



PHILOSOPHY AND THEOLOGY

In his book *When Harry Became Sally*, Ryan Anderson tackles a variety of transgender issues from a philosophical perspective.¹ But his well-researched book does not try to examine these issues by explicitly bringing to bear the resources of the Catholic intellectual tradition.

One of the most important transgender issues, and a practical matter for Catholic hospitals and physicians, is the ethics of gender reassignment surgery, sometimes called a “sex change,” “transsexual surgery,” or “sex reassignment surgery.” The ethics of gender reassignment surgery raises a number of significant questions: Does gender dysphoria arise from purely psychological causes, or does it have some genetic basis? Do the origins of gender dysphoria make an important difference for the ethics of gender reassignment surgery? Is the attempt to change a male into a female wrong because it is futile? Is gender reassignment surgery intrinsically evil because it is a form of mutilation, or is it akin to the removal of pathological organs which endanger the good of the whole, as in the removal of a cancerous uterus?

In “Gender Reassignment Surgery: A Catholic Bioethical Analysis,” David Albert Jones, the director of the Anscombe Bioethics Centre, in Oxford, and a corresponding member of the Pontifical Academy for Life, tackles these questions:

I aim to clarify here whether [gender reassignment surgery] is compatible or incompatible with the principles of bodily integrity and totality, as expounded by Pope Pius XII, and thus whether such procedures raise serious ethical problems for Catholic hospitals and for Catholic health care professionals. My aim is not to defend these ethical principles or their general applicability. The question addressed by this article is rather: If one accepts the validity of the principle of totality and its relevance to all forms of surgery, how does

1. Ryan T. Anderson, *When Harry Became Sally: Responding to the Transgender Moment* (New York: Encounter Books, 2018).

this apply to [gender reassignment surgery] and to related interventions such as hormone therapy and social transitioning?²

Gender reassignment surgery is not an explicit topic in the *Catechism of the Catholic Church*, papal encyclicals, or the *Ethical and Religious Directives for Catholic Health Care Services*. Nevertheless, Jones provides a helpful but not exhaustive overview of theological and bioethical perspectives on gender reassignment surgery since the 1950s.

In his 1956 book *Medical Ethics*, Edwin Healy provides three arguments against surgical attempts to change a male into a female.³ He argues that such surgeries constitute a form of mutilation because they remove healthy sexual organs. Moreover, the operation is futile because it is impossible to turn a male into a female or vice versa. If an operation is futile, it is morally wrong, as it wastes resources and exposes the patient to needless risk. Finally, such surgeries harm a person by making him or her unfit to marry.

Just over twenty years later, Rev. Albert Moraczewski contributed to the discussion by criticizing a fundamental presupposition of some defenses of gender reassignment surgery, namely, that a female soul could be trapped in a male body or vice versa.⁴ Moraczewski rejects the implicit body–self dualism of such defenses, which considers “me” to be one thing and “my body” to be something distinct from the personal “me.” According to this way of thinking, the real “me” (my soul or mind) might be female, and this real me could be trapped in a male body. However, as St. Thomas Aquinas notes in his commentary on St. Paul’s first letter to the Corinthians, “I am not my soul.”⁵ Body–self dualism is problematic from a philosophical perspective, in part because it misconstrues the relationship of body and soul.⁶ The soul is not trapped in the body like water inside a container. The human soul informs the human body; it organizes the biological material, making the body a living body, a human person.

Even if for the sake of argument we accepted body–self dualism, it would still be problematic to consider the soul to be male or female. Lawrence Mayer and Paul

2. David Albert Jones, “Gender Reassignment Surgery: A Catholic Bioethical Analysis,” *Theological Studies* 79.2 (June 2018): 315, doi: 10.1177/0040563918766711. See also David Albert Jones, “Truth in Transition? Gender Identity and Catholic Anthropology,” *New Blackfriars*, e-pub May 28, 2018, doi: 10.1111/nbfr.12380.

