that make up healthcare, especially in light of the numerous highly specialized subfields that exist in medicine today. The second purpose is sadly not as defensible. Professionalism in the healthcare context provides a mask of anonymity for the specialists to use, distancing themselves from the complexities of interpersonal relationships that do not fit into the industrial systems in which they work. What professionalization actively produces when implemented in the context of health is a flattening of the human animal’s organic emotions which occur as a response to witnessing the suffering of our fellow kin.

As the legal scholar Daniel Halberstam writes on the topic of professionals as a whole; people within a professional setting are “not thought of as free to challenge the mode of discourse or the norms of the profession while remaining in the parameters of the professional
Which is to say that the system of professionalism we have created and have been taught to expect within a medical setting has been designed for intentional ethical stagnation. To the point where the majority of people within this system are unlikely to embody a stance that questions or even explores topics like what the purpose of medicine is, or ought to be, within our lives. This expectation of collective compliance to this status quo may be fitting for some interactions of a commercial nature, especially as a way to facilitate the running of a large bureaucratic society, but when it is applied to the complexities of what it means to be directly involved with human health it turns a naturally relational interaction between beings into yet another face-value business transaction. Eliminating much of the potential for any enactment of mutually vulnerable concern and boundary melding actions that breathe life into both patient and provider. When implemented on a large scale, professionalism aims to compartmentalize people’s labor into distinct spaces that can be more easily walled off from the difficulties of personally contextualized forms of meaning. Limiting our collective moral and ethical imagination wherein we might challenge the status quo and “take a critical distance from the given, to think reality otherwise”, to ensure our societal systems can adapt to the diverse array of human needs instead of the other way around.

In this interaction of unimaginative professionalism, the person defined as patient is forced to relinquish their natural self-agency which they have obtained through the act of living. Requiring them to submit to the intentionally esoteric construction of our medical systems which have been built to maximize efficiency, contributing to the further spread of “a sense of learned helplessness” that injures all but the most profit-motivated. Individual or small collectives of doctors, nurses, technicians, and administrators may choose to buck this philosophy in certain cases, but the larger structures of industrialized healthcare generally will not support this way of being for very long, and will do even less to actively encourage such worldviews beyond their performative aspects that can in turn be marketed for greater profitability.

Such a pessimistic overview on the state of current medicine in the United States sits in stark contrast to what has been shown to be the very sincere intentions of contemporary medical care providers. The vast majority of whom seek to provide care for their patients, spurred on by admirable motives of relationship and deeply felt social bonds. I am not suggesting or accusing any one person or class of people of actively undermining these sincere motivations that keep medical facilities functioning on a day to day basis. Rather, it is the influence of the constructed systems themselves, and their abstracted philosophical underpinnings that are being examined and critiqued. With the broader intention of opening up a space within which we can imagine a renewed bioethic that is not reliant on existing paradigms of authority and human brokenness.

---

20 Meza, 6.
The exponential growth of industrialized medical care that has come into being over the past few centuries has unveiled to a greater degree numerous long-existing fissures that run through our societies. A chief culprit in the continued enlargement of these deficiencies is the highly stratified class structure and resulting systemic apathy which have been continually reaffirmed through the medical realm’s influence on our culture, as well as our physical bodies. A chasm between who needs, and who is allowed to benefit from, medical advancements has become an expected part of our healthcare landscape. The glaring disparities in medical treatment between different communities of people within the United States brings into focus the need to better define the underexplored breadth of these divides, in order to go about the difficult work of mending them. Without a robust understanding of how we have gotten to this point of profound bioethical inequities they will continue to be reproduced in the policies and philosophies that guide our medical treatments. Considering that which is beyond the biologic components of healthcare is therefore a necessity which cannot be widely ignored. In learning how to make meaning from these systemic tragedies, and taking deliberate action to ward off the continued afflictions they cause to us all, a re-crafting of sorts is necessary in order to form a more robust and ethical understanding of medical care for all the beings of this world. In the next section of this project we will take on such a task. Working to change and strengthen the web of connection that holds us all together in community with one another.

