

“Predictions of Biodiversity Response to Genetically Modified Herbicide-Tolerant Crops”

A. R. Watkinson and others

“On the Content and Purview of Christian Bioethics”

Harold Y. Vanderpool

*Journals in
Philosophy and Theology*

**Cambridge Quarterly of
Healthcare Ethics**

Volume 9, Number 4

Fall 2000

“How Can Hospital Futility Policies Contribute to Establishing Standards of Practice?”

Lawrence J. Schneiderman and
Alexander Morgan Capron.

“On Helping People Die: A Pragmatic Account”

Mary B. Mahowald

“Avoiding Exploitation in Clinical Research”

Solomon R. Benatar

Volume 9, Number 3

Summer 2000

“Normal Functioning and the Treatment-Enhancement Distinction”

Norman Daniels

“Gene Therapies and the Pursuit of a Better Human”

Sara Goering

“Are ‘Genetic Enhancements’ Really Enhancements?”

Darren Shickle

“The Moral Significance of the Therapy-Enhancement Distinction in Human Genetics”

David B. Resnik

Child and Family

A Quarterly on the Family

Volume 22, Number 4

“Debate on RU-486”

The U.S. House of Representatives

**Christian Bioethics
Non-Ecumenical Studies
in Medical Morality**

Volume 5, Number 3

December 1999

Abstract: The author argues that to explore what is distinctly Christian about Christian bioethics requires clarity about what is Christian. He distinguished between the Christian (that which can be identified as authentically Christian), Christianity (the sum of that which is authentically Christian), and ecclesiastical traditions (the historic communities of faith and practice that are predicated upon both Christian and extra-Christian tradition) to critically assess what is to be declared Christian. In addition to exploring the role of New Testament scripture in identifying the Christian, the author emphasizes the need to recognize the extent to which the content of Christianity is Hebraic and Jewish.

Volume 5, Number 2

August 1999

“‘Whose Perfection is it Anyway?’: A Virtuous Consideration of Enhancement”

Rev. James F. Keenan, S.J.

Abstract: Discussion of genetic enhancements often imply deep suspicions about human desires to manipulate or enhance the course of our future. These unspoken assumptions about the arrogance of the quest for perfection are at odds with the normally hopeful resonancy we find in contemporary theology. The author argues that these fears, suspicions and accusations are misplaced. The problem lies not with the question of *whether* we should pursue perfection, but rather *what perfection* we are pursuing. The author argues that perfection, properly understood, has an enormously positive function in the Roman Catholic tradition. The author examines three sources: the Scriptures, the scholastic tradition, and ascetical theology. He examines contemporary criticisms of perfectionism and suggests that an adequate virtue theory keeps us from engaging perfectionism as such. The author then shows how a positive, responsible view of perfection is an assent to our discussion on enhancement technology.

“Desperately Seeking Perfection: Christian Discipleship and Medical Genetics”

Joel Shuman

Abstract: The question of what, if anything, Christian theology *as theology* might contribute to ethical debates about appropriate uses of medical genetics has often been ignored. The answer is complex, and the author argues it is best characterized by an explanation of the analogous aspirations of the two: both have as their goal the *perfection* of the human being, both assert that the present disposition of the human body is on a fundamental level more often than not other than it ought to be, and both aspire to transform the present state of the body toward a future state in which present imperfections no longer exist. Given these analogous concerns, it would seem that one of the primary *moral* contributions that Christianity can make to debates about medical genetics is to ask whether and to what extent the Christian vision of embodies perfection is compatible with the vision of perfection offered by the sciences pertaining to medical genetics. The author pursues a discussion of this analogy and its implications in this essay.

Ethics: An International Journal of Social, Political and Legal Philosophy

Volume 110, Number 4
July 2000

“Harming and Allowing Harm”

David McCarthy

First Things

Number 109
January 2001

“Designing Our Descendants”

Gilbert Meilaender

The Hastings Center Report

Volume 30, Number 5
September-October 2000

“Biotechnology and Monstrosity: Why We Should Pay Attention to the ‘Yuk’ Factor”

Mary Midgley

Description: We find our way in the world partly by means of the discriminatory power of our emotions. The gut sense that something is repugnant or unsavory—the sort of feeling that many now have about various forms of biotechnology—sometimes it turns

out to be rooted in articulable and legitimate objections, which with time can be spelled out, weighed and either endorsed or dismissed. But we ought not dismiss the emotional response at the outset as “mere feeling.”

