Michelle Armendariz and Dorothy Martinez, MD, in “The Formation of the Maternal–Fetal Relationship: A Reflection on the Findings of Modern Science,” explore the moral repercussions of recent scientific research that shows the importance of prenatal factors to the bond between mother and child. The authors examine the various chemical bases that mark the start and development of attachment at the physiological and psychological levels. The findings in these areas may have serious implications for those who are born through in vitro fertilization, surrogacy, and even cesarean section.

What is the best medical treatment for infants born with some type of serious physiological ambiguity of the genitals? In “People Born with Intersex Conditions: Pastoral and Bioethical Considerations,” Rev. Erik Lenhart, OFM Cap., explores the controversy surrounding this question. In difficult cases, determining the sex of the child is extremely challenging because of a lack of decisive information that would settle the issue. After mining insights from earlier moralists Urbano Navarrete, SJ, John Harvey, OSFS, and Albert Moraczewski, OP, Lenhart reviews Catholic teaching on the dignity of the person and concludes that the most prudent course is to forgo infant surgery and wait for the appearance of the secondary sex characteristics at puberty.

In “Confronting the Contraceptive Mentality: Practical Strategies for Public Policy,” Scott Lloyd argues that continued reductions in the rate of abortion will require focused attention on the root problem of contraception. Public policy sees unplanned pregnancy as the problem, and so calls for a “comprehensive” approach to sexuality that makes contraception its central component, but failed contraception is the leading cause of abortion. Public policy makers should target abortion rather than unintended pregnancies, point out the health dangers of contraceptive use, and reshape tax policies to influence behavior. The pro-life movement must also abandon its own support for the use of contraceptive drugs and devices.

Have Catholics found their voice in the area of genetic ethics? In “Moral Evaluations of Genetic Technologies: The Need for Catholic Social Doctrine,” Devan Stahl argues that the Catholic voice was stronger in earlier eras, especially at the beginning
of the twentieth century, during the American eugenics movement. Catholic efforts were crucial in fending off sterilization laws, designed to suppress the progeny of parents deemed mentally unfit. The mid-century discovery of DNA was heralded by the Church because of its potential to cure serious diseases, but this enthusiasm was muted by concern for the dangers of misuse. The rise of genomics in the present age poses new challenges to the Church’s sexual ethics, the safety of human embryos, and the promise of genetic counseling and gene therapy.

Sexual relations in geriatric settings are becoming more common. With an aging population and increasing incidence of dementia, appropriate policies are needed in Catholic institutions. In “Sexuality, Dementia, and Catholic Long-Term Health Care,” James Beauregard explores questions of privacy, consent, and sexual intimacy for elderly married couples when dementia is present. The complexities are well illustrated by the case of Henry Rayhons, who was charged with sexual abuse for having relations with his wife in a nursing home. The Catholic Church has long recognized the centrality of sexuality to marriage. There is no reason why a marital relationship should come to an end once a spouse is institutionalized—so long as there is mutual consent. Another problem is the disinhibiting effects of dementia, which can lead to inappropriate behavior that is not a true product of free choice. Tests for capacity and consent are necessary to ensure the dignity of residents, but providing a precise standard is not easy. Beauregard offers several specific policy suggestions for Catholic long-term health care facilities.

In end-of-life decision making, the principle of double effect is crucial to successfully distinguishing between immoral killings and justifiable acts of allowing to die. Jordan Potter, in “The Principle of Double Effect in End-of-Life Care,” uses this important tool to draw distinctions between euthanasia, physician-assisted suicide, and the withholding and withdrawal of care. The subtlety of these distinctions is often missed by the media and its presentation of controversial cases, such as that of Brittany Maynard. After reviewing the history and conditions of the principle, Potter shows that Catholic teaching on the difference between ordinary and extraordinary means of treatment holds a middle ground between the extremes of vitalism and subjectivism. Vitalism holds that life must be preserved no matter what the cost in pain, suffering, or money. Subjectivism takes the view that the value of human life is determined solely by the individual.

Exorcism needs careful safeguards if it is to secure the good of the sufferer. One source of guidance is the field of medicine. There has been a long relationship between exorcism and the healing arts. Deacon Timothy Egan, MD, in “Informed Consent and the Roman Rite of Exorcism,” argues that consent needs to be a governing principle in exorcism, just as it is in medicine. The various elements of informed consent, such as its volitional character, have been well explored in medical ethics. So too has the assigning of a health care proxy authorized to make decisions on behalf of an incompetent patient. Egan argues that this instrument should play a role in exorcism, because demonic possession undermines both the volitional character of human acts and the competence of the one who is possessed.

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