Abstract. When William May first wrote *Catholic Bioethics and the Gift of Human Life*, his position was that to perform a craniotomy on a child to save the mother’s life constitutes a direct abortion and is not justifiable. In later editions, May rejected his earlier position in favor of one he originally argued against, most notably by Germain Grisez. The author maintains that the arguments surrounding craniotomies on the unborn are still of major relevance today, because they relate directly to certain controversial techniques used to manage ectopic pregnancies. He also argues that May’s original conclusion ought to be upheld, and that May’s later conclusion places too much weight on the interior intention of the actor and not enough on the act itself. *National Catholic Bioethics Quarterly* 15.4 (Winter 2015): 675–686.

William Eugene May passed away on December 13, 2014, leaving behind a legacy of faith, moral courage, and scholarship. During his life, he wrote tirelessly on bioethics and moral theology. One of his most popular works, *Catholic Bioethics and the Gift of Human Life*, was first published in 2000, with subsequent editions in 2008 and 2013. The book provides an overview of the ever-changing landscape of health care ethics. Tackling topics from abortion to euthanasia, from proxy consent to cloning, May developed his positions as a scholar and ethicist in pace with the

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Austin J. Holgard is the assistant to the president at the University of Mary in Bismarck, North Dakota, where he is also pursuing a master’s degree in bioethics.


state of the technologies and the research of the times, carefully refining, restating, and even rescinding them when necessary.

One instance of rescission came in 2008 in the second edition of Catholic Bioethics, concerning the question whether craniotomies were justified as unintentional killings. Germain Grisez and Patrick Lee (along with other notable scholars who are faithful to the magisterium) believe that there are circumstances that would justify a craniotomy.\(^3\) In the first edition of Catholic Bioethics, May argued against his peers on whether performing craniotomies could be morally justifiable.\(^4\) By the second edition, however, May had changed his mind, arguing that abortions in the form of craniotomies can be morally justified in specific situations.\(^5\)

We may wonder why so much debate has arisen around a procedure that now seems largely obsolete. If a mother and child are in a position of life-and-death like those examples to be touched on later, physicians would most likely opt to perform a cesarean section to remove the child and save both mother and child. It is worth noting, however, that cesarean sections are a luxury that we have come to take for granted in our country, where health care technology is advanced and the procedure is relatively safe and increasingly common.\(^6\) In parts of the world where access to good health care is limited, especially in developing countries, a cesarean section is still a very risky, if not fatal, procedure.

Another reason why the debate around craniotomies continues is because of the other procedures its justification would allow. The argument that seeks to justify craniotomy is directly applicable to the management of ectopic pregnancies, specifically in the performance of salpingostomies and the administration of methotrexate, two controversial procedures that can be viewed as constituting direct abortions.\(^7\) If the argument works for craniotomies, then it works for these other controversial procedures as well.

\(^3\) May (ibid., 156 note 8; 179 note 63) cites Patrick Lee, Abortion and Unborn Human Life (Washington, DC: Catholic University of America Press, 1996), chapter 4; and Germain Grisez, Abortion: The Myths, the Realities, and the Arguments (New York: Corpus Books, 1970), 340–346. Lee does not explicitly mention craniotomies in his work, but he does follow Grisez’s thought on the matter, which would indicate his acceptance of procedures like craniotomy.

\(^4\) Ibid., 176–182.

\(^5\) May, Catholic Bioethics and the Gift of Human Life, 2nd ed. (Huntington, IN: Our Sunday Visitor, 2008), 196–199.


\(^7\) Salpingostomy is a procedure in which an incision is made in the fallopian tube and the attached embryo is directly removed (often piecemeal because of its fragility) and discarded. Methotrexate is a drug that attacks the trophoblast, or proto-placenta, of the embryo to detach the embryo from it; the embryo is then flushed from the system.
procedures that also have a direct effect on the unborn. There is more at stake in these arguments than the justifiability of a relatively obsolete and outdated procedure.

