Philosophy Abstracts

Bioethics

K. Bærøe, **Patient Autonomy, Assessment of Competence and Surrogate Decision-Making: A Call for Reasonableness in Deciding for Others**, *Bioethics* 24.2 (February 2010): 87–95 · In this paper, I address some of the shortcomings of established clinical ethics centering on personal autonomy and consent and what I label the Doctrine of Respecting Personal Autonomy in Healthcare. I discuss two implications of this doctrine: 1) the practice for treating patients who are considered to have borderline decision-making competence and 2) the practice of surrogate decision-making in general. I argue that none of these practices are currently aligned with respectful treatment of vulnerable individuals. Because of "structural arbitrariness" in the whole process of how we assess decision-making competence, this area is open to disrespectful treatment of people. The practice of surrogate decision-making on the basis of a single person's judgment is arguably not consistent with ethical and political requirements derived from the doctrine itself. In response to the inadequacies of the doctrine, I suggest a framework for reasonableness in surrogate decision-making which might allow practice to avoid the problems above. I conclude by suggesting an extended concept of Patient Autonomy which integrates both personal autonomy and the regulative idea of morality that is required by reasonableness in deciding for non-competent others.

E.M. Dadlez and W. Andrews, **Post-Abortion Syndrome: Creating an Affliction**, *Bioethics* 24.9 (November 2010): 445–452 · The contention that abortion harms women constitutes a new strategy employed by the pro-life movement to supplement arguments about fetal rights. David C. Reardon is a prominent promoter of this strategy. Post-abortion syndrome purports to establish that abortion psychologically harms women and, indeed, can harm persons associated with women who have abortions. Thus, harms that abortion is alleged to produce are multiplied. Claims of repression are employed to complicate efforts to disprove the existence of psychological harm and causal antecedents of trauma are only selectively investigated. We argue that there is no such thing as post-abortion syndrome and that the psychological harms Reardon and others claim abortion inflicts on women can usually be ascribed to different causes. We question the evidence accumulated by Reardon and his analysis of data accumulated by others. Most importantly, we question whether the conclusions Reardon has drawn follow from the evidence he cites.

Christian Bioethics

M.J. Cherry, **Sex, Abortion, and Infanticide: The Gulf between the Secular and the Divine**, *Christian Bioeth* 17.1 (April 2011): 25–46 · This paper critically explores key aspects of the gulf between traditional Christian bioethics and the secular moral reflections that dominate contemporary bioethics. For example, in contrast to traditional Christian morality, the established secular bioethics judges extramarital sex acts among consenting persons, whether of the same or different sexes, as at least morally permissible, affirms sexual freedom for children to develop their own sexual identity, and holds the easy availability of abortion and infanticide as central to the liberty interests of women. Secular bioethics seeks to separate children from the authority of their parents, placing children themselves as in authority to make their own judgments about appropriate lifestyle choices, including sexual behaviors. As I argue, however, absent God, there exists no standpoint outside of our own cultural sociohistorically conditioned

understanding from which to communicate any deeper perspective of reality or the bioethics that such a perspective would secure. Consequently, rather than discerning moral truth, secular bioethics merely affirms its own particular cultural sociohistorically conditioned ideological perspective. It is a social and political worldview bereft of definitive moral foundation, independent moral authority, or unambiguous content.

K. Flannery, **Making Christian Life and Death Decisions**, *Christian Bioeth* 17.2 (August 2011): 140–152 · Decisions about withdrawing or continuing life-sustaining treatments are often not made in a reasoned manner: those who must make the decisions are often not sure what would constitute an upright decision and, therefore, doubt the correctness of the decisions they have made or are about to make. Making use especially of what Thomas Aquinas says about omissions (i.e., omitting to do something), this article attempts to establish some principles regarding when and why one might (and might not) morally withdraw life-sustaining treatments, regarding the grounds on which a family might resist a doctor's decision to withdraw treatment (or a doctor the family's wishes) and regarding other related issues.

Developing World Bioethics

T. Metz, **An African Theory of Bioethics: Reply to MacPhereson and Macklin**, *Dev World Bioeth* 10.3 (December 2010): 158–163 · In a prior issue of *Developing World Bioethics*, Cheryl Macpherson and Ruth Macklin critically engaged with an article of mine, where I articulated a moral theory grounded on indigenous values salient in the sub-Saharan region, and then applied it to four major issues in bioethics, comparing and contrasting its implications with those of the dominant Western moral theories, utilitarianism and Kantianism. In response to my essay, Macpherson and Macklin have posed questions about: whether philosophical justifications are something with which bioethicists ought to be concerned; why something counts as 'African'; how medicine is a moral enterprise; whether an individual right to informed consent is consistent with sub-Saharan values; and when thought experiments help to establish firm conclusions about moral status. These are important issues for the field, and I use this reply to take discussion of them a step or two farther, defending my initial article from Macpherson's and Macklin's critical questions and objections.

