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## JOURNALS IN PHILOSOPHY AND THEOLOGY

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### Bioethics

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#### The Virtue Ethics Approach to Bioethics

*S. Holland*

This paper discusses the viability of a virtue-based approach to bioethics. Virtue ethics is clearly appropriate to addressing issues of professional character and conduct. But another major remit of bioethics is to evaluate the ethics of biomedical procedures in order to recommend regulatory policy. How appropriate is the virtue ethics approach to fulfilling this remit? The first part of this paper characterizes the methodology problem in bioethics in terms of diversity, and shows that virtue ethics does not simply restate this problem in its own terms. However, fatal objections to the way the virtue ethics approach is typically taken in bioethics literature are presented in the second section of the paper. In the third part, a virtue-based approach to bioethics that avoids the shortcomings of the typical one is introduced and shown to be *prima facie* plausible. The upshot is an inviting new direction for research into bioethics' methodology.

Volume 25, Number 5  
June 2011

#### The Dead Donor Rule, Voluntary Active Euthanasia, and Capital Punishment

*C. Coons and N. Levin*

We argue that the dead donor rule, which states that multiple vital organs should only be taken from dead patients, is justified neither in principle nor in practice. We use

a thought experiment and a guiding assumption in the literature about the justification of moral principles to undermine the theoretical justification for the rule. We then offer two real world analogues to this thought experiment, voluntary active euthanasia and capital punishment, and argue that the moral permissibility of terminating any patient through the removal of vital organs cannot turn on whether or not the practice violates the dead donor rule. Next, we consider practical justifications for the dead donor rule. Specifically, we consider whether there are compelling reasons to promulgate the rule even though its corresponding moral principle is not theoretically justified. We argue that there are no such reasons. In fact, we argue that promulgating the rule may actually decrease public trust in organ procurement procedures and medical institutions generally—even in states that do not permit capital punishment or voluntary active euthanasia. Finally, we examine our case against the dead donor rule in the light of common arguments for it. We find that these arguments are often misplaced—they do not support the dead donor rule. Instead, they support the quite different rule that patients should not be killed *for* their vital organs.

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### Clinics in Perinatology

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Volume 36, Number 2  
June 2009

#### Ethics of Fetal Surgery

*F. A. Chervenak and L. B. McCullough*

This article provides a comprehensive approach to the ethics of clinical investigation of fetal surgery. Investigators should address the initiation and assessment of clinical trials to determine whether they establish a standard of care and use an appropriate informed consent process to recruit and enroll subjects, consider whether selection criteria should include the abortion preferences of the pregnant woman, and consider whether

physicians have an obligation to offer referral to such investigation. This approach is comprehensive because it takes account of the physician's obligations to the fetal patient, the pregnant woman, and future fetal and pregnant patients. The comprehensive approach to the ethics of fetal surgery is applied to the example of in utero surgical management of spina bifida.

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**Journal of Law,  
Medicine and Ethics**

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Volume 35, Number 5  
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**Is There A Duty to Share  
Genetic Information?**

*S. M. Liao*

A number of prominent bioethicists, such as Parker, Lucassen and Knoppers, have called for the adoption of a system in which by default genetic information is shared among family members. This paper suggests that a main reason given in support of this call to share genetic information among family members is the idea that genetic information is essentially familial in nature. On examining this "familial nature of genetics" argument, the paper shows that most genetic information is only shared in a weaker way among family members and does not necessarily lead to the actual manifestation of particular diseases. The upshot is that the idea that genetic information is familial in nature does not provide sufficient ground for moving towards a system in which by default genetic information is shared among family members.

Volume 37, Number 1  
Spring 2009

**The Vulnerability of the Very Sick**

*J. Menikoff*

When seriously ill patients for whom existing treatments are inadequate are invited to participate in clinical trials that offer a new treatment, should those persons be consid-

ered "vulnerable"? And if so, what additional protections should they be accorded? This article attempts to provide some answers.

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**Journal of  
Medical Ethics**

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Volume 37, Number 2  
February 2011

**Ethical Challenges in Fetal Surgery**

*A. Smajdor*

Fetal surgery has been practised for some decades now. However, it remains a highly complex area, both medically and ethically. This paper shows how the routine use of ultrasound has been a catalyst for fetal surgery, in creating new needs and new incentives for intervention. Some of the needs met by fetal surgery are those of parents and clinicians who experience stress while waiting for the birth of a fetus with known anomalies. The paper suggests that the role of technology and visualisation techniques in creating and meeting such new needs is ethically problematic. It then addresses the idea that fetal surgery should be restricted to interventions that are life-saving for the fetus, arguing that this restriction is unduly paternalistic. Fetal surgery poses challenges for an autonomy-based system of ethics. However, it is risky to circumvent these challenges by restricting the choices open to pregnant women, even when these choices appear excessively altruistic.