In what follows, I will argue that May’s original position—that abortion via craniotomy is not morally justifiable—ought to be upheld over the position expressed in his later editions. To do so, I will first distinguish between abortion-as-killing and abortion-as-removal. I will then provide the argument most often attributed to Germain Grisez before summarizing May’s original rebuttal. I will offer an account of why May switched his stance, concluding with a critique of May’s later position and arguing in favor of his original conclusion.

**Abortion-as-Removal and Abortion-as-Killing**

In the second edition of *Catholic Bioethics*, early in the chapter titled “Abortion and Human Life,” May points out that the definition of abortion lacks consensus or is blurred. He explains that older manuals on moral theology define abortion as the expulsion of the fetus from the womb. These same manuals then highlight procedures directed toward the killing of the child, specifically, craniotomy, embryotomy, and feticide. This leads to a distinction between two types of abortion: abortion-as-removal (that is, expulsion) and abortion-as-killing.

Abortion-as-removal is most often synonymous with indirect abortion. Take this common example: A pregnant woman is in danger of death because of a cancerous uterus. Physicians remove the uterus (that is, perform a hysterectomy) to stop the spread of cancer and save the mother’s life. However, removing the uterus also means the death of the child. The intention of the physician was to remove the diseased uterus to save the life of the mother, but the act resulted in the foreseen but unintended death of the child (hence, indirect abortion). Indirect abortions, especially in the circumstances described above, have long been judged licit by the magisterium.

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8 Staying consistent with his logic, and in keeping with what was mentioned above, May, too, changes his stance on salpingostomies and the administration of methotrexate in the second edition of *Catholic Bioethics*, 201–202.

9 I do not wish to imply that justifying a craniotomy is a “slippery slope,” a form of argumentation that too often relies on scaring up phantoms without presenting clear evidence or demonstrability. The arguments for craniotomy are directly applicable to these other procedures, meaning that if we accept that a craniotomy is justifiable, the only logical choice is to accept that salpingostomy and methotrexate are justifiable as well.

10 May, Grisez, and Lee are men whose reputations speak for themselves; they have defended the teachings of the magisterium using both reason and scholarship and seem to be men of sound faith and love for the Church. In writing against their position on a topic as sensitive as abortion, I in no way wish to suggest anything to the contrary.

11 May, *Catholic Bioethics*, 2nd ed., 167. May cites the manuals of D. M. Pruemmer and H. Noldin, which both define abortion as *ejectio ex utero matris*, “expulsion from the womb of mother” (167 note 1).

Abortion-as-killing, however, has as its object the death of the child. This is often the intention of those who want to terminate a pregnancy because of birth defects, to evade the responsibility of parenthood, to avoid a tarnished reputation or shame, or because of potential or actual health risks to the mother. On this, the magisterium is clear: “Since the first century the Church has affirmed the moral evil of every procured abortion. This teaching has not changed and remains unchangeable. Direct abortion, that is to say, abortion willed either as an end or a means, is gravely contrary to the moral law.”

The Argument for Craniotomy

Although the manuals that define abortion-as-removal cite craniotomy as an intentional killing (or abortion-as-killing), much debate has occurred over whether a craniotomy can be considered instead an abortion-as-removal, more like an indirect abortion, akin to the example of a hysterectomy above.

In their article “‘Direct’ and ‘Indirect’: A Reply to Critics of Our Action Theory,” Germain Grisez, Joseph Boyle, and John Finnis make their position clear: “Our position is that a doctor could do a craniotomy, even one involving emptying the baby’s skull, without intending to kill the baby—that is, without the craniotomy being a direct killing.” Patrick Lee’s position in Abortion and Unborn Human Life is similar. He asserts that abortion considered as a removal can be justifiable when the lives of both the mother and the child are in imminent danger such that only one can be saved. Lee states that it is possible to have “cases of abortion in which the death (or killing) of the child is not willed or intended, but is a side effect of what is willed or intended.” Both Grisez and Lee use St. Thomas Aquinas’s principle of double effect (PDE) as an essential tool in their reasoning.