Journal of Medical Ethics

Z. Fritz and J. Fuld, **Ethical Issues Surrounding Do Not Attempt Resuscitation Orders: Decisions, Discussions and Deleterious Effects**, *J Med Ethics* 36.10 (October 2010): 593–597 · Since their introduction as "no code" in the 1980s and their later formalization to "do not resuscitate" orders, such directions to withhold potentially life-extending treatments have been accompanied by multiple ethical issues. The arguments for when and why to instigate such orders are explored, including a consideration of the concept of futility, allocation of healthcare resources, and reaching a balance between quality of life and quality of death. The merits and perils of discussing such decisions with patients and/or their relatives are reviewed and the unintended implications of "do not attempt resuscitation" orders are examined. Finally, the paper explores some alternative methods to approaching the resuscitation decision, and calls for empirical evaluation of such methods that may reduce the ethical dilemmas physicians currently face.

A. Giubilini and F. Minerva, **After-Birth Abortion: Why Should the Baby Live?** *J Med Ethics* Published online (April 13, 2012), doi:10.1136/medethics-2011-100411 · Abortion is largely accepted even for reasons that do not have anything to do with the fetus' health. By showing that (1) both fetuses and newborns do not have the same moral status as actual persons, (2) the fact that both are potential persons is morally irrelevant and (3) adoption is not always in the best interest of actual people, the authors argue that what we call "after-birth abortion" (killing a newborn) should be permissible in all the cases

where abortion is, including cases where the newborn is not disabled.

A. Smajdor, **Ethical Challenges in Fetal Surgery**, *J Med Ethics* 37.2 (February 2011): 88–91 · Fetal surgery has been practised for some decades now. However, it remains a highly complex area, both medically and ethically. This paper shows how the routine use of ultrasound has been a catalyst for fetal surgery, in creating new needs and new incentives for intervention. Some of the needs met by fetal surgery are those of parents and clinicians who experience stress while waiting for the birth of a fetus with known anomalies. The paper suggests that the role of technology and visualisation techniques in creating and meeting such new needs is ethically problematic. It then addresses the idea that fetal surgery should be restricted to interventions that are life-saving for the fetus, arguing that this restriction is unduly paternalistic. Fetal surgery poses challenges for an autonomy-based system of ethics. However, it is risky to circumvent these challenges by restricting the choices open to pregnant women, even when these choices appear excessively altruistic.

Journal of Religious Ethics

E. M. Bucar, **Bodies at the Margins: The Case of Transsexuality in Catholic and Shia Ethics**, *J Relig Ethics* 38.4 (December 2010): 601–615 · This essay explores the ways in which emerging religious understandings of sexual reassignment surgery (SRS) have potential for new work in comparative ethics. I focus on the startling diversity of teachings on transsexuality among the Vatican and leading Shia clerics in Iran. While the Vatican rejects SRS as a cure for transsexuality, Iranian clerics not only support decisions to transition to a new sex, they see it as necessary in some cases given the gendered nature of the moral life. In this essay, after describing the practical justification for sexual reassignment surgeries in Iranian fatwas and the emerging official Vatican position on transsexuality, I explain how these divergent positions are based on different semiotics of sex and gender that reflect specific ontological views of the human body.

I. Oh, **Motherhood in Christianity and Islam: Critiques, Realities, and Possibilities**, *J Relig Ethics* 38.4 (December 2010): 638–653 · Common experiences of mothering offer profound critiques of maternal ethical norms found in both Christianity and Islam. The familiar responsibilities of caring for children, assumed by the majority of Christian and Muslim women, provide the basis for reassessing sacrificial and selfless love, protesting unjust religious and political systems, and dismantling romanticized notions of childcare. As a distinctive category of women's experience, motherhood may offer valuable perspectives necessary for remedying injustices that afflict mothers and children in particular, as well as for developing cross-cultural understandings of justice in general.