---

Alternatives: and Why They Matter (Fire & South)

~ A Meditation on Fire and South ~

Fire spreads throughout your body in ways that are both highly tangible and deeply spiritual. With each breath, and with every intention, there is a spark of luminous energy. This spark allows everything to happen within your being. Relishing in this consumptive flame keeps us attuned with a balance necessary for life. An equilibrium of destruction and creation, as the old falls away the new is born. This dance of flame cannot be escaped. It is present in all things. South is the direction of Fire. In the northern hemisphere it is the direction we face to feel the sun’s power as it rains down upon us blessings of light and heat. As we pause here to gather in the warming glow of South and Fire let us remember that we are enveloped in the cycles of life that bring us through times of both destruction and creation. Inseparable from this place and these beings, we continue on within this cycle, creating new meaning with each other while letting ourselves slowly fall away toward an inevitable reembrace with the cosmos from which we came.

It is through the telling of stories that we come to an understanding of our living selves, as well as the lives of others. In all their convoluted and plot hole ridden splendor, these stories from and of our lived experiences convey the truths of our existence. Forging the Earthly community in which we find ourselves today. Working around these narratives, as if they do not kindle the spark of life itself, does a disservice to all who share in our space and time. The personal and collective narratives we craft and share with one another about life and meaning illuminate the boundaries we create within this place, helping to define and shape reality; including those we have made around modern iterations of healthcare.

In allowing us a glimpse into the very depths of systems we have created and maintained - our stories also provide an opportunity for us to recognize the constructed limits and borders that no longer serve us. Integrating broader stories of how we can support each other’s wellbeing within the realm of healthcare opens the practice of medicine to a more all-encompassing reality where we can recognize that health and the ethics that surround it are not simply static pictures comprised solely of numbers, tests, and the dissemination of information from authority to patient. But rather, both health and ethics are a relational dialogue, a sharing of experiences, and a recognition of our mutual interdependence. A practice that is meant to nurture the warmth and light created when we are in relation with one another. Stories of alternative bioethical care are a dimension of contemporary life that cannot be ignored in favor of an artificial glow cast upon us by a cold deference to the continued automation and professionalization of our colonial status quo. If we are to truthfully attempt a collective move toward a more positive world, where a continued human presence can flourish in mutual community with all of life, much in the way of cultural change must come into being so that across the globe we recognize and promote diverse stories of human health. No longer condoning a singular story of biomedicine where decisions
are made within a vacuum that actively seeks to exclude the diverse social, cultural, and religious influences that move within us and our societal systems.

A full accounting of all the complexities, joys, traumas, and triumphs that are embedded within our healthcare systems must be recognized by those who currently hold the most institutional and individual powers in order for these changes to take shape. In putting down on paper such aspirations for broad systemic change, a continuous dialogue between people can take place. In hopes that we might in some way better recognize ourselves in the life of one another.

As discussed earlier in this paper, bioethics is not a monolithic topic and there has never been a singular understanding of what constitutes the proper place for medicine in the United States, or any other nation state. There are an innumerable variety of ways in which medical systems, and the people within them, have come to determine right from wrong action. I bring this point up yet again to emphasize the fact that these nuances should not be overlooked even when offering critiques to the overarching status quo we find ourselves within today. Therefor what is being proposed and meditated upon throughout the course of this paper is not a newly concocted ethical theory that has been plucked from the ether. It represents instead a moment of collective recognition that shines a light onto ideas and practices which currently sit at the margins of our health systems. Contradictions, moral hazards, and difficult conversations are all to be found here in this place of marginality, and these facets cannot be ignored in favor of simple answers that disregard the nuances that come with being a part of this world.

The very concept of health is itself a highly relative term which must be contextualized before it can take on any semblance of meaning within the lives of individuals and groups. All of the science that has contributed to our understanding of how bodies react to the events of living requires in equal measure a processing of these experienced events. An undertaking aimed toward the creation of meaning and acceptance for the relationships we share with each other and this place. Before health and medical care can find a space of relevance within the social structures that go beyond the walls of our institutions, discussions must be had, and an understanding of the limits to all our current bioethical worldviews should be pondered. To engage with these concepts in a manner that goes beyond the common bioethical norms today of reactive arguments for or against medical cases that are themselves isolated from their contexts, we must examine the work of theory and how it can help us get to a place where reckoning can occur, and necessary systemic changes can be made.

Bioethical theory does not aim to immediately address the particularities of any one case but looks instead to the underlying flow of influence that pushes and pulls our understanding and actions within the realm of healthcare in a very real and tangible sense. In recent times the accepted role of bioethics has been one that is largely dismissive of nuanced theory, unfortunately becoming synonymous with the reductive label of “lifeboat ethics”, where only questions of immediate needs and imminent threats to someone’s survival are relevant topics for analysis.  

all resources toward the often sensationalized case of a person butting up against a rigid system, both of whom in that moment are struggling to bear witness to each other’s understandings of medicine and its purpose.