The PDE was originally formulated to answer whether it is justifiable to kill in self-defense. Aquinas explained it as follows:

I answer that, nothing hinders one act from having two effects, only one of which is intended, while the other is beside the intention. Now moral acts take their species according to what is intended, and not according to what is beside the intention, since this is accidental. ... Accordingly the act of self-defense may have two effects, one is the saving of one’s life, the other is the slaying of the aggressor. Therefore this act, since one’s intention is to save one’s own life, is not unlawful, seeing that it is natural to everything to keep itself in “being.”

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13 Catechism, n. 2271.

14 Germain Grisez, John Finnis, and Joseph Boyle, “‘Direct’ and ‘Indirect’: A Reply to Critics of our Action Theory,” The Thomist 65.1 (January 2001): 27. A craniotomy, simply understood, is the surgical removal of a piece of the skull (the cranium), usually in preparation for brain surgery. However, “craniotomy” also refers to a procedure by which the cranium is cut open so that its contents can be emptied and the cranium collapsed (i.e., crushed). This latter procedure is what Grisez, Finnis, and Boyle discuss in their writing (21).

15 Although Lee never mentions craniotomy explicitly, his argumentation is consistent with that of Grisez and the others. See Abortion and Unborn Human Life, 2nd ed., 115.
as far as possible. And yet, though proceeding from a good intention, an act may be rendered unlawful, if it be out of proportion to the end.\textsuperscript{16}

Consider a woman in labor. The child’s head is too big to effect vaginal delivery, and the lives of the woman and the child are in imminent danger.\textsuperscript{17} The physician moves to perform a craniotomy on the child to collapse the head (drain and crush the skull) and thus remove the child from the womb to save the mother’s life.

Applying the PDE, we can see that the physician acts to save the mother’s life by removing the child, doing so by collapsing the child’s skull. This act has two effects: neutralization of the threat to the mother’s life and the death of the child. The physician, however, intends only to save the mother’s life by removing the child, not to end the life of the child. Thus, “the death of the unborn child [is] neither the end intended nor the means chosen and . . . , therefore, it is possible to regard the evil done by [the craniotomy], namely, the death of the unborn child, as not intended and therefore justifiable.”\textsuperscript{18} Such is the argument of May in the second edition of \textit{Catholic Bioethics and the Gift of Human Life}.

\textbf{May’s Original Rebuttal}

May originally found this line of reasoning “euphemistic,” for the removal of the child involves a craniotomy—the collapsing and emptying of the child’s skull—which entails the killing of the child. In the first edition of \textit{Catholic Bioethics}, May argues that in this case “removing” necessitates “killing.” Therefore, the intention of the physician cannot simply be to remove the child, but must include the intention to kill the child.\textsuperscript{19}

May notes that Grisez and his peers do not agree with this reasoning, citing Joseph Boyle’s argument that the death of the child does not contribute to the saving of the mother’s life and so cannot be considered as a means to an end.\textsuperscript{20} According to Boyle, the means that removes the threat to the mother’s life is simply the alteration of the child’s skull, not his death.\textsuperscript{21} May, however, is undeterred. He states that “altering the dimensions of [a child’s] skull” is simply redescribing the act of crushing a child’s skull, and crushing a child’s skull is an act that is neither good nor indifferent and is thus in no way justifiable.\textsuperscript{22}

May continues by referring to the thought of Kevin Flannery, SJ. Flannery makes an elucidating point that, in abortions-as-removals, there is a serious distinction between performing an operation like a hysterectomy on a pregnant woman and...


\textsuperscript{17} Grisez et al., “Direct and Indirect,” 21.

\textsuperscript{18} May, \textit{Catholic Bioethics}, 2nd ed., 195.


\textsuperscript{20} Ibid.


