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Parthenogenetic Stem Cells in Nonhuman Primates

José B. Cibelli et al.

[Describes the isolation of embryonic stem cells from nonhuman primate (monkey) eggs which were artificially activated to begin embryonic development.]

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Production of -1,3-Galactosyltransferase Knockout Pigs by Nuclear Transfer Cloning

Liangxue Lai et al.

The presence of galactose -1,3-galactose residues on the surface of pig cells is a major obstacle to successful xenotransplantation. Here, we report the production of four live pigs in which one allele of the -1,3-galactosyltransferase locus has been knocked out. These pigs were produced by nuclear transfer technology based on clonal fetal fibroblast cell lines as nuclear donors for embryos reconstructed with enucleated pig oocytes.

JOURNALS IN PHILOSOPHY, LAW, AND THEOLOGY

American Catholic Philosophical Quarterly

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To Double Business Bound: Reflections on the Docrine of Double Effect

Neil Delaney

This paper has two aims. First, I explore the scope and limitations of the doctrine of double effect (DDE) by focusing specifically on the notion of "effect classification." Turning my attention to some hard cases, I argue that the DDE has to be supplemented by additional principles that specify how effects are to be discriminated from one another and how the various aspects of the relevant actions are to be classified as intended or simply foreseen. Secondly, I draw some general lessons from this specific investigation of the DDE bearing on the way in which moral principles of this sort can be seen to function helpfully in moral reflection.

Reclaiming or Rewriting the Tradition?

Janet E. Smith

My assessment of Jean Porter's *Natural and Divine Law* is mixed. She provides a generally accurate account of the scholastic theory of natural law, since she steers

clear of the erroneous notion that its understanding of "nature" refers to the fullness of human nature. Her account of modern natural law theory is less reliable; for she ignores the work of several prominent contemporary natural law theorists and regrettably caricatures the natural law theory employed in Church documents. I found most illuminating her claims that biblical themes influenced which issues became the focus of scholastic natural law. Her entire project, however, is flawed in serious ways: 1) surprisingly, in light of her previous work, she neglects nearly entirely the role of virtue in natural law theory; and 2) the trajectory of her work is designed to lead the Church to change its teaching on sexuality, even to the point of claiming that scholastic natural law theory has principles that justify homosexual celebrating of the erotic in the gay lifestyle.

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Consensus Formation: The Creation of an Ideology

H. Tristram Engelhardt Jr.

Bioethics is not merely a theoretical discipline but a practice as well. Indeed, bioethics is a sort of moral trade. Bioethicists serve on ethics committees, give expert testimony to courts, provide guidance for health care policy, and receive payment for these services. The difficulty is that their role as experts able to guide clinical choice and public policy formation is brought into question by the diversity of moral understandings regarding central moral issues at the heart of the culture wars in health care. The disconfirmation of the expert role of bioethicists by their apparent actual role as partisans of particular moral schools and perspectives could be set aside, were there an avenue to moral consensus, a door to a common moral vision to guide this new profession of moral experts. This brief article addresses the hunger for consensus in bioethics, its impossibility with respect to the controversial issues that mark the field, and the inclination nevertheless to deny this manifest diversity by appeals to a consensus that could allow bioethicists to function as ethics experts able substantively to guide clinical choices and public policy.

Successes and Failures of Hospital Ethics Committees: A National Survey of Ethics Committee Chairs

Glenn McGee et al.

In 1992, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) passed a mandate that all its approved hospitals put in place a means for addressing ethical concerns.Although the particular process the hospital uses to address such concerns—ethics consultant, ethics forum, ethics committee—may vary, the hospital or health care ethics committee (HEC) is used most often. In a companion study to that reported here, we found that in 1998 over 90% of U.S. hospitals had ethics committees, compared to just 1% in 1983, and that many have some, and a few have sweeping clinical powers in hospitals.