Volume 36, Number 10  
October 2010

**Decapitation and the  
Definition of Death**

*F. G. Miller and R. D. Truog*

Although established in the law and current practice, the determination of death according to neurological criteria continues to be controversial. Some scholars have advocated return to the traditional circulatory and respiratory criteria for determining death because individuals diagnosed as 'brain dead' display

an extensive range of integrated biological functioning with the aid of mechanical ventilation. Others have attempted to refute this stance by appealing to the analogy between decapitation and brain death. Since a decapitated animal is obviously dead, and ‘brain death’ represents physiological decapitation, brain dead individuals must be dead. In this article we refute this ‘decapitation gambit.’ We argue that decapitated animals are not necessarily dead, and that, moreover, the analogy between decapitation and the clinical syndrome of brain death is flawed.

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**Journal of Medicine  
and Philosophy**

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Volume 33, Number 2  
April 2008

**Four Queries concerning  
the Metaphysics of  
Early Human Embryogenesis**

*A. A. Howsepian*

In this essay, I attempt to provide answers to the following four queries concerning the metaphysics of early human embryogenesis. Following its first cellular fission, is it coherent to claim that one and only one of two “blastomeric” twins of a human zygote is identical with that zygote? Following the fusion of two human pre-embryos, is it coherent to claim that one and only one pre-fusion pre-embryo is identical with that postfusion pre-embryo? Does a live human being come into existence only when its brain comes into existence? At implantation, does a pre-embryo become a mere part of its mother? I argue that either if things have quidditative properties or if criterialism is false, then queries can be answered in the affirmative; that in light of recent developments in theories of human death and in light of a more “functional” theory of brains, query can be answered in the negative; and that plausible mereological principles require a negative answer to query.

Volume 34, Number 1  
February 2009

**Brain Damage and the  
Moral Significance of Consciousness**

*G. Kahane and J. Savulescu*

Neuroimaging studies of brain-damaged patients diagnosed as in the vegetative state suggest that the patients might be conscious. This might seem to raise no new ethical questions given that in related disputes both sides agree that evidence for consciousness gives strong reason to preserve life. We question this assumption. We clarify the widely held but obscure principle that consciousness is morally significant. It is hard to apply this principle to difficult cases given that philosophers of mind distinguish between a range of notions of consciousness and that is unclear which of these is assumed by the principle. We suggest that the morally relevant notion is that of phenomenal consciousness and then use our analysis to interpret cases of brain damage. We argue that enjoyment of consciousness might actually give stronger moral reasons not to preserve a patient’s life and, indeed, that these might be stronger when patients retain significant cognitive function.

Volume 36, Number 3  
July 2011

**Confronting Moral Pluralism in  
Posttraditional Western Societies:  
Bioethics Critically Reassessed**

*H. T. Engelhardt*

In the face of the moral pluralism that results from the death of God and the abandonment of a God’s eye perspective in secular philosophy, bioethics arose in a context that renders it essentially incapable of giving answers to substantive moral questions, such as concerning the permissibility of abortion, human embryonic stem cell research, euthanasia, etc. Indeed, it is only when bioethics understands its own limitations and those of secular moral philosophy in general can it better appreciate those tasks that it can actually usefully perform in both the clinical and academic setting. It is the task of this

paper to understand and reevaluate bioethics by understanding these limits. Academic bioethicists can analyze ideas, concepts, and claims necessary to understanding the moral questions raised in health care, assessing the arguments related to these issues, and provide an understanding of the different moral perspectives on bioethical issues. In the clinical setting, bioethicists can provide legal advice, serve as experts on IRBs, mediating disputes, facilitating decision-making and risk management, and clarifying normative issues. However, understanding this is only possible when one understands the history, genesis, and foundations of bioethics and its inability to provide a resolution to postmodern moral pluralism.