3. Edwin Healy, *Medical Ethics* (Chicago: Loyola University Press, 1956), 135.

4. Albert S. Moraczewski, “‘Sex Change’ Operations,” *Ethics & Medics* 2.5 (September–October 1977): 4–5.

5. Thomas Aquinas, *Commentary on the First Epistle to the Corinthians*, 15 l. 2: “Alio modo quia constat quod homo naturaliter desiderat salutem sui ipsius, anima autem cum sit pars corporis hominis, non est totus homo, et anima mea non est ego; unde licet anima consequatur salutem in alia vita, non tamen ego vel quilibet homo.” See also Germain Grisez, “Why Should Human Life Always Be Treated with Reverence?,” in *The Way of the Lord Jesus*, vol. 2, *Living a Christian Life*, 1993, <http://twotlj.org/>.

6. See Patrick Lee and Robert P. George, *Body–Self Dualism in Contemporary Ethics and Politics* (New York: Cambridge University Press, 2008).

McHugh point out, “The underlying basis of maleness and femaleness is the distinction between the reproductive roles of the sexes; in mammals such as humans, the female gestates offspring and the male impregnates the female. More universally, the male of the species fertilizes the egg cells provided by the female of the species. This conceptual basis for sex roles is binary and stable, and allows us to distinguish males from females on the grounds of their reproductive systems, even when these individuals exhibit behaviors that are not typical of males or females.”⁷

To be male or female is to have bodily characteristics ordered to the reproduction of bodily creatures. If the soul is an immaterial principle, then like other immaterial realities it does not have weight, length, or any other bodily characteristic. Just as a soul is not composed of an odd number or an even number of molecules, so too it is not male or female. But if a soul is not male or female, it is impossible for a female soul to be trapped in a man’s body.

Although he rejects the Cartesian dualism of female souls trapped in male bodies and vice versa, Moraczewski raises an interesting consideration: could a male individual by some genetic defect *appear* to be female? Obviously, this is possible at the level of superficial appearance. In his eponymous role in *Mrs. Doubtfire*, the man Robin Williams appears to be a woman. But Moraczewski’s idea is that someone who is actually male theoretically could have the bodily characteristics of a female. If a male can appear in bodily manifestation as female, then perhaps it could be that “God created a male and that a sex change operation would be a corrective and be similar to other operations which seek to compensate for, or overcome, a difficulty that is genetic or embryological in origin.”⁸ At issue, of course, is what constitutes the necessary and sufficient conditions of an individual’s being male or female. This issue also arises in intersex conditions.

Jones argues against Moraczewski and others who hold that the origin of gender dysphoria makes a critical difference for the ethics of gender reassignment surgery. According to this view, if gender dysphoria has a genetic origin, then gender reassignment surgery would be justified as a way of correcting abnormal development. On the other hand, if gender dysphoria does not have a genetic origin but arises from environmental causes, then gender reassignment surgery would not be permissible.

Jones argues against this view because the crisp dichotomy between nature and nurture does not correspond to the actual origin of many conditions. Typically, a complex interplay of nature and nurture leads to various conditions, making it impossible to easily differentiate causes as *simply* nature or *simply* nurture. The causes of gender dysphoria are not fully known. It is likely that this distress arises from a complex mix of genetic, uterine, and environmental causes. Jones argues that “an overemphasis on the question of origin, framed as a simple either/or, of nature versus nurture, does not illuminate but obscures the ethical issues at stake.”⁹

7. Lawrence S. Mayer and Paul R. McHugh, “Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences,” *New Atlantis* 50 (Fall 2016): 89.

8. Moraczewski, “‘Sex Change’ Operations,” 5, cited in Jones, “Gender Reassignment Surgery,” 319.

9. Jones, “Gender Reassignment Surgery,” 321.

We do not need to settle questions about the origins of gender dysphoria to answer questions about its ethics.

