In This Issue

The first contribution to our Spring issue does not follow our theme of totality and integrity but is a reflection on the recent attacks by the federal government on the right of conscience. This misuse of political power has focused the attention of the U.S. Catholic bishops, who have launched a vigorous defense of religious liberty, but we also need to seriously consider whether our hopes for universal access to health care were overly optimistic. I explore this question in "Is There a Future for Universal Health Care?" and raise some doubts.

In "The Myth of a Catholic Religious Objection to Autopsy," Krishan Thadani debunks the claim that the Catholic Church was once opposed to this medical procedure as a mutilation of the body. A misinterpretation of a papal bull issued by Pope Boniface VIII was apparently the cause of this confusion. The routine use of autopsy at the major Italian universities during the fifteenth century shows that the claim is without merit. The use of autopsy was specifically permitted by Popes Sixtus VI and Clement VII.

June Mary Makdisi's "Application of the Principle of Totality and Integrity in American Case Law" surveys its role in judicial decisions. She looks at recent cases concerning informed consent, bodily integrity, physician-assisted suicide, mutilation, and sex reassignment surgery and finds that, though rarely mentioned by name, the principle plays an important role in a great deal of legal reasoning. For example, courts have appealed to state interests as the reason for punishing acts of self-mutilation, but left unarticulated in these decisions is the obvious premise that the totality and integrity of the body is of value to the state.

In the fourth essay, "Objections to Donation after Cardiac Death," Gina Sanchez argues against the practice of donation after cardiac death on the grounds that it violates the dead donor rule. Sanchez focuses especially on the question of how much time must elapse following asystole to confirm a donor's death. Another problem is that some donors are placed on extracorporeal membrane oxygenation. ECMO devices are used to preserve organs for transplantation, but they are also used to save the lives of patients who have suffered cardiac arrest. Whether the use of ECMO

serves one purpose or the other seems arbitrarily determined. Finally, Sanchez expresses concern about whether the various interventions used to prepare a patient for donation after death interfere with the provision of basic care.

Thomas Driscoll Jr. discusses the same controversy under the heading of the circulatory determination of death but comes to a more favorable result. He contends that, if there is a five-minute waiting period following asystole, cardiac arrest constitutes the disintegration of the body–soul composite that the Church properly defines as death. We are free, as Catholics, to refuse extraordinary means of treatment, and we are free to decide to donate organs after death. Driscoll recommends five guidelines to ensure that donation is licitly carried out, including waiting five minutes after asystole, using various confirmatory measures, forbidding early contact between the patient and the transplant team, providing uninterrupted basic care for the donor, and obtaining appropriate surrogacy consent. These measures address many (but perhaps not all) the concerns raised by Sanchez. Driscoll offers us a closing hypothetical case that he believes serves as a good example of the licit donation of organs following cardiac death.

Sex reassignment surgery is the subject of Nicholas Tonti-Filippini's article "Sex Reassignment and Catholic Schools." While the normalization of children with ambiguous sexual organs does not pose any serious ethical difficulties, at least when genetic identity is taken as the reparative standard, the problem of how to respond to individuals who identify with the opposite gender remains a pressing issue. Tonti-Filippini points out that these persons generally suffer from a higher incidence of psychological and sociological disorders. Some who have reflected on this phenomenon have wondered whether gender identity disorder is itself a psychological delusion. Psychiatric opinion denies the possibility, but there is strong evidence indicating that gender identity disorder is rooted in both psychological development and socialization. Sex reassignment may therefore be a surgical attempt to solve a psychological problem. The results of the surgery are rarely promising. The Catholic Church views sexual identity as a deep-rooted part of human nature and is therefore unlikely ever to give its moral approval. How to respond to children and teachers who undergo reassignment surgery is a nettlesome problem for Catholic schools. The author suggests a possible approach.

In "Elective Child Circumcision and Catholic Moral Principles," David Lang argues strongly against the practice of circumcising male infants, on the grounds that infant circumcision is carried out on those who are unable to give consent and that it serves no sound medical purpose. Viewed in light of the principle of totality and integrity as developed by the Catholic Church, infant male circumcision appears to be a form of mutilation, but it has been tolerated and even broadly accepted in the West since Victorian times. Interestingly, the practice was rare in Christendom before then. The traditional Jewish practice, too, is quite different from what is carried out today. Lang reviews the possible medical justifications (based on hygiene) and magisterial statements by Catholic moralists and popes, and concludes that physicians and ethicists should make a joint effort to impose a ban on male genital mutilation.

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