



Science continues to devise new immoralities. Among the latest is mitochondrial transfer, or three-parent IVF. In “Are You My Mommies? Toward Three-Parent IVF” Arland Nichols reviews the history of the technique, which involves the engendering of human life in Petri dishes through the manipulation of genetic material. The procedure is presented by proponents as a means of overcoming inheritable diseases, but it is in fact part of the new eugenics movement, as it involves discarding embryos that are deemed inferior. As Nichols points out, mitochondrial transfer fails the standard by which we must judge reproductive technology: marriage and the marital act.

Carl Anderson’s “A Mandate for All Seasons: Catholic Conscience and Secular Society” draws our attention to the growing hostility of the federal government toward the free exercise of religion. The executive branch in particular, under the direction of a strongly pro-abortion president, has acted to deprive Catholic Charities of its long-standing role as a provider of charity within society. This hostility is unprecedented. He reminds us of the words of Thomas Jefferson, whose letter to the Ursuline Sisters of New Orleans exemplifies respect for religious conscience. Anderson concludes with reflections on the insightful teachings on the right of conscience by Pope Benedict XVI.

The theme of conscience continues in the joint essay by Joseph Meaney, Marina Casini, and Antonio Spagnolo, MD, “Objective Reasons for Conscientious Objection in Health Care.” The secular effort to define conscience as a purely subjective right is highly problematic; the right of conscience must be grounded in objective principles. In the case of the medical profession, these principles are commonly acknowledged by physicians, nurses, and other health care practitioners in professional codes of ethics. Like human rights charters, the codes describe the fundamental values and standards of the medical profession.

We often hear about the duty to accept ordinary means of treatment, but do we also have a duty to refuse measures that constitute extraordinary treatment? That is the question raised by Christian Brugger in “The Question of Duty in Refusing Life-Sustaining Care.” Brugger argues that we have a duty to refuse extraordinary

treatment measures when their use would seriously disadvantage others. Though this teaching is not explicitly stated in magisterial texts, it seems deducible from the wider principles of justice and fairness accepted within the faith. Brugger offers us five principles for marking the difference between respect for human life and the unjust use of limited resources.

Recent scholarship has looked once again to the writings of St. Thomas Aquinas for guidance on the place of truthfulness in the practice of medicine. John Butler, in “Truthfulness and Thomism in Medical Practice,” begins with a series of examples that illustrate a disturbing willingness on the part of physicians to lie. The fault, Butler says, is the dominance of principlism within medical ethics, a theory too limited in its view of the moral order. Butler recommends virtue ethics as the substitute. Aquinas sees truthfulness as a part of the virtue of justice. After critiquing recent work of Janet Smith and Christopher Tollefsen, Butler explores the topic of “non-lying deception.” Taking his cue from Aquinas’s description of ambushes in war, he argues that such deception is permissible when three specific conditions are met: there are appropriate circumstances, nothing false is asserted, and the act of deception is prudent.

In “Autonomy Trumps All: Medicine Loses Its Grounding in Science,” Sister Mary Diana Dreger, OP, MD, continues this critique of principlism by focusing on its elevation of the idea of autonomy above all other values. Here the patient becomes the director of his own medical care, independently deciding what is the nature of the good. Prior to the rise of principlism, the good of the patient was grounded primarily in a scientific understanding of health and, more particularly, in the idea that science can lead to a true understanding of what is beneficial for the patient. Dreger traces the change to the widely used textbook *Principles of Biomedical Ethics*, by Thomas Beauchamp and James Childress, which proposed a fourfold philosophical schema emphasizing autonomy, beneficence, non-maleficence, and justice. This eventually supplanted the Hippocratic philosophy, which had grounded the medical profession since the earliest ages. In the end, autonomy has trumped all, thus undermining the scientific basis of medical practice.

The need for health care professionals to exercise sound professional judgment on behalf their patients is the theme of “Contraception and Conscientious Objection: A Pharmacist’s Reflection.” Robert Kinney, a pharmacist, argues that there is a positive obligation to refuse to prescribe contraceptives on the grounds that they are known to cause significant harm to women, both physical and psychological. The exercise of professional judgment requires that the law recognize the right of conscientious objection among health care professionals. After exploring the role of the pharmacist in health care, Kinney takes up the case of the physician who writes an erroneous prescription. The duty that obliges the pharmacist not to fill that script applies equally to scripts for contraceptives. Kinney also examines how the prevailing cultural ethos has broken from the tradition of natural law and the recognition that sex is an essential element of marriage.

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