Moreover, even if it could somehow be shown that gender dysphoria arises from purely environmental causes and has no genetic basis whatsoever, why should the ethics of gender reassignment surgery hinge on the origin of the condition? According to Jones, the origin of gender dysphoria makes no crucial ethical difference for the ethics of gender reassignment surgery: “Imagine if some cases of gender dysphoria were psychological in origin (shaped by interactions in early childhood) whereas others had an identifiable genetic basis, but that the level of distress was the same, the danger of suicide the same, and the intractability of the condition the same. What difference would the origin of the condition make? Would an incongruent sense of gender identity rooted in very early and irradicable psychological influences be any less ‘real’ because the person lacked some genetic feature shared by other gender dysphoric people?”¹⁰

Next, Jones takes up the questions, “Is there good clinical evidence that [gender reassignment surgery] is effective in ameliorating gender dysphoria? Is surgery that destroys physical function to ease psychological distress justifiable by the principle of totality? And, aside from the issue of mutilation, that is, aside from the harm done to bodily integrity, are there other reasons to characterize [gender reassignment surgery] as *intrinsece malum*?”¹¹ A number of authors have criticized gender reassignment surgery on the grounds that its benefits for psychological well-being do not compensate for the loss of bodily integrity. Such questions are vitally important, but they do not provide an answer to whether these surgeries are intrinsically evil. After all, an action is not intrinsically evil on the basis of proportionality. The various burdens and benefits that arise from an action depend on innumerable circumstances which presumably never allow for a univocal answer. Moreover, since surgical techniques and interventions are constantly changing, the benefits and burdens of such interventions will presumably shift over time. By contrast, intrinsically evil actions are impermissible in all times, places, and circumstances. If the ethical case against gender reassignment surgery is based simply on the burdens and benefits of such interventions, then new clinical evidence may call for an entirely different ethical evaluation. So a comparison of the burdens and benefits of gender reassignment surgery cannot, in principle, ground a judgment that gender reassignment surgery is intrinsically evil *ex objecto*.

What is the in-principle argument that gender reassignment surgeries are intrinsically evil? Jones notes that the Church’s condemnation of sterilization as a form of contraception might serve as a basis. As defined by Pope Paul VI in *Humanae vitae*, contraception is any action that is specifically intended to render the sexual act non-procreative as either an end or a means.¹² Jones points out that gender reassignment surgery does not necessarily involve the intent to render sexual acts non-procreative.¹³

10. Ibid.

11. Ibid.

12. Paul VI, *Humanae vitae* (July 25, 1968), n. 14.

13. Jones, “Gender Reassignment Surgery,” 326.

For example, if a sixty-year-old wants to transition from female to male, this person knows that procreation is no longer possible. So, in this case, gender reassignment surgery is not done for the purpose of rendering sexual acts non-procreative.

Could the principle of totality justify gender reassignment surgery? This principle allows for the removal of a body part for the sake of preventing the corruption of the whole body.¹⁴ A woman with a cancerous uterus may have it removed if that is necessary to save her life. Pius XII clarified that the issue is not simply whether the organ is diseased, but whether the organ, even if healthy, “directly or indirectly brings about a serious threat to the whole body.”¹⁵ Jones explains that not just physical health but the well-being of the whole person is at stake.

If we understand the principle of totality in this way, is gender reassignment surgery justified? Jones ultimately concludes that it is not. Drawing on an overlooked passage from Pius XII, Jones distinguishes what could be called physical objects and intentional objects.¹⁶ Imagine two different ways someone’s nose could undermine the well-being of the whole person. In one case, a cancerous nose is the physical object of problems for the health of the whole body. In a second case, an ugly but physically healthy nose causes distress not as a physical object but as an intentional object—that is, the thought of the unsightly nose causes embarrassment and humiliation. According to Jones’s interpretation of Pius XII, this distinction between physical object and intentional object limits the applicability of the principle of totality: “Because the intentional object of a mental state is not, per se, in a part-to-whole relation, the principle of totality is not available as a justification for harm to the body. This limits which interventions are ethically acceptable. Surgery to remove or disguise the object of distress may be justifiable, but only if it would not cause serious and lasting harm to the body at the level of function. By the same logic, the principle of totality does not apply to [gender reassignment surgery] or to amputation for body dysmorphic disorder.”¹⁷

The principle of totality applies to the removal of physical causes of lack of health, but it does not apply to the removal of intentional objects leading to lack of health. Jones argues that “the principle of totality does not apply to [gender reassignment surgery] as the sexual organs are a cause of distress because [of] the object of the distress. This could also be expressed by saying that the relation of the sexual organs to the dysphoria is intentional, that is, ‘psychic or spiritual,’ rather than ‘organic’ or part-to-whole.”¹⁸ If gender reassignment surgery cannot be justified by the principle of totality, then the procedure, which deliberately removes healthy reproductive organs, would be an intrinsically evil act of mutilation.