\textsuperscript{22} May, \textit{Catholic Bioethics}, 1st ed., 180.
performing a craniotomy on a child, although both include the good end of saving the mother’s life. The distinction lies in the object of the medical treatment. In the case of a hysterectomy, the pregnant mother has a pathology affecting the uterus that puts her and the child in grave danger of death. The medical act of the hysterectomy is aimed toward removing the pathological tissue of the mother (i.e., the uterus), with the unintended but foreseen consequence that the child’s life will be lost.  

The medical act of a craniotomy, however, is performed on the child and involves the death of the child. For this act to be considered outside the scope of the intention (as it is in the case of the hysterectomy), the medical act needs to be “redescribed” so that it does not fit within the scope of the physician’s intention. In essence, Flannery asserts that “the practice of medicine has as its sole legitimate object . . . the health of the individuals it turns its attention to. But in the craniotomy case this is not its object: the fetus, who is clearly the object of the operation, is killed. In this instance, medicine has not been practiced in a reputable manner.”

Thus, the hysterectomy and the craniotomy have different moral objects.

May’s Rescission

May’s original rebuttal was emphatic. However, eight years later he published a second edition of Catholic Bioethics in which, writing on the same topic, he states, “In the first edition, I rejected the defense offered by Grisez, Boyle, and Lee of craniotomy as an example of abortion as ‘removal’ but not of ‘killing.’ . . . I have since changed my mind.” The conversion point for May comes from the further distinction offered by Grisez and his peers (referred to hereafter as the intentionalists) between the “natural species” of an act and the “moral species.” As Aquinas notes, “Moral acts take their species from what is intended.” What is intended, asserts May and the intentionalists, can be determined only from the interior perspective of the actor. Whether an act is morally wrong or right is a matter of interior perspective. Thus, any physical procedure (i.e., natural species) of an act, even one that involves emptying a baby’s skull, can have two different possible moral outcomes, which depend on the interior perspective of the actor (i.e., moral species). If the actor’s intention in performing the craniotomy is to kill the child so as to remove the responsibility of parenthood, this would be considered abortion-as-killing, which is morally grave and unjustifiable. However, if the very same actor intends only to restructure the head to effect delivery, the act would be considered morally justifiable.

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26 Ibid., 197. See John Paul II, Veritatis splendor, Address by the Supreme Pontiff John Paul II to All the Bishops of the Catholic Church Regarding Certain Fundamental Questions of the Church’s Moral Teaching (Washington, DC: US Conference of Catholic Bishops, 1993), n. 78. May cites this text from Veritatis splendor, but only a certain portion regarding perspective. The remaining portion of n. 78 will prove helpful later.
27 May, Catholic Bioethics, 2nd ed., 197.
May concludes in agreement with the intentionalists’ position, that applying this distinction renders the craniotomy as abortion-as-removal, akin to an indirect abortion and thus morally justifiable. In what follows, I will offer a critique of the arguments for craniotomy mentioned above under the headings “The Argument for Craniotomy” and “May’s Recission.”

**Critique**

In relating the intentionalists’ position to others, I have noticed sometimes that they are tempted to attack the intentionalists’ position by arguing that the PDE cannot rightly be applied here, because it can only be applied in instances where there is a lethal aggressor, and an unborn child cannot be considered as such. Supporting that position—that a child cannot be a lethal aggressor—is a passage from Pope Pius XI’s *Casti connubii*:

> However much we may pity the mother whose health and even life is gravely imperiled in the performance of the duty allotted to her by nature, nevertheless what could ever be a sufficient reason for excusing in any way the direct murder of the innocent? … Whether inflicted upon the mother or upon the child, it is against the precept of God and the law of nature: “Thou shalt not kill!” The life of each is equally sacred. … It is of no use to appeal to the right of taking away life for here it is a question of the innocent, whereas that right has regard only to the guilty; nor is there here question of defense by bloodshed against an unjust aggressor (for who would call an innocent child an unjust aggressor?).