“On the Sanctity of Nature”

Gregory E. Kaebnick

Description: Concerns about the sacred—common in everyday moral thinking—have crept into bioethics in various forms. Further, given a certain view of the metaphysics of morals that is now widely endorsed in Western philosophy, there is in principle no reason that judgments about the sacred cannot be part of a careful and reasoned moral deliberation.

Volume 30, Number 4
July-August 2000

“The Principles of the Belmont Report Revisited; How Have Respect for Persons, Beneficence, and Justice Been Applied to Clinical Medicine?”

Eric J. Cassell

Description: Although written primarily for medical research, the Belmont principles have permeated clinical medicine as well. In fact, they are part of a broad cultural shift that has dramatically reworked the relationship between doctor and patient. In the early 1950s, medicine was about making the patient better and maintaining optimism when the patient could not get better. By the 1990s, medicine was about the treatment of specific physiological systems, as directed by the patient, but as limited by the society’s concern for justice.

Volume 30, Number 3
May-June 2000

“Justice and Managed Care; Four Principles for the Just Allocation of Health Care Resources”

Ezekiel J. Emanuel

Description: The debate about justice and health care has occurred largely at a remove from the institutions it concerns; it has been about our most general moral principles, and about what things we value. This debate has foundered. But if the debate is turned in another direction, toward some moral principles that are widely accepted within those institu-

tions, and toward principles that have to do with control over allocation decisions rather than which actually how to make those decisions, agreement may be nearer at hand.

“Prayer as Therapy: A Challenge to Both Religious Belief and Professional Ethics”

Cynthia B. Cohen and others

Description: Scientists seeking hard evidence of prayer’s curative powers misunderstand the nature of prayer in Western theistic traditions. Yet theistically consonant ways in which religious belief may influence health do not figure as they should in current professional practice.

Human Life Review

Volume 26, Number 4
Fall 2000

“On the Born-Alive Infants Protection Act of 2000”

Hadley Arkes

“*Stenberg v. Carhart*—the Dissents”

Scalia, Kennedy and Thomas

“What’s Wrong with the Science Establishment?”

Mary Meehan

Volume 26, Numbers 2 & 3
Spring/Summer 2000

“The Zygote and Personhood”

Donald DeMarco

Issues in Law and Medicine

Volume 16, Number 2
Fall 2000

“Assisted Suicide and the Inalienable Right to Life”

Daniel Avila

Abstract: This article focuses on a topic largely overlooked by both the supporters and opponents of assisted suicide. The legalization of suicide assistance damages the interests of people who value the law’s full and equal protection of their lives by designating them as eligible for help in killing themselves. Measures such as Oregon’s Death with Dignity Act regard every person diagnosed as having a terminal condition as a candidate for suicide assistance, as if the protection of life was an alienable interest for this class. Thus all members of the eligible class, including those

opposed to assisted suicide, lose the status of being regarded by law as having an inalienable right to the protection of life. This status based injury should inform the standing and substantive constitutional questions raised by the state’s adoption of such a policy.

“Therapeutic Response to Assisted Suicide Request”

N. Gregory Hamilton, M.D.,
and Catherine A. Hamilton

Abstract: The authors review the first publicly reported case of legal assisted suicide in the United States and discuss possible clinical responses other than assistance in suicide. Psychiatric observers have noted that acceptance of assisted suicide or euthanasia as a medical option has resulted in loss of knowledge about how to respond to suicidal ideation in the seriously ill. The authors discuss specific therapeutic interventions that may be appropriate for seriously ill patients requesting suicide.

Volume 16, Number 1
Summer 2000

“Brief of the Attorney General of the State of Nebraska in *Stenberg v. Carhart*”

“Brief of Dr. Carhart et al. In *Stenberg v. Carhart*”

“Oral Arguments before the United States Supreme Court in *Stenberg v. Carhart*”

Volume 15, Number 3
Spring 2000

“Abortion, Breast Cancer,
and Informed Consent”

John Kindley

Abstract: The purpose of this article is to show that the current level of scientific evidence linking abortion with increased breast cancer risk is sufficient to support an ethical and legal duty to disclose fully the risk to women who are considering induced abortion. The article examines the relationship between this evidence and the elements of a medical malpractice claim alleging failure to obtain *informed consent*. The first part focuses on the elements of informed consent, which require the plaintiff to establish that the physician had a duty to disclose information, which he failed to disclose, that this failure to disclose was a

legal cause of the plaintiff's injury. The second part compares two prevalent standards for determining which risks a physician has the duty to disclose. Part three reviews the scientific evidence of the abortion/breast cancer (ABC) link and explains why it survives both the *Fry* and the *Daubert* tests for admissibility of expert testimony. The fourth part assesses the *materiality* of the risk posed by the ABC link. Parts five and six discuss evidentiary issues and the possibility of punitive damage awards.