Instead of critiquing the systemic inequities which led us there in the first place, this pattern of isolated crisis response keeps us spiraling around issues that have already passed without addressing the root causes that continue to influence the events in question, or similar ones that have yet to come. As the role of large healthcare systems have become commonplace in the lives of most Americans, a progressive narrowing in the scope of bioethical concern has become the norm. And in directing our ethical critiques and attention onto singular cases of transgression or misconduct, we are kept away from addressing more nuanced questions of broad accountability and relationality.

Branching the theory of bioethics out beyond its presently accepted case-by-case use will allow us the space necessary for new growth to occur. Within this new space of growth a plethora of voices and perspectives can be taken seriously enough to find adequate systemic traction, enacting real change while shifting dominant narratives toward a bioethic centered on mutual accountability that highlights the interconnected nature of it all.

The distribution and use of power in medicine, and its relationship to concepts of agency and autonomy, are central to this rethinking of dominant bioethical theory which has kept us moving around in reactionary loops. It is through this examination of power that we will first look at how its use within the sphere of medicine can be reconfigured to promote the betterment of everyone involved. The power dynamics we craft in the context of medical care must be embedded within the reality of beings and cannot be legitimized has they have been through abstraction or the use of detached rationality, overbearing paternalism, and pseudo-objectivity. Power must instead be grounded in the context of relationality and mutual care. Without this grounding we will continually force a rift to form between the intention and reality of medical care, creating a scenario which perpetuates harm for all who interact with our modern medical systems.

When we examine the state of science driven medical care today, it is imperative we bring to light the many ways in which power has been, and continues to be, wielded as a tool of control against marginalized peoples and communities. Causing harm through the very structures that were intended to provide people with care. These occurrences of institutionalized harm directly follow the acceptance of white supremacist thinking that has been codified into health law and policy. The countless connected stories of horror perpetrated in the name of medical advancement or treatment have unquestionably influenced our contemporary ways of understanding the appropriate power dynamics between provider and patient. Entrenching the existing power differentials deep within our medical systems.

---

The abundant distrust and skepticism toward medical providers noted within many patient populations stem in large part from the deeply felt historic and continued misuse of power.\textsuperscript{26} When digging into the roots of this issue it becomes apparent that the medicalized systems of healthcare have encouraged the dehumanizing of our kin. When faced with opposition spurred on by the misuse of power or a misalignment of values, many healthcare providers within our constructed systems have latched onto the conflict as justification for the further hording of power within their role.\textsuperscript{27} Disregarding the patient’s agency and continuing a process that normalizes their unbalanced use of authority. In embodying the traditionally defined providing role within medicine, medical caregivers accepts a certain degree of authority and power that has been promised to them by a broad white supremacist influence present in American healthcare.\textsuperscript{28} Pushing aside legitimate critiques to the existing medical establishment, these traditional powerholders continue to legitimize their wide influence through a wielding of power meant to preserve the social structures that allowed them access to a powerful status over the lives of other beings in the first place.\textsuperscript{29} Models for these uneven dynamics of power can be found outside of the healthcare profession as well, most notably for the purposes of this paper, in the structures of many religious communities who have relied heavily on rigid hierarchical systems of gatekeepers for access to what they define as Truth or the Divine. In tandem these authoritative structures in medicine and religion have come to deeply influence how the majority of people in the United States relate to issues of a bioethical and medical nature.

While expertise and clinical knowledge undoubtably have their place in the discussion of bioethical matters, these accolades do not grant a person universal authority over the agency of another. And the role of any knowledge holder must be contextualized through a dispersed understanding of power and agency if we are to mitigate the continued use of the colonizer mindset that have propped up so many of the medical field’s traditional powerholders. In the process of envisioning a transformed structure of bioethics one must consider alternate iterations of powerholding that are already present in our contemporary day and age. To offer up a flourishing alternative to the status quo is to chisel away at the authoritarian foundation of many bioethical structures. Contemporary Paganism, while far from perfect in its use of authority and power, offers us a much needed guide to rethinking how our medical systems can promote a dispersed and equitable utilization of power that is coupled with a thorough recognition of agency for all those involved in the healthcare process.

