



In “Pope Francis on Health Care,” Elizabeth Ramage looks at the Holy Father’s renewed emphasis on health care as missionary work. One central concern of his is that Catholic health care may drift away from its original identity and become just another service organization. Catholic health care must keep at arm’s length the “culture of waste” that both destroys human life through abortion and sees the aged as of no value. This negativity needs to be countered by recognition of the transcendent aspect of human existence, namely, our ultimate call to union with God.

Do physicians rely too heavily on gestational age when considering resuscitative measures for very premature infants? Robin Pierucci, MD, explores this question in “Gestational Age in Periviable Newborns.” Clinical evidence indicates that length of gestation alone is an insufficient basis for a proper medical judgment about the viability of a premature child. In addition to age, research indicates several other important variables that must be considered. Pierucci laments the dominance of principlism in medical ethics, which appears to sanction the use of gestational age as the single indicator of infant viability. The distinction between ordinary and extraordinary means, combined with a fundamental respect for the sanctity of life, provides a better guide to the moral issues.

A year from now, the number of human embryos held in frozen storage will probably exceed one million in the United States. Obviously, an unknown number of embryos—perhaps vastly larger—were never stored or have since been thawed and allowed to die. In “The Only Moral Option Is Embryo Adoption,” Brother Glenn Breed, MSA, argues that this crisis (which is not of the Church’s making) presents Catholics with a clear moral duty. The teaching on the sacredness of human life applies to any innocent human being who is threatened by death through neglect or design, and *Donum vitae* in particular tells us that medical treatments that secure the life of the embryo or seek its survival are moral. Likewise, both the Old and the New Testaments speak highly of the decision to adopt abandoned orphans.

Katherine Wasson and David Cook continue to explore a theme they have advanced in previous pages of this journal. In “The Common Harm in Bioethics and

Public Health,” the authors propose that general agreement in ethics is possible on the basis of easily perceivable harms, rather than on the more controversial claims about what is good. In this they follow the ancient Hippocratic maxim “First, do no harm.” The authors find support for their view in the writings of a number of different authors, who in searching for a common morality cite the desire not to cause harm as a principal source of moral agreement. There are numerous examples in public health: eliminating infectious diseases from water sources, banning cigarette smoking in public places, vaccinating children against contagious diseases, and even promoting programs to reduce obesity.

Principlism, as defended by Tom Beauchamp and James Childress, has long been the most widely consulted and influential philosophical outlook in contemporary medical ethics. Anyone who works in the field has heard of the four principles: autonomy, nonmaleficence, beneficence, and justice. Louise Mitchell, in “Major Changes in *Principles of Biomedical Ethics*,” examines the evolving views of Beauchamp and Childress through the various revisions of their book over the course of twenty-five years. She traces the most interesting and important changes, with particular interest in their developing theme of “common morality.” The central problem of the work, as Mitchell ably points out, is that Beauchamp and Childress do not subscribe to any general metaphysics, teleology, or theory of the good. None of the criteria that Beauchamp and Childress use to assess different moral theories tells us whether the conclusions drawn are correct. Theirs is a nonjudgmental theory that changes with the times and does not claim to know moral truth.

“Medical Intervention in Cases of Maternal–Fetal Vital Conflicts,” a consensus statement of participants at a recent colloquium organized by the Ascension Health system, addresses the extremely difficult case of a life-threatening pregnancy in which the mother is in danger because of the presence of a healthy baby in her womb. The participants consider a hypothetical case of peripartum cardiomyopathy. After reviewing the scientific and medical facts, they acknowledge the central moral difficulty, namely, that any removal from the womb may constitute a direct assault on the unborn child. Appealing to Thomistic action theory and specifically to the principle of double effect, the participants conclude that early induction of labor in such a case is not necessarily a direct attack on the child.

In “Ethical Problems in the Use of Hormonal Contraception,” Jozef Laurinec identifies the teleological end points of natural law theory (life, sexuality, and knowledge) and shows how these goods are harmed by the use of contraceptive drugs. For example, a woman who uses hormonal contraception increases her risk not only of cardiovascular and oncological diseases but also of abortion of her embryo because of changes in the fallopian tube and the lining of the uterus. Similar negative effects occur in the areas of sexual health, fertility, and family life. The use of hormonal contraception also undermines the practice of the cardinal virtues of prudence, justice, courage, and temperance, because it deflects choices from what should be their natural ordering toward the good. The author finds the off-label use of these drugs equally problematic and immoral.

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