Volume 15, Number 2

"Physician-assisted Suicide and Public Virtue: A Reply to the Liberty Thesis of 'The Philosophers' Brief'"

James M. DuBois

Abstract: The "Philosophers' Brief," penned by six of today's most influential philosophers, was submitted as an *amicus curiae* brief to the Supreme Court as it prepared to consider the cases of *Washington v. Glucksberg* and *Vacco v. Quill*. It set precedent as the first such brief submitted by a group representing itself solely as moral philosophers. The brief became an overnight gold standard statement of the liberal philosophical understanding of the relationship of the State to so-called private morality. The main thesis of the brief is that physician-assisted suicide regards the deeply personal event of death, and that individuals have a constitutionally guaranteed right to make decisions for themselves about the intimate details of their lives. In this article, James DuBois calls this the 'liberty thesis,' and he argues that the brief's application of this principle is both contradictory and impracticable. The contradiction arises as the brief proposes restrictions on the right to physician-assisted suicide—restrictions that require the State to abandon neutrality on intimate value judgments about life's worth. The impracticability arises insofar as the brief fails to leave room for a compelling State interest in promoting a minimal level of public virtue.

The Journal of Clinical Ethics

Volume 11, Number 3

Fall 2000

"Why Ethicists Should Stop Writing Cases"

Tod Chambers

"Should Children with Severe Cognitive Impairment Receive Solid Organ Transplants?"

Robert D. Orr and others

"Assisted Suicide and the Duty to Die"

Griffin Trotter

Volume 11, Number 2

Summer 2000

"Responding to Parental Requests to Forego Pediatric Nutrition and Hydration"

Judith Johnson and Christine Mitchell

"Futility in Pediatrics"

Robert D. Truog

"Ethical Issues in Pediatric Research"

Walter M. Robinson

The Journal of Contemporary Health Law and Policy

Volume 16, Number 2

Summer 2000

"The Application of the Americans with Disabilities Act to the Termination of Parental Rights of Individuals with Mental Disabilities"

Susan Kerr

"The Washington Hospital Center Example: A Hospital's Guide to Implementing the Rapid Organ Recovery Program"

Kane Edelman Clarke

The Journal of Law, Medicine & Ethics

Volume 28, Number 2

Summer 2000

"Mature Minors Should Have the Right to Refuse Life-Sustaining Medical Treatment"

Melinda T. Derish

and Kathleen Vanden Heuvel

Description: The authors propose that older teens, though legally minors, should have the independent right to refuse life-sustaining medical treatment under certain narrow conditions. Authors discuss legal and medical determinations of competency and capacity, the Mature Minor Doctrine, various advance directives, and the federal Patient Self-Determination Act as possible vehicles for systematic change.

"Patient Confidentiality and the Surrogate's Right to Know"

Lynn A. Jansen and Lainie Friedman Ross

Description: Using the case of a man seropositive for HIV who does not want his family to know his condition (though the state surrogate consent laws authorize a family member as his legal decision maker), the authors discuss the clinician's conflicting obligations to the patient and to those who may need to make fully informed choices for the patient.

"Historical Analogies, Slippery Slopes, and the Question of Euthanasia"

Walter Wright

Description: The author, a philosopher, examines the "Nazi Analogy" by looking in particular at one common "slippery slope" to which it gives rise. He discusses the concept of slippery slopes generally, and specifically in relation to historical and contemporary euthanasia debates.

**The Journal of
Medicine and Philosophy**

Volume 25, Number 4
August 2000

"Of Maize and Men: Reproductive Control and the Threat to Genetic Diversity"

David B. Resnik

Abstract: The genetic diversity argument (GDA) is one of the most commonly voiced objections to advances in reproductive and genetic technologies. According to the argument, scientific and technological developments in the realm of genetics and human reproduction will lead to lower genetic diversity, which will threaten the health and survivability of the human population. This discussion explicates and analyzes the GDA and challenges its empirical assumptions. It also discusses the possible significance of the GDA in our overall thinking about genetics and human reproduction and examines two proposals for preserving "useful" genes.

"Jewish Bioethics?"