Autonomy is of vital importance to many people who identify with contemporary Pagan traditions. This ethic of self-guidance and its centrality to this way of life is commonly referenced today in connection with a provision called the Wiccan Rede which states quite

\begin{itemize}
\item \textsuperscript{26} Mani Shutzberg, “The Doctor as Parent, Partner, Provider… or Comrade? Distribution of Power in Past and Present Models of the Doctor–Patient Relationship,” \textit{Health Care Analysis} (29), 233, 2021.
\item \textsuperscript{27} Yolonda Wilson, “Empathy and Structural Injustice in the Assessment of Patient Noncompliance,” \textit{Bioethics} (36), 287, 2022.
\item \textsuperscript{28} Ananya Banerjee, and Amy Tan, “Forced to Uphold White Supremacy, Until We Couldn’t Anymore,” \textit{The Lancet (British Edition)} 400 (10366): 1840, 2022.
\item \textsuperscript{29} Michel Foucault, \textit{The History of Sexuality}, (1st American ed. New York: Pantheon Books, 1978), 109.
\end{itemize}
simply, “an’ it harm none, do what thou wilt”. In practice, for Pagan Wiccans, and other practitioners of Nature-centered magick, this statement asserts that everyone ought to be their own highest authority when it comes to interpreting matters of our life story. On face value this statement can easily be misconstrued, and at times has been critiqued as yet another form of libertarian hyper-individualism. Reaffirming the assumption that decision making ought to lie within the scope of a rigidly defined and thoroughly rational individual already found in many other bioethical frameworks. However, what is being overlooked by those who misuse the rede in this fashion is the Pagan community’s desire for equity which stirs in us a need to live in balance with the other beings who join us in this living web of existence.

In recognizing that everyone is connected to their own sense of authority, a humble acknowledgment for the limits to one’s power within the wider system is brought to the front. Calling for us to form more intentional and collective efforts of understanding that seek to bring balance to our bioethical systems. In accepting this assumption of humility we also recognize the attached condition to use these understandings, both of humility and the interconnectedness previously mentioned, as a way of building compassionate relationships with other people so that no one person or group can come to hold an unjust place of power over another.

Through this Pagan lens, power is distributed within every corner of reality. Those who occupy a powerholding role in society today are no more entitled to it than those who may hold it tomorrow. Our lived stories show us that power and its connection to ethical issues of what is right or wrong are direct products of our existence in this universe. Something that has been handed down to us by an unbroken line of ancestors going back through time immemorial. When we embrace this phenomenon of distributed power, specifically within a medical setting, the dynamics between beings within traditional notions of provider and patient adjust to find renewed balance. A balance that can only be found within the context of an intentionally formed relationship that seek to find “power-with” instead of “power-over”. That is to say; the connection that is recognized and nurtured between those involved in a given medical situation shapes what becomes their understanding of health and informs decisions about the right way to go about the process of living for this forming and transforming unit. Because of the inherent ambiguity created through this centering of highly-fluid relationships, an attitude of mutual care and love for one another must actively be embodied in order to facilitate the continual renewal of this connection.

Care is fundamental to Pagan bioethics and is a vital component to many of the contemporary Pagan ways of engaging with concepts of relationship, connection, and inherent worthiness. Concepts which make up the grounding for nearly all of Pagan ethical theory. In the scholarly field of ethics, a theory of care has taken on a renewed place of consideration over the past half century. Care, in both its theoretical and real world application, has worked to

---

challenge and alter the paternalism commonly found at the root of western philosophy. As care has come to be widely utilized as an alternative grounding for the practice and theory of ethics it has nourished a broad network of societal innovation and renewal. Contributing to the continued growth of more equitable parameters in contemporary medicine and bioethics.

Coming to prominence in the 2nd and 3rd waves of feminist and womanist theory, care ethics has worked to uplift the relationship between beings as the core of any ethical undertaking. By prioritizing the relationality of beings in this shared world, care invites the full spectrum of human emotions, values, and social networks into the realm of ethics. Where many previous ethical paradigms attempt to construct hyper-rational and universally defensible arguments for their bioethical positions, care takes on an alternate perspective where scientific rationality has a role but is not granted undue control over other virtues that give shape to our medical realities. Biomedical science, and its expressly objective worldview, within this care-based framework acts as advisor and partner to all those who participate in healthcare. Rather than a self-defining feedback loop, as it is so commonly considered today within the western medical establishment.

Contextualizing the relationships at the center of any medical interaction is a default requirement in the theory of care. Without first understanding the ways in which these parties have come together, each complete with their own stories, desires, and expectations, care cannot take place. The connective social tissue that holds these people together is always present and it must be acknowledged and celebrated before it can take on a place of significance and meaning within the interaction. Without establishing a contextual understanding of each other and the many peculiarities we hold within our unique perspectives it is difficult if not impossible for there to be a transformative enacting of care. In these situations, where care and connection have not been actively encouraged, we are left with a thin veneer of pleasantries meant to satisfy only the shallowest of social decorum.