Although Pius XI does state the Church’s position rather emphatically, that a child is never to be treated as a lethal aggressor, this line of argument does not offer a very substantial critique for the argument at hand. Even though the PDE arose in response to the question of self-defense, it does not also follow that it can be applied only in instances of self-defense. The rationale offered by Aquinas in his *respondeo* is applicable to other situations, such as our earlier example of a pregnant woman who has a cancerous uterus and undergoes a hysterectomy or, to use a less controversial example offered by Grisez et al., the “refusal or forgoing of extraordinary or disproportionate means of treatment.”

> The magisterium has traditionally determined that use of the PDE in both of these examples is licit. Therefore, it would be a disservice to the PDE to limit its use only to instances of self-defense against a lethal aggressor.

The proper place to direct a critique is to the act itself. The argument put forward by the intentionalists and later supported by May places too much weight on the interior intention of the actor and not nearly enough on the fullness of the object of the act itself. For Grisez and the others, intention is everything. Whether an act is considered direct killing or indirect killing is simply a matter of interior intention—what the person “proposes” the act to be aimed toward—and does not take into account that certain acts per se or by nature are “direct killings” in virtue of something other than the intention of the agent and other than what the agent proposes as his motive.

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28 Pius XI, *Casti connubii*, On Christian Marriage (December 31, 1930), n. 64.
Steven Long says it best when he notes that the intentionalist position leaves the actor “free to emphasize whatever good effect he seeks without acknowledging the very nature of the action that is deliberately and voluntarily embraced as means.” 30

Stepping back for a moment from the craniotomy narrative, let us consider an imaginative example for a clearer illustration: A squad of firefighters is battling a fire that is sweeping through an office building floor by floor, compromising the facility’s structural integrity. While extinguishing the flames, they come across a group of terrified employees. Suddenly, the structure collapses, leaving a wall of debris between the firefighters and the employees as the fire quickly closes in on the trapped employees. The firefighters find one of the employees, a very large man, wedged in a small opening of the rubble wall, hopelessly stuck, with his feet on the side of the trapped employees and his head on the other, facing the firefighters and safety. Try as they might, the firefighters cannot dislodge the man to allow the other employees through the wall of rubble. Should the firefighters choose to dismember the man piecemeal with their axes? Their greater intention would be to save the other employees from certain death. However, their more proximate end (i.e., the means they employ to save the imperiled employees) is to chop up a live, innocent man with their axes. 31

According to the intentionalist philosophy, the chopping up of the man who was stuck would not necessarily be considered direct killing, because the firefighters, with a larger aim of saving the trapped employees, would have chopped him up with the intention not of killing him but of reconfiguring his body to remove it as an obstacle from the passageway. Although the larger intention of the firefighters is good (i.e., saving the trapped employees), and the means the firefighters propose for themselves as the proximate end (i.e., reconfiguring the trapped man’s body) is not bad, the *Catechism of the Catholic Church* reminds us that “it is . . . an error to judge the morality of human acts by considering only the intention that inspires them or the circumstances (environment, social pressure, duress or emergency, etc.) which supply their context. There are acts which, in and of themselves, independently of circumstances and intentions, are always gravely illicit by reason of their object.” 32 The Catechism also teaches that “a morally good act requires the goodness of its object, of its end, and of its circumstances together.” 33

Thus, the Church, using the thought of Aquinas, states that there is more to human action than simply the intention or what one proposes the action to be. If certain acts are not to be done despite the acting person’s good intentions or good circumstances, then it must mean there are acts that are wrong in virtue of themselves or by their


31 Similar examples with different details (usually involving miners in a cave or climbers in a landslide) are found in various texts, but I am not sure that the example has ever been attributed to someone formally. Worth noting is the example put forward in a similar context by Philippa Foot in *Virtues and Vices and Other Essays in Moral Philosophy* (Berkeley, CA: University of California Press, 1979), 21.

32 *Catechism*, n. 1756.