Mark Levin and Ira Birnbaum

Abstract: "Jewish Bioethics" as currently formulated has been criticized as being of parochial concern, drawing on obscure methodology, employing an authoritarian (and, to the modern mind, unintelligible) method of discourse and as being of little relevance to the

wider community. We analyze Jewish bioethics in terms of rule and principle theory and demonstrate that it is based on rational consideration and reproducible reasoning. This approach allows methodological and terminological translation into a Western method of discourse that, in turn, has much to contribute to clarifying underlying principles and methods of application of modern bioethics.

Volume 25, Number 3
June 2000

"Specified Principlism: What is it, and Does it Really Resolve Cases Better than Casuistry?"

Carson Strong

Abstract: Principlism has been advocated as an approach to resolving concrete cases and issues in bioethics, but critics have pointed out that a main problem for principlism is its lack of a method for assigning priorities to conflicting ethical principles. A version of principlism referred to as "specified principlism" has been put forward in an attempt to overcome this problem. However, none of the advocates of specified principlism have attempted to demonstrate that the method actually works in resolving detailed clinical cases. This paper shows that when one tries to use it, specified principlism fails to provide practical assistance in deciding how to resolve concrete cases. Proponents of specified principlism have attempted to defend it by arguing that it is superior to casuistry, but it can be shown that their arguments are faulty. Because of these reasons, specified principlism should be not considered a leading contender in the search for methods of making justifiable decisions in clinical cases.

Journal of Religious Ethics

Volume 28, Number 3
Fall 2000

"Responsibility, Passion, and Sin: A Reassessment of Abelard's Ethics"

Jean Porter

Abstract: This article reassesses Peter Abelard's account of moral intention, or, better, consent, in light of recent work on his own thought and on the twelfth-century background of that thought. The author argues (1) that Abelard's focus on consent as the deter-

mining factor for morality does not rule out, but, on the contrary, presupposes objective criteria for moral judgment and (2) that Abelard's real innovation does not lie in his doctrine of consent as the sole source of merit or guilt, but, rather in his exploration of the ways in which this doctrine affects our understanding of the objective criteria for moral judgment. In particular, Abelard is led by his doctrine of consent to a thoroughgoing reassessment of the moral significance of the passions, which, in turn, leads him to reject the view that actions should be evaluated in terms of the praiseworthy or vicious character of the passions they express.

**Kennedy Institute
of Ethics Journal**

Volume 10, Number 3
September 2000

“Trust in Managed Care Organizations”

Allen Buchanan

Abstract: Two basic criticisms of managed care are that it erodes patient trust in physicians and subjects physicians to incentives and pressures that compromise the physicians fiduciary obligation to the patient. In this article, I first distinguish between status trust and merit trust, and then argue (1) that the value of status trust in physicians is probably overrated and certainly underdocumented; (2) that erosion of status trust may not be detrimental if accompanied by an increase in well-founded merit trust; and (3) that under conditions of managed care the physician's commitment to traditional medical ethics cannot serve as an adequate basis for merit trust. Next, drawing on an analogy between managed care organizations and polities, I argue that (4) the most appropriate basis for merit trust in managed care is a conception of organizational legitimacy that includes procedural justice, empowerment of constructive criticism within the organization, and organizational accommodation of the noninstrumental commitment to patient well-being that is distinctive of medical professionalism. I then explore the conditions necessary for robust competition for merit trust among managed care organizations and indicate the kinds of public policies needed to facilitate such competition. Finally,

I show how the account of organization-based merit trust can accommodate the special fiduciary obligation of medical professionals, without indulging in the delusion that it is the physician's fiduciary obligation always to provide all care that is expected to be of any net benefit to the patient.

“Prenatal Diagnosis, Personal Identity, and Disability”

James Lindemann Nelson

Abstract: A fascinating criticism of abortion occasioned by prenatal diagnosis of potentially disabling traits is that the complex of test-and-abortion sends a morally disparaging message to people living with disabilities. I have argued that available versions of this “expressivist” argument are inadequate on two grounds. The most fundamental is that, considered as a practice, abortions prompted by prenatal testing are not semantically well-behaved enough to send any particular message; they do not function as signs in a rule-governed symbol system. Further, even granting, for the sake of argument, the expressive power of testing and aborting, it would not be possible, contra the argument's proponents, to distinguish between abortions undertaken for many other possible reasons—e.g., because of the poverty of the fetus would face or the increase in family size that the birth of a new child would occasion. Here, I respond to criticisms of those arguments, and propose to defend another: the expressivist argument cannot, in general, distinguish successfully between abortion and therapy as modalities for responding to disabilities.