Kennedy Institute of Ethics Journal

R. Goodman, **Cognitive Enhancement, Cheating, and Accomplishment**, *Kennedy Inst Ethics J* 20.2 (June 2010): 145–160 · An ethics of enhancement should not rest on blanket judgments; it should ask us to distinguish between the kinds of activities we want to enhance. Both students and academics have turned to cognition-enhancing drugs in significant numbers—but is their enhancement a form of cheating? The answer should hinge on whether the activity subject to enhancement is zero-sum or non-zero-sum, and whether one is more concerned with excellence in process or excellence in outcome. Cognitive enhancement should be especially tolerated when the activities at stake are non-zero-sum and when the importance of process is outweighed by the importance of outcome. The use of cognition-enhancing drugs does not unnaturally cheapen accomplishments achieved under their influence; instead, cognitive enhancement is in line with well-established conceptions of collaborative authorship, which shift the locus of praise and blame

from individual creators to the ultimate products of their efforts.

Linacre Quarterly

W.E. May, **Martin Rhonheimer and Some Disputed Issues in Medical Ethics: Masturbation, Condoms, Craniotomies, and Tubal Pregnancies**, *Linacre Q* 77.3 (August 2010): 329–352 · Martin Rhonheimer has written extensively on disputed issues in medical ethics: the use of condoms to prevent HIV, contraception, masturbation to provide semen for analysis, and at length on "vital conflicts" in medical ethics that arise in a pregnancy in which the lives of both the mother and the child are seriously threatened. If nothing is done, both will die, but if a medical intervention is performed, the child will die but the mother has a chance of living. After offering his interpretation of relevant magisterial documents on the difference between "direct" and "indirect" killing and of St. Thomas's teaching on the lawfulness of killing in self-defense and the principle of double effect, Rhonheimer proposes to solve conflicts of this kind by an ethical analysis based on what he calls a "virtue-based ethics" concerned with rendering justice to both mother and child. Using this approach he justifies craniotomy, salpingectomy, and salpingo(s)tomy as morally permissible ways of saving the mother's life without doing any injustice while rejecting use of the drug methotrexate to end a tubal pregnancy. His analysis can be seriously challenged as rooted in a misinterpretation of key magisterial documents and for failing to consider the principle of double effect revised to bring it into harmony with Aquinas's teaching on the distinction between killing as intended and as the unintended although foreseen effect of an act of legitimate self-defense.

S. Napier, **Contraception for the Mentally Disabled: A Contraceptive Act?** *Linacre Q* 77.3 (August 2010): 280–307 · This paper argues that in certain circumstances, a Catholic institution that cares for disabled persons can ensure that some of them conform to a temporary sterilizing intervention. The argument proceeds by observing that the Church permits temporary sterilizing interventions for rape victims, because such interventions are not contraceptive acts, but rather, acts of defense. For similar reasons, some mentally disabled persons cannot consent to sexual intercourse and since rape is defined as unconsensual intercourse, some mentally disabled persons are proper candidates of temporary sterilizing interventions. These interventions do not count as contraceptive acts either. This is the case even if the disabled person in question desires the intercourse. This is so because consent is an intellectual act and desire is a passion. Desire does not entail consent. Although the conclusion reached may look "liberal" or "heretical" the argument shows that it is consistent with firm Church teaching.

Medicine, Health Care, and Philosophy

E. Malmqvist et al., **The Ethics of Implementing Human Papillomavirus Vaccination in Developed Countries**, *Med Health Care Philos* 14.1 (February 2011): 19–27 · Human papillomavirus (HPV) infection is the world's most common sexually transmitted infection. It is a prerequisite for cervical cancer, the second most common cause of death in cancer among women worldwide, and is also believed to cause other anogenital and head and neck cancers. Vaccines that protect against the most common cancer-causing HPV types have recently become available, and different countries have taken different approaches to implementing vaccination. This paper examines the ethics of alternative HPV vaccination strategies. It devotes particular attention to the major arguments for and against one strategy: voluntary, publicly funded vaccination for all adolescent boys and girls. This approach seems attractive because it would protect more people against cervical cancer and other HPV-related cancers than less inclusive alternatives, without the sacrifice of autonomy that a comparably broad compulsory programme would require. Also, the herd immunity that it would likely generate would protect those who remain unvaccinated, a major advantage

from a justice perspective. However, there is a possibility that a HPV vaccination programme targeting all adolescents of both sexes is not considered sufficiently cost-effective. Also, it might pose more difficulties for achieving informed consent than comparable vaccination programmes against other diseases. Ultimately, society's choice of HPV vaccination strategy requires careful consideration not only of the values at stake but also of available and emerging scientific evidence.