

PHILOSOPHY AND THEOLOGY ABSTRACTS

American Journal of Bioethics

D. Diekema and N. Fost, Ashley Revisited: A Response to the Critics, American Journal of Bioethics 10.1 (January 2010): 30–44 • The case of Ashley X involved a young girl with profound and permanent developmental disability who underwent growth attenuation using high-dose estrogen, a hysterectomy, and surgical removal of her breast buds. Many individuals and groups have been critical of the decisions made by Ashley's parents, physicians, and the hospital ethics committee that supported the decision. While some of the opposition has been grounded in distorted facts and misunderstandings, others have raised important concerns. The purpose of this paper is to provide a brief review of the case and the issues it raised, then address 25 distinct substantive arguments that have been proposed as reasons that Ashley's treatment might be unethical. We conclude that while some important concerns have been raised, the weight of these concerns is not sufficient to consider the interventions used in Ashley's case to be contrary to her best interests, nor are they sufficient to preclude similar use of these interventions in the future for carefully selected patients who might also benefit from them.

Bioethics

J. C. Havstad, Human Reproductive Cloning: A Conflict of Liberties, Bioethics 24.2 (February 2010): 71–77 • Proponents of human reproductive cloning do not dispute that cloning may lead to violations of clones' right to self-determination, or that these violations could cause psychological harms. But they proceed with their endorsement of human reproductive cloning by dismissing these psychological harms, mainly in two ways. The first tactic is to point out that

to commit the genetic fallacy is indeed a mistake; the second is to invoke Parfit's non-identity problem. The argument of this paper is that neither approach succeeds in removing our moral responsibility to consider and to prevent psychological harms to cloned individuals. In fact, the same commitment to personal liberty that generates the right to reproduce by means of cloning also creates the need to limit that right appropriately. Discussion of human reproductive cloning ought to involve a careful and balanced consideration of both the relevant aspects of personal liberty—the parents' right to reproductive freedom and the cloned child's right to self-determination.

M. Quigley, A Right to Reproduce? Bioethics 24.8 (October 2010): 403–411 • How should we conceive of a right to reproduce? And, morally speaking, what might be said to justify such a right? These are just two questions of interest that are raised by the technologies of assisted reproduction. This paper analyses the possible legitimate grounds for a right to reproduce within the two main theories of rights; interest theory and choice theory.

R. Sparrow, Orphaned at Conception: The Uncanny Offspring of Embryos, Bioethics 26.4 (May 2012): 173–181 • A number of advances in assisted reproduction have been greeted by the accusation that they would produce children “without parents.” In this paper I will argue that while to date these accusations have been false, there is a limited but important sense in which they would be true of children born of a reproductive technology that is now on the horizon. If our genetic parents are those individuals from whom we have inherited 50% of our genes, then, unlike in any other reproductive scenario, children who were conceived from gametes derived from stem cell lines derived from discarded IVF embryos would have

no genetic parents! This paper defends this claim and investigates its ethical implications. I argue that there are reasons to think that the creation of such embryos might be morally superior to the existing alternatives in an important set of circumstances.

Journal of Applied Philosophy

H. LaFollette, Licensing Parents Revisited, Journal of Applied Philosophy 27.4 (November 2010): 327–343 • Although systems for licensing professionals are far from perfect, and their problems and costs should not be ignored, they are justified as a necessary means of protecting innocent people's vital interests. Licensing defends patients from inept doctors, pharmacists, and physical therapists; it protects clients from unqualified lawyers. We should protect people who are highly vulnerable to those who are supposed to serve them, those with whom they have a special relationship. Requiring professionals to be licensed is the most plausible way of doing that. Given the overwhelming support for the licensing of these professionals, I find it odd that so many people categorically reject proposals to license parents. Although the relationship between a parent and her children is different in some respects, it is also relevantly similar to that between a professional and those she serves. To defend these claims, I show how and why the rationale for licensing parents parallels the rationale for licensing professionals. I then ask whether such a program could be justifiably implemented. Finally, I describe and reject what I see as the flawed view of the relationship between parents and their children.