What a care-focused approach offers to the wider Pagan bioethics is a thoroughly different mode of medical engagement than what is commonly used within our systems today. In this alternative paradigm patients, along with their chosen networks of people, can advocate for themselves and their ethical worldviews without demeaning or unnuanced expectations placed upon them from unwelcome participants. The medical provider’s role in such a configuration becomes one part of the patient’s larger network of care, blending into the rest of the web that supports each of us as we move through life.

Conflicts within this relationship of care are to be expected, as is typical of any complex system of interactions that intentionally centers a balanced use of power. There is no way to fully eliminate the presence of disagreements or misaligned judgements when dealing with imperfect beings within an ever transforming system. A sentiment that is embraced by numerous contemporary Pagan communities who embody an adaptive understanding of the world where all

things are in a continual flux of relationality. The creation of meaning and value within someone’s life persist in balance with such relational upheavals.

Shifting the major intention of healthcare from a model concerned primarily with the curing of individual body systems, to a network of relational care and healing, brings with it a renewed vitality of philosophical imagination. When harnessed as an intentional bioethical method, imagination creates space for a true engagement with category-bending aspects of life that have for centuries been forced by major scientific and academic circles to squeeze into ill-fitting definitions. Understanding that such efforts do not seek to reify the same structural paradigm of an all knowing helper who fixes a broken seeker, a pattern so often employed in current medical systems, will be the greatest challenge to address. Altering this binary mentality requires a widespread effort to reconfigure how we relate to the fact that we are innately embodied creatures not beholden to strict essences or lofty ideals that are beyond our own reach as human beings.

In doing away with the restrictive binaries within medicine, such as provider-patient, sick-healthy, well-unwell, or broken-whole; contemporary Pagan ontologies help us reimagine the very nature of what it means to relate with oneself as a transforming, and transformative, being outside of conventional dualistic thinking. The reconceptualizing of relations also goes beyond the human to human bonds we so often consider in matters of bioethics. In our quest to create a more equitable understanding of healing we must also live into the knowledge that we are inherently connected to this place and age where we strive together in constant flow with the other people of this world. These categories of personhood to contemporary Pagans include our more-than-human kin who have long been thought of as a vital part of our cultural history, and valued members of the ecological understanding of health. Only recently have these persons begun to be institutionally recognized for their important role in our collective wellbeing.

Expanding our circle of medicine to include all the ways in which a person is cared for within their context opens the potential for the inclusion of complementary forms of medicine where we all are able to witness ourselves as an active part of what it means to keep the

---

entire web of life in a balanced state of holistic health. Acting as if we are all an integral piece of our shared reciprocal existence gives further credit toward the implementation of a bioethics that recognizes the entire social-ecological nebulus we inhabit. Wherein the individual and collective components of our medical landscape are all understood to be mutually nourishing to one another, doing away with the reliance on notions of outsider-insider dichotomies in order to bring us closer to a place where, as King, Henderson, and Churchill state, “bioethics can understand itself as functioning in a world where persons are not seen as simply individuated medical cases, but as embedded in a larger social network that can promote either health or illness”.

Imagining the conventionally defined category of human health as just one of the many entities that exist within a reciprocal environment of care draws out from within us an approach to medicine akin to a living ecosystem. In a similar fashion to the role fungi, plants, and animals play in the continued existence of a given space, the doctors, patients, families, and location of our societies all contribute to the lived embodiment of care we enact with one another. This display of care gives shape to what could become a non-hierarchical community of healthcare. One that is not consigned only to matters or perspectives deemed relevant by dominant professionals. Expanding the scope of medical and bioethical thinking to incorporate a wider swath of our world brings otherwise dismissed interlocutors into the fold of bioethical discussions, liberating our stories of health from the confines of the present biomedical industry, and those who have held onto an unearned place of authority over others.

The many Pagan theological systems that emphasize an ecological approach to reciprocal care and health all lend further support to a bioethics that is grounded in an active exchange of ideas, values, and perspectives, with the intent always aimed at the creation of an ever more meaningful and sustainable way of life for all. Shattering traditional attitudes of healthcare into adaptable elements that can re-form together, fitting the contexts in which they exist, rather than attempting to make human health conform with the needs of a professional industry. A robust emergence of bioethics can then grow into the niche presently filled by the colonial-oriented model of medicine.