14. See Thomas Aquinas, *Summa theologiae* II-II.65.1.

15. Pius XII, Address to the Twenty-Sixth Congress of the Italian Society of Urology (October 8, 1953), cited in Jones, “Gender Reassignment Surgery,” 328.

16. Pius XII, Address to the First International Congress on the Histopathology of the Nervous System (September 14, 1952), cited in Jones, “Gender Reassignment Surgery,” 330.

17. Jones, “Gender Reassignment Surgery,” 331.

18. *Ibid.*

How exactly should we define mutilation? There is no standard definition of the term.¹⁹ Jones defines it in the following way: “Mutilation in the strict sense may be defined as deliberate destruction of biological function that is *either* intended as such (as in the case of sterilization for contraceptive reasons) *or* is an immediate consequence of surgery and is not justified by the principle of totality (as in amputation for body dysmorphia).”²⁰ If mutilation in the strict sense defined by Jones is intrinsically evil, then gender reassignment surgery, insofar as it deliberately destroys biological function, is an action that may not be licitly done.

Neither Jones nor others in this discussion closely examine another way of approaching these questions suggested by Pope Francis in *Laudato si'*: “The acceptance of our bodies as God’s gift is vital for welcoming and accepting the entire world as a gift from the Father and our common home.”²¹ We are called to love God with our whole heart and to love our neighbor as ourselves. Love of neighbor involves willing his good, appreciating his good, and uniting with him in appropriate ways. So too we are called to love ourselves—willing the good for ourselves (and so avoiding what is evil for us), appreciating ourselves, and bringing about a greater unity within ourselves, for example, by acting with personal integrity. Since human beings are bodily persons, we do not love ourselves properly without also loving our bodies as male or female. Just as we would undermine love of neighbor if we did not accept and appreciate the body of our neighbor as male or female, so too we undermine proper love for ourselves by not accepting and appreciating the reality of our own bodies as male or female.

Jones’s essay is subtle in its appropriation of Catholic thought and sensitive to the plight of persons with gender dysphoria. He suggests important answers to questions that remain open in the Catholic intellectual tradition. We can hope for and expect similar contributions about the ethics of gender reassignment surgery.

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19. The definition given by Jones is more specific than one I suggested earlier, namely, that “mutilation is the *intentional* destruction or removal of an organ (or other *vital* body part) that inhibits the function that the organ had *or will likely have* in maintaining the health of the one possessing the organ” (Christopher Kaczor, “Intention, Foresight, and Mutilation: A Response to H. M. Giebel,” *International Philosophical Quarterly* 47.4 (December 2007): 478 note 2, original emphasis, doi: 10.5840/ipq20074748). Adjudicating among rival definitions can lead to philosophical insight, as it does in many Platonic dialogues, but it can also be an exercise in futile disagreement about how to use words. Without coming to a determination of which definition is best, we can carefully distinguish various possible definitions and clarify the particular sense intended before using the terms.

20. Jones, “Gender Reassignment Surgery,” 332, original emphasis.

21. Francis, *Laudato si'* (May 24, 2015), n. 155.

PHILOSOPHY ABSTRACTS

Bioethics

D. DeGrazia, Sentient nonpersons and the disvalue of death, Bioethics 30.7 (September 2016): 511–519, doi: 10.1111/bioe.12250 • Implicit in our everyday attitudes and practices is the assumption that death ordinarily harms a person who dies. A far more contested matter is whether death harms sentient individuals who are not persons, a category that includes many animals and some human beings. On the basis of the deprivation account of the harm of death, I argue that death harms sentient nonpersons (whenever their lives would be worth continuing). I next consider possible bases for the commonsense judgment that death ordinarily harms persons more than it harms sentient nonpersons. Contrary to what some philosophers believe, it is doubtful that the familiar resources of prudential value theory can vindicate this judgment. I show that the approach that at first glance seems most promising for supporting this judgment—namely, invoking an objective account of well-being—faces substantial challenges, before arguing that McMahan’s time–relative interest account supplies the needed theoretical basis. I then go on to extract a significant practical implication of the first thesis, that death ordinarily harms sentient nonpersons: we should find a way to discontinue the routine killing of animal subjects following their use in experiments.