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### **Kennedy Institute of Ethics Journal**

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Volume 18, Number 2  
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#### **A Proposed Ethical Framework for Vaccine Mandates: Competing Values and the Case of HPV**

*R. I. Field and A. L. Caplan*

Debates over vaccine mandates raise intense emotions, as reflected in the current controversy over whether to mandate the vaccine against human papilloma virus (HPV), the virus that can cause cervical cancer. Public health ethics so far has failed to facilitate meaningful dialogue between the opposing sides. When stripped of its emotional charge, the debate can be framed as a contest between competing ethical values. This framework can be conceptualized graphically as a conflict between autonomy on the one hand, which militates against government intrusion, and beneficence, utilitarianism, justice, and nonmaleficence on the other, which may lend support to intervention. When applied to the HPV vaccine, this framework would support a mandate based on utilitarianism, if certain conditions are met and if herd immunity is a realistic objective.

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### **Neuroethics**

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#### **Will Neuroscientific Discoveries about Free Will and Selfhood Change Our Ethical Practices?**

*C. Kaposy*

Over the past few years, a number of authors in the new field of neuroethics have claimed that there is an ethical challenge presented by the likelihood that the findings of neuroscience will undermine many common assumptions about human agency and selfhood. These authors claim that neuroscience shows that human agents have no free will, and that our sense of being a “self” is an illusory construction of our brains. Furthermore, some commentators predict that our ethical practices of assigning moral blame, or of recognizing others as persons rather than as objects, will change as a result of neuroscientific discoveries that debunk free will and the concept of the self. I contest suggestions that neuroscience’s conclusions about the illusory nature of free will and the self will cause significant change in our practices. I argue that we have self-interested reasons to resist allowing neuroscience to determine core beliefs about ourselves.

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### **Philosophical Studies**

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Volume 146, Number 2  
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#### **The Loop Case and Kamm’s Doctrine of Triple Effect**

*S. M. Liao*

Judith Jarvis Thomson’s Loop Case is particularly significant in normative ethics because it calls into question the validity of the intuitively plausible Doctrine of Double Effect, according to which there is a significant difference between harm that is intended and harm that is merely foreseen and not intended. Recently, Frances Kamm

has argued that what she calls the Doctrine of Triple Effect (DTE), which draws a distinction between acting because-of and acting in-order-to, can account for our judgment about the Loop Case. In this paper, I first argue that even if the distinction drawn by DTE can be sustained, it does not seem to apply to the Loop Case. Moreover, I question whether this distinction has any normative significance. The upshot is that I am skeptical that DTE can explain our judgment about the Loop Case.

duty of competence moving the boundaries between experimental surgery, therapeutic innovation and standard care. In addition, the technical success of a fetal intervention can only rarely fully predict the postnatal outcome. Managing uncertainty regarding long-term morbidity and the possibility for fetal therapy to change the risk of perinatal death into that of severe handicap remains a critical factor affecting women's choice for TOP as an alternative to fetal therapy.

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### **Prenatal Diagnosis**

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Volume 31, Number 7  
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#### **Fetal Therapy: Practical Ethical Considerations**

*Y. Ville*

Progress in prenatal diagnosis can lead to the diagnosis of severe fetal abnormalities for which natural history anticipates a fatal outcome or the development of severe disability despite optimal postnatal care. Intrauterine therapy can be offered in these selected cases. Prenatal diagnosis is the only field of medicine in which termination is an option in the management of severe diseases. Fetal therapy has therefore developed as an alternative to fatalist expectant prenatal management as well as to termination of pregnancy (TOP). There are few standards of fetal care that have gone beyond the stage of equipoise and even fewer have been established based on appropriate studies comparing pre- and postnatal care. Several ethical questions are being raised as fetal surgery develops, including basic Hippocratic principles of patients' autonomy and doctors'

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### **Utilitas**

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Volume 23, Number 2  
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#### **Twinning and Fusion as Arguments against the Moral Standing of the Early Human Embryo**

*M. Ramsay*

Some philosophers argue that, because it is subject to twinning and fusion, the early human embryo cannot hold strong moral standing. Supposedly, the fact that an early human embryo can twin or fuse with another embryo entails that it is not a distinct individual, thus precluding it from holding any level of moral standing. I argue that appeals to twinning and fusion fail to show that the early human embryo is not a distinct individual and that these appeals do not provide us with plausible reasons for denying the strong moral standing of the early human embryo. I recognize one possible exception to this general assessment, a particular version of the appeal to fusion. Embryo fusion that results in tetragametic chimerism provides some reason for doubting the early human embryo's moral standing. But twinning and fusion are otherwise irrelevant in this context.