**Philosophy and Theology Abstracts**

*American Catholic Philosophical Quarterly*

K. W. Cooper, *The Prolife Leviathan: The Hobbesian Case against Abortion*, *American Catholic Philosophical Quarterly* 86.4 (Fall 2012): 557–581 • Thomas Hobbes’s innovative anthropology and novel doctrines of natural right, natural law, and positive law have been taken to inaugurate a tradition that grows into modern United States abortion jurisprudence. In this essay I argue that a careful rereading of Hobbes reveals that the characterization of Hobbes as the philosophical and jurisprudential forefather of abortion rights is false. While Hobbes never directly addressed the question of abortion, I argue that we can reconstruct his position from his philosophical texts. First, I reconstruct the Hobbesian philosophical case against abortion via a rereading of his notions of family, hominization, and natural law. Second, I apply these principles along with Hobbes’s theories of equity and sovereignty to formulate a Hobbesian jurisprudential case against the Roe-Casey order of permissive abortion law.

A. MacIntyre, *Ends and Endings*, *American Catholic Philosophical Quarterly* 88.4 (Fall 2014): 807–821 • The question posed in this paper is: Is there an end to some type of activity which is the end of any rational agent? It approaches an answer by a critical examination of one view of human beings that excludes this possibility, that advanced by Harry Frankfurt. It is argued that once we have distinguished, as Frankfurt does not, that which we have good reason to care about from that which we do not have good reason to care about, we are able to identify a conception of a final end for human activity, one that we put to work when we consider the ways in which a life may have gone wrong and one that we find indispensable for our understanding of narrative.

*Bioethics*

A. Harbin, *Prescribing Posttraumatic Growth*, *Bioethics*, e-pub April 23, 2015, doi: 10.1111/bioe.12164 • This article introduces questions in psychiatric ethics regarding the substantial field of qualitative and quantitative research into “posttraumatic growth”, which investigates how, after devastating experiences, individuals can come to feel that they have developed warmer relationships, increased spirituality, or a clearer vision of their priorities. In one area of this research, researchers of posttraumatic growth outline strategies for clinicians interested in assisting their patients in achieving such growth. In this article, I articulate two ethical concerns about this account of posttraumatic growth and the practice of growth-oriented therapy. The first is a concern about the status and effects of the ideal of posttraumatic health implicit in their account, and the second a concern about the ethical implications of the clinical recommendations for the post-trauma patient. I argue for the need for more attention to the hazardous implications of relating to patients as though they are on their way to, and themselves largely in control of, their own posttraumatic growth.
J.K. Davis, Four Ways Life Extension Will Change Our Relationship with Death, Bioethics, e-pub April 23, 2015, doi: 10.1111/bioe.12161 • Discussions of life extension ethics have focused mainly on whether an extended life would be desirable to have, and on the social consequences of widely available life extension. I want to explore a different range of issues: four ways in which the advent of life extension will change our relationship with death, not only for those who live extended lives, but also for those who cannot or choose not to. Although I believe that, on balance, the reasons in favor of developing life extension outweigh the reasons against doing so (something I won’t argue for here), most of these changes probably count as reasons against doing so. First, the advent of life extension will alter the human condition for those who live extended lives, and not merely by postponing death. Second, it will make death worse for those who lack access to life extension, even if those people live just as long as they do now. Third, for those who have access to life extension but prefer to live a normal lifespan because they think that has advantages, the advent of life extension will somewhat reduce some of those advantages, even if they never use life extension. Fourth, refusing life extension turns out to be a form of suicide, and this will force those who have access to life extension but turn it down to choose between an extended life they don’t want and a form of suicide they may (probably mistakenly) consider immoral.

D. Wilkinson, R. Truog, and J. Savulescu, In Favour of Medical Dissensus: Why We Should Agree to Disagree about End-of-Life Decisions, Bioethics, e-pub April 23, 2015, doi: 10.1111/bioe.12162 • End-of-life decision-making is controversial. There are different views about when it is appropriate to limit life-sustaining treatment, and about what palliative options are permissible. One approach to decisions of this nature sees consensus as crucial. Decisions to limit treatment are made only if all or a majority of caregivers agree. We argue, however, that it is a mistake to require professional consensus in end-of-life decisions. In the first part of the article we explore practical, ethical, and legal factors that support agreement. We analyse subjective and objective accounts of moral reasoning: accord is neither necessary nor sufficient for decisions. We propose an alternative norm for decisions – that of “professional dissensus”. In the final part of the article we address the role of agreement in end-of-life policy. Such guidelines can ethically be based on dissensus rather than consensus. Disagreement is not always a bad thing.