E. Reitan, Avoiding the personhood issue: Abortion, identity, and Marquis’s “future-like-ours” argument, Bioethics 30.4 (May 2016): 272–281, doi: 10.1111/bioe.12211 • One reason for the persistent appeal of Don Marquis’s “future like ours” argument (FLO) is that it seems to offer a way to approach the debate about the morality of abortion while sidestepping the difficult task of establishing whether the fetus is a person. This essay argues that

in order to satisfactorily address both of the chief objections to FLO—the “identity objection” and the “contraception objection”—Marquis must take a controversial stand on what is most essential to being the kind of entity that an adult human being is. Such a stand amounts to a controversial account of personhood. To the extent that FLO’s success depends on accepting such a controversial metaphysical view, one apparent attraction of FLO proves illusory.

D. Wilkinson et al., Protecting future children from in-utero harm, Bioethics 30.6 (July 2016): 425–432, doi: 10.1111/bioe.12238 • The actions of pregnant women can cause harm to their future children. However, even if the possible harm is serious and likely to occur, the law will generally not intervene. A pregnant woman is an autonomous person who is entitled to make her own decisions. A fetus in-utero has no legal right to protection. In striking contrast, the child, if born alive, may sue for injury in-utero; and the child is entitled to be protected by being removed from her parents if necessary for her protection. Indeed, there is a legal obligation for health professionals to report suspected harm, and for authorities to protect the child’s well-being. We ask whether such contradictory responses are justified. Should the law intervene where a pregnant woman’s actions risk serious and preventable fetal injury? The argument for legal intervention to protect a fetus is sometimes linked to the concept of “fetal personhood” and the moral status of the fetus. In this article we will suggest that even if the fetus is not regarded as a separate person, and does not have the legal or moral status of a child, indeed, even if the fetus is regarded as having no legal or moral status, there is an ethical and legal case for intervening to prevent serious harm to a future child. We examine the arguments for and against intervention on behalf of the future child,

drawing on the example of excessive maternal alcohol intake.

Ethical Theory and Moral Practice

J. Surovell, But for the grace of God: Abortion and cognitive disability, luck and moral status, Ethical Theory Moral Pract 20.2 (April 2017): 257–277, doi: 10.1007/s10677-016-9755-0 • Many theories of moral status that are intended to ground pro-choice views on abortion tie full moral status to advanced cognitive capabilities. Extant accounts of this kind are inconsistent with the intuition that the profoundly cognitively disabled have full moral status. This paper improves upon these extant accounts by combining an anti-luck condition with Steinbock's stratification of moral status into two levels. On the resulting view, a being has full moral status if and only if (1) she has moral status and (2) (a) has had advanced cognitive capacities, (b) has the potential to develop such capacities, or (c) would have had such capacities were it not for luck. I argue that modal accounts of luck provide a non-speciesist basis for attributing the lack of advanced cognitive capacities in humans to luck without doing the same for non-human animals.

Feminism and Psychology

L. J. Beckman, Abortion in the United States: The continuing controversy, Fem Psychol 27.1 (February 2017): 101–113, doi: 10.1177/0959353516685345 • In the United States, abortion rates have been falling for several decades while attitudes have remained relatively stable. Given this background, this paper examines the current status of the fluid and contentious US abortion debate. Five relevant questions are examined: (1) What is responsible for the new wave of restrictive laws and what are their effects? (2) What is most likely responsible for changes in abortion rates? (3) What are the effects of the addition of medication abortion into the mix of abortion services? (4) What forces continue to fuel economic, geographic and racial/ethnic disparities in access to abortion services? (5) Why have gay rights been embraced by a majority of

the US public and supported in legislation and judicial decisions, while during this same time period abortion rights have stagnated or declined? It is crucial for feminists to continue to promote the cause of abortion and other reproductive rights. Most important, however, is a focus on broader social issues for women (e.g., adequate education, affordable day care) and the underlying causes of unequal power in society.