Ultimately, what Pagan perspectives offer to bioethics is an opportunity to fully embrace this world. A space in which change, and relationships influence all the lives and structures we find within and around us. Attaching medicine to an unwavering sense of objectivity has created an ethic out of constant striving rather than an acceptance of transformation. We have created, and live within, systems of medicine where we endlessly search for a fixed state of bodily perfection as described by the scientific gaze. One that is disconnected from nearly all of the other aspects that make our life worth living. These overlooked aspects are in fact the very things

---

that provide this existence with meaning and value, as well as the virtues most adored in contemporary Paganism.

To bridge the divide that currently exists between medicine and meaning we must continuously reckon with the difficult theories that have been placed onto the care we provide for one another. The more robust and diverse theories of bioethics we create, the more opportunities there are for us to recognize and uplift the beauty that makes us who we genuinely are as people present together in this complicated space that is our reality.
~ A Meditation on Water and West ~

From rivers to streams, lakes to oceans, and clouds to glaciers; Water evoke primeval feelings of movement, chaos, solemnity, and peace. In holding and releasing molecules in perpetual cycles, the waters around and within us exemplify our own circular patterns of care and freedom. It is in the West where we can bear witness the final moments of sunlight before being enveloped in the cooling night. Resting for the new day yet to come. Together Water and West teach us how to embrace the contradictions of change and permanence. May we embody this fluidity of being, taught to us by Water and West.

The influence of religion on the practice of conventional biomedicine is by no means a new topic of study. Christian, Jewish, Hindu, Buddhist, and Muslim bioethics are all well-established fields that have contributed tremendously to our collective understanding of this intersectional space, which lies at the crossroads between science, philosophy, society, and spirituality. What contemporary Paganism has to offer this field is much needed support for alternatives to the current medical status quo. An opportunity to critically check our unquestioned tendency to frame bioethics as a shortsighted pursuit of bodily fixes. Acting upon this existing framework to help alleviate the moral and spiritual pain we inflict upon one another through our industrialized forms of medical care. In adding a contemporary Pagan consideration to biomedicine’s take on its own ethical standards of practice, a more diverse conversation around the limitations and strengths of both bioethics and biomedicine can be had, and new perspectives can be shared; to the benefit of the wider ecosystem of which we are a part.

In codifying a Pagan theory of bioethics I am not advocating or condoning an approach to medicine that dismisses science or the countless admirable people who have dedicated significant parts of their life to the care of others. This binary thinking, in which we try to reconfigure the “in” and “out” groups of power within the current practice of medicine will merely beget the same predicament we are in today. Where one seemingly isolated party gets to be the superior decision makers, while another seemingly isolated group wallows in anger and dejection. This dualistic thinking merely continues our rampant disillusionment from this sacred world.

Actively imagining ourselves to be within a unified community of living beings, and acting to preserve this community of life, is the crucial piece Pagans have to contribute toward finding a viable way forward for bioethics. In recognizing our inherent connectedness to all the other parts of this world we act to heal the wounds that have been inflicted upon us by those among us who seek to grasp undue power and resources at the expense of their neighbor. Correcting these injustices will take time, and there will inevitably be new problems to solve in the future. But for now, at this time, and in this place, we can be united in our effort to make our lives even just a little bit better.
Larger questions, like how we foster trust in one another, to continue the work of crafting an equitable and sustainable planet where we can all flourish, are the next logical steps we should all be seeking to address when it comes to problems of bioethics. Every doctor, artist, patient, and citizen should in their own way be considering their role in our shared present, to determine how we will collectively engage with these issues of life, health, and meaning. No person or group should be left out of this conversation, and no lived perspective ought to be dismissed without due consideration. In envisioning a transformed landscape for health and healthcare, we must lean into our communal sense of self. Recognizing that without one another, we cease to exist in any meaningful terms. This will be an ongoing process. One that is continually updated and changed, to fit the circumstances of the time. Rigid thinking is what has gotten us to our current place of criticism. And so, we ought to take any opportunity we can to, as Jennings and Dawson would say, “think reality otherwise”.

From this point we diverge back into our own lives, parting from the shared experience of this project. As we each go on, I hope you continue to live an authentic life rooted in the community values you have helped to shape. My fellow kin, I wish you all well.
Bibliography


Chakraborti, Moumita. “Colonial Apathy against Medical Plurality,” *Social Scientist* Vol. 46 (No. 5-6), 2018.