33 Ibid., n. 1760.
nature and therefore cannot be chosen. In this regard Jerome Zeiler, OP, in his article “Craniotomy: A Response to Martin Rhonheimer,” quotes Servais Pinckaers, OP: “For St. Thomas, the moral quality of an action depends on two essential components: the ordering of the interior act, will or intention, to the end, and the ordering of the external act to its proper matter. Some acts are intrinsically evil in themselves by nature at these two levels. ... But in a single action, it suffices that the end willed or the matter of the act be evil by nature, to make the entire act evil.”

Returning again to the firefighters, their intention to reconfigure the man is only one part of the equation, namely, the interior intention. What is not considered is the ordering of the external act, the chopping up of the man who was stuck, which has lethality in its nature: it is a death-dealing nature that results in the direct destruction of the innocent man. This ordering of the external act cannot be considered good or indifferent in nature and therefore must be considered evil in nature because, despite the good intention, a human action is considered evil overall if only one part is determined to be evil. What the firefighters consider doing, despite their intentions and despite their desperate circumstances, must be considered an evil act by nature of the very act itself.

A craniotomy plays out in much the same way. Because the child’s head is too large for vaginal birth, the lives of both the mother and the child are in peril. The physician, with only moments to spare, decides to save the life of the mother by performing a craniotomy. The physician tells himself that he does not intend to kill the child in crushing the skull, only to reshape the skull enough to remove the child from the mother. To put it another way, the physician describes his action as a reshaping of the child’s skull with the unintended consequence of the child’s death. In this way the physician sees his action as justified through the PDE, which he believes to render his action an indirect killing—that is, an indirect abortion.

What is not described here, however, is the actual nature of the act itself, independent of how the actor chooses to describe it. The external act of crushing a child’s skull has in its nature the same lethality as chopping up the man who was stuck. Thus, as in the case of the fat man, the craniotomy considered in itself cannot be justified and thus is not justifiable as a means to achieve the further end of saving the mother, for good ends achieved by evil means are not justifiable.

Grisez and May have both attempted to justify their position by drawing from the papal encyclical *Veritatis splendor.* The line frequently quoted from the encyclical reads, “In order to be able to grasp the object of an act which specifies that act morally, it is therefore necessary to place oneself in the perspective of the acting

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35 See John Paul II, *Veritatis splendor*, n. 79.

“person” (n. 78). However, this says only that intention plays a “necessary” role in the makeup of any human action, not that it is the sole determinant of the action. A further argument can be made from the text that appears a few lines later, which states that the moral object is not “a process or an event of the merely physical order” (n. 78). But this is only to say that a human act cannot be “merely” reducible to the “physical order,” not that the physical order is an irrelevant or non-determining factor for the justifiability of an act.\(^37\)

Another critique of the intentionalist position is that it simply violates the dignity of a human life by treating the child as an object to be removed or, worse, a pathology. In the case of the pregnant mother with a cancerous uterus, the act of performing a hysterectomy is directed in its causality toward the pathological tissue affecting the mother. The pregnant mother is sick. Medical treatments are directed toward a sickness—a pathology. The medical treatment in this instance is a hysterectomy, which removes the pathology, the cancerous uterus.\(^38\) The action solely and immediately “terminates”\(^39\) in the mother with the child’s death foreseen, which is not in the scope of the action in either intention or the actual causality of the act. However, if one were to perform a craniotomy for the sake of saving the mother’s life, the action (described however one wishes) terminates directly in the body of the child.\(^40\)

Furthermore, in a craniotomy the child’s head is crushed to effect delivery, immediately killing the child in the physical order of causality. Thus, the child is denigrated to a status similar to that of the cancerous uterus, to the order of pathologies or, at best, an object that needs to be removed. The child becomes subordinate in dignity to the mother. In no instance could one say that crushing the head of some innocent person would not violate that person’s bodily integrity or dignity as a human being, who possesses certain rights in virtue of being human. To say so is to judge one person violable and another inviolable, weighing the worth of their lives against each other.