International Philosophical Quarterly

T.A. Cavanaugh, Aristotle’s Voluntary/Deliberate Distinction, Double-Effect Reasoning, and Ethical Relevance, Int Philos Q 54.4 (December 2014): 367–378 • In this essay I articulate Aristotle’s account of the voluntary with a view to weighing in on a contemporary ethical debate concerning the moral relevance of the intended/foreseen distinction. Natural lawyers employ this distinction to contrast consequentially comparable acts with different intentional structures. They propose, for example, that consequentially comparable acts of terror and tactical bombing morally differ, based on their diverse structures of intention. Opponents of double-effect reasoning hold that one best captures the widely acknowledged intuitive appeal of the distinction by contrasting agents, not acts. These thinkers hold that the terror bomber differs from the tactical bomber while terror bombing does not differ ethically from tactical bombing. Aristotle’s accounts of the voluntary and the deliberately decided upon provide grounds for the ethical relevance of the intended/foreseen distinction as applied to both acts and agents.

Journal of Medical Ethics

L. Bovens, Child Euthanasia: Should We Just Not Talk about It?, J Med Ethics, e-pub March 10, 2015, doi:10.1136/medethics-2014-102329 • Belgium has recently extended its euthanasia legislation to minors, making it the first legislation in the world that does not specify any age limit. I consider two strands in the opposition to this legislation. First, I identify five arguments in the public debate to the effect that euthanasia for
minors is somehow worse than euthanasia for adults—viz, arguments from weightiness, capability of discernment, pressure, sensitivity and sufficient palliative care—and show that these arguments are wanting. Second, there is another position in the public debate that wishes to keep the current age restriction on the books and have ethics boards exercise discretion in euthanasia decisions for minors. I interpret this position on the background of Velleman’s “Against the Right to Die” and show that, although costs remain substantial, it actually can provide some qualified support against extending euthanasia legislation to minors.

U. Schuklenk and S. Vathorst, Treatment-Resistant Major Depressive Disorder and Assisted Dying, J Med Ethics, e-pub May 2, 2015, doi: 10.1136/medethics-2014-102458 • Competent patients suffering from treatment-resistant depressive disorder should be treated no different in the context of assisted dying to other patients suffering from chronic conditions that render their lives permanently not worth living to them. Jurisdictions that are considering, or that have, decriminalised assisted dying are discriminating unfairly against patients suffering from treatment-resistant depression if they exclude such patients from the class of citizens entitled to receive assistance in dying.

Linacre Quarterly

C. Brugger et al., The POLST Paradigm and Form: Facts and Analysis, Linacre Q 80.2 (May 2013): 103–138 • This white paper, prepared by a working group of the Catholic Medical Association, provides a commentary on a new type of end-of-life document called a POLST form (Physician Orders for Life-Sustaining Treatment) as well as on its model (or “paradigm”) for implementation across the United States. After an introductory section reviewing the origin, goals, and standard defenses of the POLST paradigm and form, the paper offers a critical analysis of POLST, including an analysis of the risks that POLST poses to sound clinical and ethical decision-making. The paper ends with several recommendations to help Catholic healthcare professionals and institutions better address the challenges of end-of-life care with alternatives to POLST.

E.K. Fernandes and A.K. Fernandes, The Demands of Human Dignity: Sexuality in the Young Person with Intellectual Disabilities, Linacre Q 81.4 (November 2014): 343–362 • The topic of sexuality among the disabled is often ignored within Catholic seminaries; within pediatrics, it is treated as a “problem” where the best solution is contraception or sterilization. In this article, the authors argue for an approach to sexuality in disabled youth that is grounded in the inherent dignity of the person, borne out of Christ’s own humanity. Because sexuality is a part of the human person in his or her totality, it cannot be ignored or obscured; on the other hand, it cannot also be the overriding “problem” which defines them. Rather, by friendship, love, and covenantal solidarity with the disabled person, we can begin to set an example for them and for society that there are goods to be strived for beyond the physical. The demands of dignity require practical changes in seminary and medical education and practice.