Volume 10, Number 2
June 2000

“On Being Genetically ‘Irresponsible’”

Judith Andre, Leonard M. Fleck,
and Tom Tomlinson

Abstract: New genetic technologies continue to emerge that allow us to control the genetic endowment of future children. Increasingly the claim is made that it is morally “irresponsible” for parents to fail to use such technologies when they know their possible children are at risk for a serious genetic disorder. We believe such charges are often unwarranted. Our goal in this article is to offer a careful

conceptual analysis of the language of irresponsibility in an effort to encourage more care in its use. Two of our more important sub-claims are: (1) A fair judgment of genetic irresponsibility necessarily requires a thick background description of the specific reproductive choice; and (2) there is no necessary connection between an act's being morally wrong and its being irresponsible. These are distinct judgments requiring distinct justifications.

Volume 9, Number 2

June 1999

"Ethics and Policy in Embryonic Stem Cell Research"

John A. Robertson

Abstract: Embryonic stem cells, which have the potential to save many lives, must be recovered from aborted fetuses or live embryos. Although tissue from aborted fetuses can be used without moral complicity in the underlying abortion, obtaining stem cells from embryos necessarily kills them, thus raising difficult questions about the use of embryonic human material to save others. This article draws on previous controversies over embryo research and distinctions between intrinsic and symbolic moral status to analyze these issues. It argues that stem cell research with spare embryos producing during infertility treatment, or even embryos created specifically for research or therapeutic purposes, is ethically acceptable and should receive federal funding.

"The Ethics of Funding Embryonic Stem Cell Research: A Catholic Viewpoint"

Richard M. Doerflinger

Abstract: Stem cell research that requires the destruction of human embryos is incompatible with Catholic moral principles, and with any ethic that gives serious weight to the moral status of the human embryo. Moreover, because there are promising and morally acceptable alternative approaches to the repair and regeneration of human tissues, and because treatments that rely on destruction of human embryos would be morally offensive to many patients, embryonic stem cell research may play a far less significant role in medical progress than proponents believe.

"The Ethics and Politics of Small Sacrifices in Stem Cell Research"

Glenn McGee and Arthur Caplan

Abstract: Pluripotent human stem cell research may offer new treatments for hundreds of diseases, but opponents of this research argue that such therapy comes attached to a Faustian bargain: cures at the cost of the destruction of many frozen embryos. The National Bioethics Advisory Commission (NBAC), government officials, and many scholars of bioethics, including, in these pages, John Robertson, have not offered an adequate response to the ethical objections to stem cell research. Instead of examining the ethical issues involved in sacrificing human embryos for the goal of curing fatal and disabling diseases, they seek to either dismiss the moral concerns of those with objections or to find an "accommodation" with those opposed to stem cell research. An ethical argument can be made that it is justifiable to modify or destroy certain human embryos in the pursuit of cures for dread and lethal diseases. Until this argument is made, the case for stem cell research will rest on political foundations rather than on the ethical foundations that the funding of stem cell research requires.

**The Linacre Quarterly
A Journal of the Philosophy and
Ethics of Medical Practice**

Volume 67, Number 3

August 2000

"A Creaturely Ethic: *Veritatis Splendor* and Human Nature"

J.F. Owens

"Assisting or Replacing the Conjugal Act: Criteria for a Moral Evaluation of Reproductive Technologies"

Rev. John F. Doerfler

"Catholic Social Teaching, the Common Good, and Health Care in the United States: Seeking a Universal Model of Health Care Coverage"

Todd Salzman

Volume 67, Number 2

May 2000

"A Review of Richard Coleson's 'The *Glucksberg & Quill* Amicus Curiae Briefs: Verba-

tim Arguments Opposing Assisted Suicide”

Rev. Joseph Howard

“Contraception and Abortion, Foes or Friends?”

Rev. Mons. Jacques Suaudeau

Theological Studies

Volume 61, Number 2

June 2000

“Appropriation of Evil: Cooperation’s Mirror Image”

M. Cathleen Kaveny

The Thomist

Volume 64, Number 4

October 2000

“St. Thomas and the Analogy of *Potentia Generandi*”

John F. Boyle

Volume 64, Number 3

July 2000

“The Doctrine of Double Effect and the Domains of Moral Responsibility”

Denis F. Sullivan

Volume 64, Number 2

April 2000

“On the Possibility of a Purely Natural End for Man”

Steven A. Long

“The Goodness of Creation, Evil, and Christian Teaching”

Patrick Lee

“Reductionism in Metaphysics: A Mistake in Logic?”

John Peterson