In recent years, Catholic bioethicists have published works in English that are more or less comprehensive and faithful to the magisterial teachings of the Church, among the most prominent of which are Nicanor Austriaco’s *Bioethics and Beatitude* (Catholic University Press, 2011), Anthony Fisher’s *Catholic Bioethics for a New Millennium* (Cambridge University Press, 2012), and Elio Sgreccia’s *Personalist Bioethics: Foundations and Applications* (The National Catholic Bioethics Center, 2012, a translation of the latest edition of his Italian work). Alongside these important volumes we find the *Manual of Catholic Medical Ethics*, which took form under the leadership of Willem Cardinal Eijk, Archbishop of Utrecht, the Netherlands. With sections written by various experts, Eijk’s significant tome draws on a wide variety of sources, including Sgreccia and Ashley and O’Rourke’s *Healthcare Ethics: A Theological Analysis* (Georgetown University Press, 1997), often providing argumentation in light of two documents from the Congregation for the Doctrine of the Faith. The *Manual of Catholic Medical Ethics* provides a comprehensive guide to medical ethics from a Catholic perspective, reflecting the Church’s teachings on a variety of topics, including abortion, end-of-life care, and reproductive technology.

**Manual of Catholic Medical Ethics:**

*Responsible Healthcare from a Catholic Perspective*

Edited by W.J. Eijk, L.M. Hendriks, J.A. Raymakers, and John I. Fleming; translated by M. Regina van den Berg and Janthony Raymakers

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It is arguable that the dignity of various types of persons may come in degrees, and yet personhood remain a threshold concept, such that the basic natural interests—for life, freedom from pain, respect for individual autonomy, and such—of even the lowest persons ought not to be violated, even for the sake of promoting such interests for more dignified persons. Agar raises several excellent reasons why we should avoid radical enhancement while promoting more moderate forms of human enhancement. Although I do not share Agar’s concern that radically enhanced post-persons could rightfully claim moral demands at the expense of the basic natural interests of unenhanced persons, the danger that the radically enhanced may not acknowledge the equivalent natural rights of the unenhanced has already been well-established by historical analogues in which certain groups of persons considered themselves to be more highly evolved, and thereby more rightfully entitled, than other groups of persons. While a great deal of work lies ahead to define what would specifically count as “truly human” enhancement, Agar haspowerfully argued for this as the proper conceptual metric in morally evaluating any enhancement endeavor.

JASON T. EBERL

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Overview of Contents

Eijk confronted the “culture of death” in his medical studies at the University of Amsterdam before he entered the seminary. Later appointed as bishop of Groningen-Leeuwarden, he gained a first-hand knowledge of the infamous Groningen protocol (2004), which allows physicians to actively end the lives of infants without fear of legal prosecution.

To explain and contextualize the perspective of his Manual, which is shaped by the Dutch experience but not confined to it, Eijk begins with a lengthy introductory chapter titled “The Fundamental Assumptions of Medical Ethics.” Similar to the narratives found in Austriaco, Fisher, and Sgreccia, Eijk points to problems in secular thinking on bioethics, including the lack of a “permanent view of man,” that is, lack of an understanding of man’s unchanging, value-laden nature. In this regard, his reflections on evolution and its aberrant ideologies, evolutionism and social Darwinism, are useful (48–56). Pointing out that physical evolution is compatible with belief in a Creator, he insists on the unique place of human beings in the order of creation. Eijk significantly develops the Kantian principle that persons can never be used solely as instruments, by showing its meaning in light of the human person’s nature as a body–soul unity. The second half of the chapter is particularly useful for its exposition of the principles of medical ethics, both from a secular and a Catholic perspective. Although he does not treat the nature of the human act, an area where Austriaco’s account is unique, Eijk delineates and explains Catholic bioethical principles with unmatched lucidity and breadth.

The second chapter is titled “Medical Responsibility for Developing Human Life.” Following his well-ordered philosophical emphasis, Eijk helpfully begins the first section with a discussion of the moral “status” of the human embryo. He points out that the various positions can be divided into categories of “extrinsic criteria” and “intrinsic criteria.” This analysis is particularly useful, far exceeding parallel accounts in Sgreccia and Austriaco, and complementing Fisher’s thorough discussion of the question, When do people begin?

The following sections of chapter 2 are about procured abortion (W.J.A. Biemans) and pre-implantation and embryo selection (F.J. van Ittersum), which the authors unequivocally reject. The section on prenatal diagnostics (Eijk) contains a wealth of medical information, using Dutch legal cases as points of moral analysis. The final section (van Ittersum) treats experiments on embryos and fetuses, arguing against the instrumentalization of fetuses, since they are human persons.