HEC Forum

E. K. Salter, Reimagining childhood: Responding to the challenge presented by severe developmental disability, HEC Forum 29.3 (September 2017): 241–256, doi: 10.1007/s10730-017-9331-6 • Through an exploration of the experience of severe and profound intellectual disability (SDD), this essay will attempt to expose the predominant, yet usually obscured, medical anthropology of the child and examine its effects on pediatric bioethics. I will argue that both modern Western society and modern Western medicine do, actually, have a robust notion of the child, a notion which can find its roots in three influential thinkers: Aristotle, Immanuel Kant and Jean Piaget. Together, these philosophers offer us a compelling vision: the child is primarily a future rational, autonomous adult. While this tacit understanding has arguably widespread effects on such things as our concept of good parenting, of proper schooling, and so on, I will focus on the effect it has on the treatment of children with severe developmental disabilities. When examined in light of this population, the dominant medical anthropology of the child will be shown to be deficient. Instead, I argue for an expansion—indeed, a full reimagining—of our notions of childhood, not only to re-infuse dignity into the lives of children with SDD, but to better represent the goods of childhood, generally.

Hypatia

B. A. Manninen, The value of choice and the choice to value: Expanding the discussion about fetal life within prochoice advocacy, Hypatia 28.3 (Summer 2013): 663–681, doi: 10.1111/j.1527-2001.2012.01302.x • In this essay, I provide evidence that a new generation of prochoice advocates wishes to

move away from defending abortion rights via the view that fetal life has little or no value (for example, as Mary Anne Warren does in her “On the Moral and Legal Status of Abortion”) and toward a more complex view of abortion rights. This newer view simultaneously grants that fetuses are more than simply “clumps of cells,” that they are, to some extent, entities that possess some degree of value, and also that women still have the right to decide whether they wish to continue a pregnancy (for example, as can be found in the writings of Rosalind Hursthouse, Judith Jarvis Thomson, and Margaret Olivia Little). Prima facie, this may sound like an impossible task—an instance of “having your cake and eating it too”—but I will show throughout my paper that, and how, such a task can indeed be accomplished.

*International Journal of
Feminist Approaches
to Bioethics*

C. McLeod, The medical nonnecessity of in vitro fertilization, Int J Fem Approaches Bioeth 10.1 (Spring 2017): 78–102, doi: 10.3138/ijfab.10.1.78 • Debate has raged in Canada recently over whether in vitro fertilization (IVF) should be funded through public health insurance. Such a move would require that the provinces classify IVF as a medically necessary service. In this paper, I defend the position I have taken publicly—especially in Ontario, my own province—that IVF is not medically necessary. I contend that, by funding IVF on grounds of medical necessity, governments like Ontario’s violate their commitments to equality and fairness, and cause harm. They do the last by suggesting that the lives of people who forgo procreation, and perhaps have children in other ways (e.g., through adoption), will be stunted.

*Kennedy Institute of
Ethics Journal*

B. A. Manninen, Sustaining a pregnant cadaver for the purpose of gestating a fetus: A limited defense, Kennedy Inst Ethics J 26.4 (December 2016): 399–430, doi: 10.1353/ken.2016.0036 • I argue that there are times it is morally permissible to keep a brain dead pregnant woman on life support

for the sole purpose of allowing her fetus to gestate until it is able to be born as healthy as possible. While a woman should not be kept on such support if she has clearly expressed that this would contradict her wishes, she may be kept on such support if she did not make her wishes known at all. Moreover, there are reasons why her family’s wishes alone may not suffice to override the fetus’s interest in continued existence. The most difficult case to assess is when the woman had previously made it known she would not want to be sustained on artificial life support, but was not explicit concerning whether she would maintain that stance in the event of her pregnancy. Finally, I will show why my position is compatible with a pro-abortion-choice perspective.

