We recently published “Medical Intervention in Cases of Maternal-Fetal Conflicts” (Autumn 2014), a consensus statement by participants in a 2013 colloquium. The statement addresses a paradigm case of peripartum cardiomyopathy. Here, in “The Placenta as an Organ of the Fetus,” Drs. Jay Bringman and Robert Shabanowitz question several points made in the statement. Their review of the medical literature shows that in reported cases, the threat to the mother’s health is long-term; it is due to pathology of the mother’s heart and lung, not the placenta; and detachment of the placenta from the uterus does not remove the threat. They also point out that the placenta and fetus derive from the same zygote. The placenta is thus an organ of the fetus, and any act on it is, therefore, an act on the fetus.

Rev. Benedict Guevin, OSB, in “Deactivating Pacemakers at the End of Life,” offers “a tentative no” to the question of whether pacemakers may be removed from the dying. These devices regulate the pace of a beating heart, but unlike implantable cardioverter defibrillators, they do not attempt to restart the heart if it ceases to beat. Guevin examines the views of several authors who give theoretical justifications for the removal of pacemakers, including those who view them as a substitutive therapy or as artificial rather than natural means. Still others consider autonomy to be the governing principle when removal is considered. Guevin does not find these arguments compelling and counsels the safer course.

In “Prospective Medical-Moral Decision Making,” Peter Cataldo and Elliott Bedford take issue with an essay in our Ethics & Medics (October 2014), written by Daniel Gannon, who argues strongly against the use of physician orders for life-sustaining treatment (POLST). Cataldo and Bedford assert that Catholic teaching in bioethics permits judgments that are prospective in character, and that therefore Gannon’s concern that POLST does not allow for “in the moment” decision making is misplaced. The authors offer a broader understanding of circumstances and justify the use of POLST through appeal to magisterial sources. They argue that, with appropriate evaluation of circumstances that may be reasonably foreseen, use of POLST is permissible.
Emily Trancik, in “Enhancement versus Therapy in Catholic Neuroethics,” examines some of the deficiencies in this common distinction. Though it has its principal use among secular ethicists, Catholic thinkers seem to have adopted the distinction without much hesitation. Trancik thinks the distinction is ill-suited for resolving questions over whether treatments that purport to improve health actually go beyond what is appropriate to human nature, especially in complex areas such as neuroethics. The author considers various theological reflections on the distinction before concluding that a new approach is needed.

Genetic predispositions to certain diseases, and the use of preventive surgeries to reduce or eliminate those risks, pose challenges for Catholic bioethics. Research generally indicates that these surgeries are effective. “On the Morality of Risk-Reducing Surgery,” by Dr. Timothy Collins, argues that risk-reducing surgery is permissible under the combined principles of double effect and totality and integrity. Collins uses the description of the human act, consisting of object, intention, and circumstances, to justify his conclusion. He focuses in particular on prophylactic mastectomy and bilateral salpingo-oophorectomy. His conclusion requires a properly informed understanding of the willingness to tolerate harms to the body in view of the greater good of the whole organism and of the meaning of “mutilation” within Church teaching.

“Condom Use by HIV-Discordant Married Couples.” by Rev. Msgr. Robert Dempsey, tackles the challenge of how to counsel couples in marriages in which one partner is HIV-positive and the other is not. The virus is transmitted by sexual intercourse. Some have suggested that the use of condoms might be permissible in such cases, especially after the wife has passed her fertile years. The intention is not to prevent pregnancy but to prevent the spread of a dangerous disease. Msgr. Dempsey examines this claim and finds it wanting. He uses the distinction between finis operis and finis operantis to show that the practice deprives sexual intercourse of its essential ordination to procreation. This remains the case, he argues, even in the case of a wife who is not in her fertile years.

Frank Sobiech explores the life and contributions of a great but little-known seventeenth-century scientist, convert, and bishop in “Science, Ethos, and Transcendence in the Anatomy of Nicolaus Steno.” After a period of great scientific achievement, Steno gave up experimental work to devote his life to the faith. He not only is the founder of modern geology but also made great contributions to the field of human anatomy. Steno determined that the heart was simply a muscle and not the seat of the soul, as earlier philosophers had believed. He also discovered the female ovary, thus disproving previous scientific claims that women possessed atrophied testicles. Steno likewise doubted the Aristotelian theory of “delayed harmonization,” which supposes that the human soul appears within an embryo only after a lengthy period of development. Sobiech holds that Steno’s admiration for nature and his sound scientific ethics should serve as a model for the contemporary researcher. Steno was beatified by Pope St. John Paul II on October 23, 1988.

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