The third chapter, “Medical Responsibility for the Transmission of Human Life,” begins with the realistic observation by L.J.M. Hendriks that “sexuality has become an ever-present phenomenon which is forced upon people in many ways” (205). The rampant proliferation of disordered sexual attitudes and activity helps explain why abortion and contraception are prominent moral issues for medical ethics. In the first section, Hendriks draws on the insights of Pope St. John Paul II and discusses the “status of human procreation,” simultaneously providing a miniature account of the theology of the body. Hendriks then discusses the regulation of fertility and artificial sexual procreation, showing that natural family planning respects the male–female relationship while other methods do not. In the fourth section, Eijk takes up the issue of artificial asexual reproduction, discussing the morally problematic nature of both cloning and the use of embryonic stem cells, in contrast to the positive use of adult stem cells. He then approaches the question of modifying inherited properties in germ cells or in the early embryo, pointing us away from eugenics and selfish enhancement but accepting truly therapeutic interventions. Following this, a
section on sex selection (J.A. Raymakers) notes motivations for the practice and comes to a balanced position: direct sex selection is unacceptable for ideological and medical motives, and abortion as a means of sex selection is never acceptable. However, one can legitimately and purposely increase the chance of naturally conceiving a particular sex (e.g., using the Billings method) for motives such as the desire to have a balanced composition of the family (i.e., having both boys and girls) (296). Following similar reasoning, one could add that the same could be encouraged by countries with unnatural differences in sexes: China and India could encourage their families to use natural means to try to conceive more girls, which are greatly underrepresented due to immoral sex selection.

The fourth and longest chapter is titled “Medical Care for Life: Therapeutic Intervention.” It begins with issues of diagnostics, prevention, therapy, rehabilitation of patients, and clinical research (Raymakers). It is particularly valuable in its description of the attitudes that ought to be taken by the patient and researcher respectively (313, 325). The third section regards organ donation and transplantation (van Ittersum and Eijk), making a definitive stand that organ donation is a gift and thus matter of charity, not of justice, which thus should never be compulsory. The authors discuss brain death, the right of disposal of a corpse, and the allocation of donated organs.

Xenotransplantation (transplantation of a nonhuman organ or tissue to a human) is treated in detail, with positions for and against being presented without resolution. Holding to the position that organ transplantation between humans for therapeutic reasons is acceptable, the authors argue that a person’s personal identity and procreative identity must be preserved. Thus, total brain transplantation and gonad transplantation are unacceptable on the grounds that the first (if possible) would unalterably change a person’s memories, intelligence, and such, which are aspects of personality, while the second would replace a person’s procreative identity with that of someone with a different genetic structure. Without approving of gene modification on the level of the germ line (which would affect the entire person and be transmitted to progeny), Eijk accepts somatic gene therapy, which targets particular tissues or organs of the body.

The section on psychiatry is a welcome addition, for the issue of mental health is often forgotten in discussions of medical ethics. F.L.E de Wever and F. Hamburg provide a necessarily brief history of psychiatry and, in defining the practice, focus on the therapeutic relationship between the patient or client and the expert therapist (392–393). The authors outline the various kinds of scientifically based psychotherapy and discuss various ethical problems that may arise, including conflicts between the therapist and client on the level of moral values, and issues of privacy. The account of psychopharmacology and compulsory hospitalization are insightful. Following these discussions, the authors provide an in-depth consideration of addiction to drugs. The issue of drugs has ramifications on different levels: on the individual level drugs are sold, purchased, and used; on the cultural level, cultures without God are more susceptible to drug use, and drugs negatively affect cultures; on the international level, drugs manufactured in poorer countries are purchased in richer countries, to the detriment of both.

The fifth chapter is about nontherapeutic intervention. In the first section, van Ittersum outlines the limits of intervention in the human biological structure, noting the difference between therapeutic reconstructive surgery and cosmetic surgery. His discussion of exterior sex change has relevance for contemporary Western society, as does his conclusion that a person should be helped to accept the gender he received at birth as a gift from God (466). The third section (van Ittersum, Eijk, and Hamburg) analyzes the process and morality of enhancement. This includes drug doping for sports and body building, gene modification in somatic cells, and enhancement of brain functions. They point to the fact that the mind–body (or, more properly speaking, the soul–body) essence of man is key to understanding these concerns properly. Therapy does not threaten or change the essence of man or the basic nature of a
particular individual, whereas enhancement threatens that essential structure by instrumentalizing the body.

The sixth chapter, “Medical Care at the End of Life,” begins with fundamental questions about what constitutes dignity in life and death. Eijk notes that “quality of life” is an accidental dimension of the person. Furthermore, spiritual suffering is greater than physical suffering, which is why requests for euthanasia diminish when holistic and palliative care is caringly offered. In the section about the active ending of life—that is, euthanasia or murder—Raymakers and Eijk develop a theme highlighted by the Dutch bishops, saying, “Euthanasia is not a ‘solution’ to suffering, but an elimination of the suffering human being” (523). They show that it is impossible to determine objectively what counts as “unbearable suffering without prospect.” In the third section, Eijk delves into matters touching on medical “overtreatment” and the shortening of life by the suspension or omission of life-prolonging medical treatment, which is unacceptable. However, as he observes in the fourth section, the principle of double effect allows one to foresee and allow a shortening of life through treatment of symptoms, as can happen in palliative sedation. An appendix to the chapter discusses cremation and care for bodily remains.