Linacre Quarterly

A. Moy, Why the moratorium on human–animal chimera research should not be lifted, Linacre Q 84.3 (August 2017): 226–231, doi: 10.1080/00243639.2017.129393 • The National Institutes of Health (NIH) announced its plans to lift its moratorium on funding research that involves injecting human embryonic stem cells into animal embryos, which would allow for the creation of part-human and part-animal organisms known as chimeras. The NIH allowed only one month to receive public comments in the midst of a presidential election campaign. Lifting the moratorium means that, for the first time, the federal government will begin spending taxpayer dollars on the creation and manipulation of new organisms that would blur the line between humans and animals. Interestingly, this government effort is creating an uncommon coalition between pro-life groups and animal rights activists that oppose this medical research on ethical grounds; the former seeking to ensure the welfare of human embryos and the latter seeking to protect the well-being of animals. Unlike the issue of abortion, this research is complex. Yet it is important that the pro-life laity and clergy be adequately informed on some of the basic science and ethics that surround this research. To fully understand why this research is unethical and why the NIH is pursuing this particular research, it is important to understand the

ethical tenets governing human-subject research and why secular scientists are pursuing this scientific field.

D. Nguyen, Pope John Paul II and the neurological standard for the determination of death: A critical analysis of his address to the Transplantation Society, Linacre Q 84.2 (May 2017): 155–186, doi: 10.1080/00243639.2017.1307502 • The introduction of the “brain death” criterion constitutes a significant paradigm shift in the determination of death. The perception of the public at large is that the Catholic Church has formally endorsed this neurological standard. However, a critical reading of the only magisterial document on this subject, Pope John Paul II’s 2000 address, shows that the pope’s acceptance of the neurological criterion is conditional in that it entails a twofold requirement. It requires that certain medical presuppositions of the neurological standard are fulfilled, and that its philosophical premise coheres with the Church’s teaching on the body–soul union. This article demonstrates that the medical presuppositions are not fulfilled, and that the doctrine of the brain as the central somatic integrator of the body does not cohere either with the current holistic understanding of the human organism or with the Church’s Thomistic doctrine of the soul as the form of the body.

N. Valko, Why are suicide rates climbing after years of decline?, Linacre Q 84.2 (May 2017): 108–110, doi: 10.1080/00243639.2016.1221305 • There is evidence that the increasing rates of suicide can be linked to the legalization of physician-assisted suicide. Factors such as suicide contagion and the increasing positive media reporting on such suicides are also relevant and have led to different standards of treatment for suicidal people who claim the right to have their suicides medically assisted.

New Blackfriars

D. A. Jones, Truth in transition? Gender identity and Catholic anthropology, New Blackfriars, e-pub May 28, 2018, doi:

10.1111/nbfr.12380 • There is no high-level magisterial teaching directly on gender dysphoria nor on gender non-conformity in matters of dress. Nevertheless, the relationship of gender identity to biology raises profound theological questions. Transitioning between gender roles has been construed as an attempt “to alter what is unalterable” and “to establish a false identity in place of one’s true identity.” However, the anthropological reality of incongruent gender identity is complex. It has something in common with body dysmorphia, something in common with the feminist criticism of gender roles, something in common with being a eunuch or with having a divergence of sexual development and something in common with homosexuality, but in each case with important differences. This paper sets out a further analogy, between legal gender recognition and legal adoption. Intellectual humility is required to help develop more adequate concepts in this area. At the same time, practical considerations require that one comes to a provisional judgement, at least, concerning this phenomenon. The analogies from divergences of sexual development and from adoption demonstrate that it is possible in principle to affirm the incongruent gender identity without being untruthful or contradicting a sound Catholic anthropology that is adequate to this complex human reality.

Theological Studies

D. A. Jones, Gender reassignment surgery: A Catholic bioethical analysis, Theol Stud 79.2 (June 2018): 314–338, doi: 10.1177/0040563918766711 • There is no explicit authoritative Catholic teaching on gender reassignment surgery. Catholic bioethicists have debated the origin of gender dysphoria and the effectiveness of GRS. A further ethical question is whether some forms of GRS involve “mutilation in the strict sense.” The principle of totality does not apply to GRS as the reproductive organs are a *cause* of distress only because the *object* of distress. This analysis leaves open the status of GRS which does not compromise biological function.