F.E. Vizcarrondo, Neonatal Euthanasia: The Groningen Protocol, Linacre Q 81.4 (November 2014): 388–392 • For the past thirty years, voluntary euthanasia and physician-assisted suicide of adult patients have been common practice in the Netherlands. Neonatal euthanasia was recently legalized in the Netherlands and the Groningen Protocol (GP) was developed to regulate the practice. Supporters claim compliance with the GP criteria makes neonatal euthanasia ethically permissible. An examination of the criteria used by the Protocol to justify the euthanasia of seriously ill neonates reveals the criteria are not based on firm moral principles. The taking of the life of a seriously ill person is not the solution to the pain and suffering of the dying process. It is the role of the medical professional to care for the ailing patient with love and compassion, always preserving the person’s dignity. Neonatal euthanasia is not ethically permissible.
Medical Law Review

R. Huxtable and A. Mullock, Voices of Discontent? Conscience, Compromise, and Assisted Dying, Med Law Rev 23.2 (Spring 2015): 242–262 • If some form of assisted dying is to be legalised, we are likely to hear voices of discontent, not least from the medical profession and some of its members, who might be expected to provide the service. The profession generally favours a position of opposition, premised on an ethic of “caring not killing”, which might be said to convey its “professional conscience”. There will, of course, also be individual conscientious objectors. In this article, we initially explore the nature and sources of conscience and we argue that conscience does merit respect. We also recognise that professionals, qua professionals, are bound to serve their patients, some of whom will want (and may be entitled to) that which their doctors do not wish to provide. Reflecting on the different values in issue, we suggest that there is a case for principled compromise which would afford professionals a limited right to conscientiously object, while also protecting patients. We then relate these reflections to assisted dying specifically. In the absence of any definitive steer from the purported integrity of medicine, we suspect that the profession could adopt a neutral stance on this divisive issue. We nevertheless anticipate individual objections if the law does move to embrace assisted dying, and we argue that such objections should be respected, according to the terms of the compromise model we defend.

NanoEthics

A. F. Pusch, Splices: When Science Catches Up with Science Fiction, Nanoethics 9.1 (April 2015): 55–73 • This paper examines human-nonhuman splices from a multidisciplinary approach, involving bioengineering and literary studies. Splices are hybrid beings, created through gene-splicing—a process which combines the DNA of the two species, resulting in a hybrid or chimeric being. A current trend in biotechnological research is the use of spliced pigs for xenotransplantation. Hiromitsu Nakauchi’s pancreas study that splices pigs with human iPS (induced pluripotent stem) cells in order to grow human organs inside pigs is being compared to a highly similar case of porcine hybrids: the pigoon from Margaret Atwood’s fictional MaddAddam trilogy. Atwood’s pigoons are pigs, genetically modified with human stem cells to facilitate the growth of various human organs for use in organ transplants with no risk of rejection. The case studies from science and science fiction overlap significantly and thus allow for a critical reading of the two highly different sources with a focus on ethical and moral questions regarding the use and abuse of nonhuman animals for human purposes. Furthermore, the context of the fictional works adds new layers of knowledge and new perspectives to the problematic issue of animal “enhancement.” Through the dynamic agency that can be detected within Atwood’s novels and that encompasses human, animal, and hybrid agency, the reader can develop empathy for other-than-human experiences and use this new perspective for a critical reflection of actual technoscientific developments that affect both human and nonhuman animal life. The combination of the two discourses reveals a value of science fiction for both the scientific community and society at large, demonstrating how its critical reception can result in enhanced ethical standards.

New Blackfriars

T.M. Ward, Transhumanization, Personal Identity, and the Afterlife: Thomistic Reflections on a Dantean Theme, New Blackfriars, e-pub May 4, 2015, doi: 10.1111/nbfr.12141 • Taking Aquinas’s metaphysics of human nature as my point of departure and taking inspiration from Dante’s concept of transhumanization, I sketch a metaphysics of the afterlife according to which a human person in the interim phase between death and resurrection is not a mere disembodied soul. I offer some theological reasons for thinking that our bodily human nature is essential to what we are and for thinking that we can survive the destruction of our bodies at death. I argue that these claims are consistent, provided we hold that our bodily
human nature, while essential to what we are, is not necessary to what we are. I argue for this distinction between essence and necessity. I then raise a mereological puzzle about the relation between a disembodied soul and the person whose soul it is, and argue that, if we are to avoid the Cartesian conclusion that this relation is identity, we must hold that a human person, even in the interim phase, is composed of a soul and something else. Drawing on Dante’s concept of transhumanization, I argue that this something else is God himself or some specially created divine grace or energy.