M. Lotz, Rethinking Procreation: Why It Matters Why We Have Children, Journal of Applied Philosophy 28.2 (May 2011): 105–121 • Attempts to explain the intuitive wrongfulness in alleged 'wrongful life' cases commonly do so by attributing harmful wrongdoing to the procreators in question. Such an approach identifies the resulting child as having been, in some sense, culpably harmed by their coming

into existence. By contrast, and enlarging on work elsewhere, this paper explores the relevance of procreative motivation, rather than harm, for determining the morality of procreative conduct. I begin by reviewing the main objection to the harm-based approach, which arises out of Derek Parfit's analysis of the non-identity problem and its implications for preconception cases. Most attempts to avoid the non-identity objection adopt either an impersonal harm approach or draw on some version of a metaphysical modal counterpart theory to defend a person-affecting harm account. But here I develop an alternative view. The proposed account construes the wrongness in the considered cases as 'evil' rather than harm, and the type of evil in question as being of a non-grievance, welfare-connected, collective kind. Understanding the wrongness in this way offers a basis for the view that it matters morally why we procreate, and not just whether or how we do so.

Journal of Medical Ethics

P. Sozou, S. Sheldon, and G. M. Hartshorne, Consent Agreements for Cryopreserved Embryos: The Case for Choice, Journal of Medical Ethics 36.4 (April 2010): 230–233 • Under current UK law, an embryo cannot be transferred to a woman's uterus without the consent of both of its genetic parents, that is both of the people from whose gametes the embryo was created. This consent can be withdrawn at any time before the embryo transfer procedure. Withdrawal of consent by one genetic parent can result in the other genetic parent losing the opportunity to have their own genetic children. We argue that offering couples only one type of consent agreement, as happens at present, is too restrictive. An alternative form of agreement, in which one genetic parent agrees to forego the right to future withdrawal of consent, should be available alongside the current form of agreement. Giving couples such a choice will better enable them to store embryos under a consent agreement that is appropriate for their circumstances. Allowing such a choice, with robust procedures in

place to ensure the validity of consent, is the best way to respect patient autonomy.

R. Tonkens, Good Parents Would Not Fulfill Their Obligation to Genetically Enhance Their Unborn Children, *Journal of Medical Ethics* 37.10 (October 2011): 606–610 • The purpose of this paper is to unveil the incompleteness of John Harris' view that parents have a moral obligation to genetically enhance their unborn children. Specifically, here two main conclusions are proposed: (1) at present there exist insufficient empirical data for determining whether prenatal genetic enhancement (PGE) is a moral obligation on prospective parents. Although the purpose of PGE research would be to determine the extent to which PGE is safe and effective, the task of determining the veracity of Harris' premises is impossible to achieve without begging the question; we would be forced to assume the moral permissibility of PGE in order to generate the data that are required for determining its moral standing. So, given this empirical blindness, consequence-based normative frameworks like that of Harris cannot determine the moral standing of PGE, but merely push the question of the moral standing of PGE back a step, without offering any plausible and morally endorsable recourse for how to answer it; (2) even if PGE research were legal, which it is not, parents nevertheless have good reason not to consent to it for their children, especially as participants in the first wave(s) of such research.

Journal of Medicine and Philosophy

H. T. Engelhardt Jr, Beyond the Best Interests of Children: Four Views of the Family and of Foundational Disagreements Regarding Pediatric Decision Making, *Journal of Medicine & Philosophy* 35.5 (October 2010): 499–517 • This paper presents four different understandings of the family and their concomitant views of the authority of the family in pediatric medical decision making. These different views are grounded in robustly developed, and conflicting, worldviews supported by disparate

basic premises about the nature of morality. The traditional worldviews are often found within religious communities that embrace foundational metaphysical premises at odds with the commitments of the liberal account of the family dominant in the secular culture of the West. These disputes are substantial and ultimately irresolvable by sound rational argument because of the failure to share common foundational premises and rules of evidence. It is in light of these fundamental disagreements that there is a need to evaluate critically the claims and agenda advanced by the Convention on the Rights of the Child.

Linacre Quarterly

P. Beeman, Natural Family Planning in Education and Practice: A Narrative Review of the Literature, *Linacre Quarterly* 77.4 (November 2010) 399–414 • Natural family planning (NFP), which comprises multiple, variegated methods, is an underutilized form of birth control. This is despite women's interest in it. It is unclear why this is the case. One hypothesis is that nurses and physicians, main sources of information on reproductive health matters, are not adequately trained to provide NFP services to patients. The extant English language literature on the subject of NFP and professional education was examined and analyzed for information on the breadth, content, and depth of NFP teaching in medical and nursing programs. Data on physicians' and nurses' practice and attitude toward NFP were also examined. Few articles and limited data exist to indicate what type of training in NFP student doctors and nurses receive, though it is clear that some information about it is obtained through the undergraduate nursing or medical curriculum. The literature suggests that many health-care providers would offer an NFP method to specific patients, but that such opportunities are rarely sought and are in fact limited. These methods would be more widely used if health-care professionals in general had better and more adequate training in NFP and offered it to more of their patients. Catholic professionals in particular

have a special responsibility to train users and teachers of NFP.