In addition, this distinction as to where an act terminates places the intentionalist argument in conflict with the Ethical and Religious Directives for Catholic Health Care Services (ERDs). For instance, directive 47 reads, “Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child” (emphasis added). This directive speaks of the death of the child as justifiable only if the “operations, treatments, and medications” directly find their end in the one with the pathology, which in this instance is the mother. The ERDs do not


\(^{39}\) Terminate is used here to mean “finds its end in.”

\(^{40}\) See Long, “Fundamental Problems,” 126–127. It is worth noting that directive 47 of the ERDs concerns the curing of a pathology as directed toward the pregnant mother and the pregnant mother’s pathology. The statement above, therefore, cannot be justified by this directive, since the action of a craniotomy terminates in the child and not the mother.
justify the death of a child if the lethal operation finds its end directly in the subject of the child for sake of the mother. Instead, they assert that “every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion,” and “abortion . . . is never permitted” (dir. 45, emphasis added).

In fairness to the intentionalist position, the ERDs do, however, also define an abortion as “the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus” (dir. 45, emphases added). Nevertheless, if we weigh together both the effects of an act and the intention behind the act, the directive seems to imply that the intention of the actor could not but include the destruction of the child, given the knowable, obvious, and sole immediate effects associated with the act.41

May, Grisez, and Lee have all said that they have reached their conclusions as philosophers and that the faithful should comport themselves in accord with the teaching of the magisterium. May actually closes his section regarding craniotomies by quoting Germain Grisez, who exhorts readers to put their faith in their shepherds and not the “frail fabrication of mere reason.”42 This is complicated, however, when the faithful are also told that faith and reason are not opposed to one another, cannot contradict one another, and that the light of each, faith and reason, emanates from God.43 Such statements, however eloquent and sincere, cannot prevent the danger that such a departure from philosophical and theological tradition poses to the faithful.

This is not to say that scholarship and dialogue must be confined to tradition or that the free exchange of ideas should be suppressed because the ideas could be dangerous; rather, I mean that philosophy has far-reaching effects on society’s psyche. These effects are such that if controversial conclusions are reached and not carefully nuanced or discussed carefully, they can cause significant scandal, leading others to accept what is evil as not being evil and therefore causing serious damage.

For instance, although the magisterium has declared that justifying craniotomies “is never safe to teach,”44 the writings of the authors above still inform the larger community of their philosophical conclusions, and quite convincingly so. These conclusions played a part in the often-discussed case in Phoenix, Arizona, in which the argumentation that seeks to justify craniotomies was used to justify an abortion by dilatation and curettage with the intention of saving the life of the mother.45 The misunderstanding on which the decision was based is significant, as were the scandal,  

41 This directive does seem to lend itself to misinterpretation in the way it is formulated.
defamation, and confusion that occurred afterward, when the decision attracted the national spotlight.

**May’s Original Position**

In William May’s first edition of *Catholic Bioethics*, he argued against the justifiability of craniotomies based on the premise that Grisez and his colleagues were employing euphemisms and simply turning a blind eye to a prima facie death-dealing action by describing only what suits the larger intention. In the second edition, May agreed with Grisez and others that the morality of an action is disposed solely toward what the actor proposes the action to be, or what he states his intention as being. In changing his view, however, May ignored the other constituent parts of human action and the nature of actions in virtue of their direct causality. He chose a position contrary to what I believe was his original insight regarding Grisez’s position being “euphemistic,” an insight into the existence of objective truths outside intention, outside an actor’s head, that have an effect on the goodness of the act and thus bear directly on its justifiability.

May’s rescission stands in opposition to a right reading of *Veritatis splendor* and the *Ethical and Religious Directives*, while opening the faithful (and non-faithful) to possible but significant scandal and confusion, which only further whitewashes evil with relativism and dilutes our understanding of right and wrong. For these reasons, I maintain that May’s original writings about the justifiability of craniotomies were correct and ought to be upheld over his later conclusions.