

Notes on Bioethics

A particularly distressing article in the scientific literature this quarter is Curt Freed, et al., "Transplantation of Embryonic Dopamine Neurons for Severe Parkinson's Disease," *The New England Journal of Medicine* (March 8, 2001; Vol. 344, No. 10). This is a report on an experiment in which neural cells from aborted fetuses were injected into the brains of Parkinson's patients. This sort of experiment is objectionable on moral grounds, as there is no possibility of obtaining proper consent for the use of the aborted fetal materials. From a scientific perspective, however, the treatment also failed to show any benefit to the elderly patients who are most likely to suffer this disease. Most disturbing was the fact that about fifteen percent of those who received the treatment suffered uncontrollable motions ("dys-tonia" and "dyskinesias") that caused them to jerk their bodies about. This adverse reaction could not be stopped because it was caused by the growth of the neural cells that had engrafted themselves to the patients' brains. These uncontrollable motions appeared only in the second year following treatment.

This study was also controversial for its use of a double-blind method in which some of the patients whose skulls were drilled did not receive any neural cells. These were members of the control group.

The article was accompanied by an editorial by Fischbach and McKhann, "Cell Therapy for Parkinson's Disease," *The New England Journal of Medicine* (March 8, 2001; Vol. 344, No. 10). The authors report that "tissue from the midbrain of two embryos was injected on each side of the brain in each patient." Given the prevalence of Parkinson's disease, the total number of aborted fetuses needed to treat all sufferers would be huge. "The number of fetuses required would be staggering, even if only a small proportion of the patients were to receive transplants." The report ought to dampen fetal cell research, which has so far failed to reverse any of these neurodegenerative disorders. The authors of the editorial, however, will not tolerate any criticism of the use of fetal cells from abortions. "The brain is a most complex structure," they conclude, "so incremental results on the way to cures are to be welcomed rather than dismissed as less than perfect."

The *Journal of the American Medical Association* has published an important issue (February 14, 2001; Vol. 285, No. 6), simultaneously with the announcement of the successful sequencing of a draft of the human genome, on the prospects of the new genetic knowledge for the future of medicine in a variety of fields.

Also in *JAMA* (Volume 284, No. 24) is a report on the increased risks of disease among those who refuse vaccinations: "Individual and Community Risks of Measles and Pertussis Associated with Personal Exemptions to Immunization." There are a significant number of individuals who refuse vaccines for themselves or for their children on moral or religious grounds. The danger of the widespread use of personal exemptions is clear.

The *New England Journal of Medicine* (Vol. 344, No. 3) offers a study showing that the perception that managed care has reduced the amount of time patients spend with their physicians is false: "Are Patient Visits with Physicians Getting Shorter?"

Among articles in the area of philosophy and theology there is the remarkable defense of the use of violence against unjust laws advanced by Alec Walen, "Reasonable Illegal Force: Justice and Legitimacy in a Pluralistic, Liberal Society," in *Ethics* (January 2001; Vol. 111, No. 2). He begins from within the framework provided by John Rawls's political philosophy and concludes that "a good liberal" can find occasion to reasonably use violence to resist or oppose what are viewed as unjust laws. Thus the duty to obey law, even in an ideal liberal democracy, is not absolute.

Also in this issue of *Ethics* is yet another attempt to undermine the principle of double effect, "Doing Away with Double Effect," by Alison McIntyre. The double effect has long been recognized within the Catholic tradition as one of the most vital principles to a soundly-reasoned moral philosophy. In recent years, its use by the Supreme Court in a decision denying that there is a constitutional right to suicide annoyed many. McIntyre takes aim directly at the Catholic tradition by critiquing, among other things, the presentation of double effect offered in *The New Catholic Encyclopedia*.

Thomas Cavanaugh offers a pointed critique of the standard defense of physician-assisted suicide in "The Instability of the Standard Justification for Physician-Assisted Suicide," *Cambridge Quarterly of Health Care Ethics* (Winter 2001; Vol. 10, No. 1). Autonomy and sound medical reasons are two justifications for PAS, but they "pull" in different directions. Autonomy demands that we respect the decisions of others and their right to determine for themselves whether or not suicide is appropriate. This is a justification based in the will. But the justification based on the need for sound medical reasons functions in an opposite manner, setting aside the mere willfulness of the agent and demanding that principled explanations be provided for what one wants. These two approaches cannot be integrated in any natural fashion.

Edmund Pellegrino, in "Bioethics at Century's Turn: Can Normative Ethics Be Retrieved," *The Journal of Medicine and Philosophy* (December 2000; Vol. 25, No. 6), examines the birth of "bioethics" out of the tradition of medical ethics. He laments the loss of the "norms of true and good, right and wrong in practical ethical decisions" and the substitution of a utilitarian standard. The simultaneous rise of bioethics at the Kennedy Institute of Ethics and the University of Wisconsin provides an important contrast between two separate models: one which sees itself as philosophical discipline and an extension of medicine and professional ethics; the other as an interdisciplinary approach that envisions a "new biologically based ethic."

Another issue of *The Journal of Medicine and Philosophy* (October 2000; Vol. 25, No. 5) tackles the everrecurring question of whether health and disease are natural phenomena that are intrinsic to the body or social constructs imposed upon it from without. Postmodernist critiques of the objective nature of justice or truth have the advantage of investigating abstractions, but health and disease would seem to be too immediately real to be susceptible to the same ruse. Scott DeVito, in "On the Value-Neutrality of the Concepts of Health and Disease: Unto the Breach Again" argues against their reality, while Abraham Rudnick, in "The Ends of Medical Intervention and the Demarcation of the Normal from the Pathological," argues in favor.

Rev. Russell E. Smith, "The Jungle of Mergers: Making a Path or Finding a Clearing?" in *The Linacre Quarterly* (November 2000; Vol. 67, No. 4), sets forth the principles of cooperation that are so critically important to assessing the moral standing of cooperative ventures between Catholic and non-Catholic health care providers.

Edward J. Furton
Editor-in-Chief