E. C. Brugger, A Critique of the National POLST Paradigm through an Analysis of Colorado's New MOST Legislation, Linacre Quarterly 78.2 (May 2011): 157–171 • Colorado recently legalized a new document for use in end-of-life care called a Medical Orders for Scope of Treatment (MOST) form. The legislation exempts from liability to homicide laws caregivers who execute MOST orders for the withdrawing or withholding of life-sustaining procedures. But it drops the requirement that patients be terminally ill before they are free to refuse those procedures. It permits anyone to refuse any medical treatment for any reason; and holds health-care institutions, practitioners, and surrogate decision makers free from liability when they carry out the orders. This essay criticizes the new law together with the view of autonomy implicit within it. The essay proposes six reasons grounded in the requisites of justice and the common good why the new law should be opposed. It recommends that Catholic hospitals refuse to accept MOST-type documents.

Medicine, Health Care and Philosophy

M. C. Stuifbergen and J. J. M. Van Delden, Filial Obligations to Elderly Parents: A Duty to Care? Medicine, Health Care and Philosophy 14.1 (February 2011): 63–71 • A continuing need for care for elderly, combined with looser family structures prompt the question what filial obligations are. Do adult children of elderly have a duty to care? Several theories of filial obligation are reviewed. The reciprocity argument is not sensitive to the parent–child relationship after childhood. A theory of friendship does not offer a correct parallel for the relationship between adult child and elderly parent. Arguments based on need or vulnerability run the risk of being unjust to those on whom a needs-based claim is laid. To compare filial obligations with promises makes too much of parents' expectations, however reasonable they may be. The good of being in an

unchosen relationship seems the best basis for filial obligations, with an according duty to maintain the relationship when possible. We suggest this relationship should be maintained even if one of the parties is no longer capable of consciously contributing to it. We argue that this entails a duty to care *about* one's parents, not *for* one's parents. This implies that care for the elderly is not in the first place a task for adult children.

Studies in Christian Ethics

V. I. Saburova, Issues of Ethics in Prenatal Diagnostics, Studies in Christian Ethics 24.4 (November 2011): 470–476 • Aspects of the current practice of prenatal diagnostics in Russia are surveyed. In the light of this, various ethical concerns are highlighted: (1) the requirement of parental informed consent to testing is not always sufficiently respected either in state regulation or in the practice of physicians; (2) not all Russian physicians are aware of international guidelines or standards of good practice in areas such as non-directive counselling, patient confidentiality with respect to genetic information and the patient's right to maintain control over his or her information; (3) abortion is viewed increasingly as an aspect of preventive medicine.

Utilitas

N. Weiland, Parental Obligation, Utilitas 23.3 (September 2011): 249–267 • The contention of this article is that parents have an obligation to care for their children, but for reasons that are not typically offered. I argue that this obligation can be unfair to parents but not unjust. I do not provide an account of what our specific obligations are to our children. Rather, I focus on providing a justification for any obligation to care for them at all. My argument turns on providing an external description of the parent–child relationship in order to establish that parents are in a unique position among adults in their ability to help and harm their own children. Given that children are deserving of moral regard, I conclude that parents are

obligated—in a way that is often unfair—to provide this care. I end by considering implications for social policy.

Zygon

D. S. Browning, and J. Witte Jr., Christianity's Mixed Contributions to Children's Rights, Zygon 46.3 (September 2011): 713–732 • In this paper, which was among Don Browning's last writings before he died, we review and evaluate the main arguments against the United Nations Convention on

the Rights of the Child (the "CRC") that conservative American Christians in particular have opposed. While we take their objections seriously, we think that, on balance, the CRC is worthy of ratification, especially if it is read in light of the profamily ethic that informs the CRC and many earlier human rights instruments. More fundamentally, we think that the CRC captures some of the very best traditional Western legal and theological teachings on marriage, family, and children, which we retrieve and reconstruct for our day.