The seventh and final chapter is titled “Social Aspects of Healthcare” (Raymakers). The majority of the first section argues in favor of “equal access” to health care and, as a consequence, universal health care provided by the state. A very brief sub-section outlines the education and training of health care professionals. The second section discusses professional communication and confidentiality. The patient’s right to information must guide the prudence and care of the health care professional who must make decisions about how much to share and with whom. For example, privacy is not an absolute right given that infectious diseases concern public health and safety.

The appendix to the book contains both a translation of the Hippocratic Oath (H. M. G. Kretzers) and a rather detailed commentary of the Hippocratic Oath.

Analysis

As with any book of this size and breadth, there are elements that could be improved. On a structural-organizational level, one may note the following. It should be emphasized that the physician’s proper domain is the bodily and mental health of the patient, while the pastoral care worker’s domain is that of the spirit or soul. Some chapter or section re-organization might also help highlight the fact that marital union is the normative place where human life is be transmitted: perhaps sections 1 to 4 of chapter 3, “Transmission of Human Life,” should be placed immediately before chapter 2.1, “Status of the Human Embryo.”

More concerning than organization issues, the authors espouse a number of problematic positions. I analyze some of them below.

At times, the authors provide weak or inadequate reasoning regarding issues that have not been decided by the magistratum. For example, they follow Ashley and O’Rourke in holding that it is acceptable to use methotrexate to remove an ectopic pregnancy (173). However, using such a chemical would be direct and intentional killing, since the chemical arrests the growth of the trophoblast, which they admit “is part of the embryo.” Equally problematic is their position in favor of craniotomy, citing Germain Grisez as an authority but not considering the well-reasoned objections to Grisez on this point (e.g., Austriaco, “On Reshaping Skulls and Unintelligible Intentions,” Nova et Vetera 3.1 [Winter 2005]: 81–99).

Again, they claim “total abstinence of sexual union is inconsistent with the nature of marriage,” which proves too much, for then it excludes the marriage of the Blessed Virgin Mary and St. Joseph as legitimate. This issue has been debated for centuries, with the strongest explanation being that exchange of consent, openness to the marital act unless God wills otherwise, and fertility, but not the actual use of them, are sufficient for true marriage. (See, for example, Mark Miravalle, Introduction to Mary [Queenship Publishing, 1993], 222.)

The authors, in accordance with a wide consensus, show themselves to be in favor
of brain death. Unfortunately, consensus is not always based on the best reasoning or advertence to all of the facts. The authors make no note of the many works of scholars such as Alan Shewmon that argue against brain death as a reasonable criterion for complete human death. (See, for example, Shewmon’s mini-treatise, “You Die Only Once: Why Brain Death Is Not the Death of a Human Being—A Reply to Nicholas Tonti-Filippini,” *Communio* 39.3 [Fall 2012]: 422–494.) Here the authors could show more consistency, for if they are in favor of the brain death criterion, they should also approve of harvesting the organs of children born with anencephaly, but they are argue against that practice (see 368–369).

Following a common European model, the authors hold that an “opt out” system of organ donation is reasonable, that is, they are in favor of the government allowing medical practitioners to harvest organs from dead patients unless the patients explicitly “opt out” of this expected course of events beforehand (see 353–356). But such a position is surprising in light of the authors’ acknowledgment of the potential and likely abuses of such a system. In addition, this position is problematic in principle, for it implies that the bodily remains of citizens are always at the disposal of and for the use of the government.

Along with a widely accepted social welfare stance, the authors declare that “the authorities” have the duty of “guaranteeing equal access to healthcare” for all citizens (601). This top-down approach to medical care, in contrast to one based more on subsidiarity, is disputable. Practically speaking, secularized governments in charge of health care end up funding immoral practices with taxes. In principle, it is highly debatable as to whether a national or state government should have such strong and direct control over the economy and the medical decisions of individual citizens. In this light, the discussion of “market mechanisms” and governmental controls in the economy is inadequate.

The strengths of this book are many. It provides a Catholic, comprehensive, and synthetic account of the major issues facing medical practice today. Courageously, the authors adhere to the magisterium on controversial points such as abortion, contraception, and same-sex marriage, taking care to show why the Church’s position is reasonable and why contrary views do not do justice to human dignity. Another strength is the broad use of sources they draw from: although emphasizing Dutch and American research and interests, they often compare cultural and legal situations in a spectrum of European countries. However, the authors’ various problematic positions make the book recommendable with reservations. A more thorough engagement with relevant literature would make this work even more precise and reliable.

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**Medicine and Religion: A Historical Introduction**

**by Gary B. Ferngren**

Johns Hopkins Press, 2014, paperback, $24.95


In *Medicine and Religion*, Gary Ferngren aims to provide “a concise but comprehensive survey that traces the history of the intersection of medicine and healing with religious traditions in the Western world” (x). Ferngren’s Western perspective takes readers from the classical foundations—the Mesopotamian, Egyptian, Greek, and early Hebrew—up