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Reading Futility: Reflections on a Bioethical Concept

Donald Joralemon

There is an effort under way in some quarters to ritualize the hospital settings in which life support is withdrawn after a futility determination. Guidelines suggest involving clergy, removing all but essential machinery from the patient's room, disconnecting alarms on respirators, counseling

family members about what they can expect to see and hear, and orchestrating the dying process in the least disturbing manner possible. Advocates for introducing a spiritual dimension to intensive care units emphasize the importance of giving family members ample time for bedside mourning.

This is a fascinating example of what social scientists have called "the invention of tradition." If the suggestions are adopted, they may well serve to bridge the gap between social and biological death. Most significantly, the underlying message promoted by advocates of death rituals in the ICU is that declaring "futility" is not the end of a physician's caregiving.

Do Genetic Relationships Create Moral Obligations in Organ Transplantation?

Walter Glannon and Lainie Friedman Ross

Donating an organ to another with whom one stands in a special relationship often involves the same cost or risk of harm to oneself as with anonymous donation to strangers. What makes the latter more praiseworthy than the former is the fact that altruistic donors have no special ties, and therefore no moral obligation, to help others. But family members have certain prima facie moral obligations to each other in virtue of a preestablished intimacy. It is precisely this intimacy, not any biological relation, that creates the obligations. One of these prima facie obligations is serving as an organ donor to help another family member in need of a transplant, particularly when it entails minimal risk. This is, however, a matter of degree: the greater the degree of intimacy, the greater the degree of obligation, albeit prima facie. This shows that there are moral differences in our responsibility to people in need, and between what we freely give and what we owe to each other.

Ethics

Volume 112, Number 2
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A New Way of Doing the Best That We Can: Person-Based Consequentialism and the Equality Problem

M.A. Roberts

It has been suggested that moral law requires that we act in ways that "make people happy" but does not require that we act in ways that "make happy people." It is important to keep in mind that moral law proscribes various things as well. We shouldn't make people unhappy. Nor should we make unhappy people. There is some disrepute attached at the present time to all these "person-affecting," or "person-based," sentiments. In this article, however, I want to present an argument that works in their favor. More specifically, I want to develop a plausible case for a new, person-based form of consequentialism.

Ethics and Medicine

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Euthanasia in the Third Reich: Lessons for Today?

J.A. Emerson Vermaat

"At this stage I do not feel that I am going to die, but I don't want to die away later with my body being reduced to a little more than a lump. Please, promise to help me before this moment comes." Today, many physicians are familiar with incurably ill patients requesting them to end their lives because of unbearable suffering. In the case of the above quote the request for euthanasia is not

made by a desparate twenty-first century patient. One finds it in the Nazi film *Ich Klage an* (I Accuse) which was produced in 1941. The message of the the two-hour-long film was that doctors who submit to an incurable patient's death wish act legally and morally.

Hastings Center Report

Volume 32, Number 1
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Brave New Birds: The Use of 'Animal Integrity' in Animal Ethics

Bernice Bovenkerk et al.

Besides providing us with new biological knowledge and opening up some intriguing possibilities in medicine and agriculture, genetic engineering provides philosophers with some interesting thought experiments. Inspired by Bernard Rollin's remark in *The Frankenstein Syndrome* about the creation of wingless, legless, and featherless chickens, Gary Comstock urges us to imagine just that: the transition of chickens into living egg machines. Present-day intensive farming creates immense welfare problems for the animals involved; it is not unusual, for instance, to find sixteen chickens crammed into the space of one square meter throughout their lives. As a result of stress, these hens start pecking at each other, and the farmer is forced to trim their beaks.

Sex Selection: Not Obviously Wrong

Bonnie Steinbock

Let me start with the obvious. Sexism and sexual discrimination are bad things. Both sexes have equal human worth, both are entitled to equal treatment and opportunity.

For some people, once we acknowledge these principles, the discussion about sex selection is over. Sex selection is sexism, or it contributes to sexism. As such, it should be morally condemned and discouraged. Some think it should be illegal.

I think this analysis is far too simplistic. Whether sex selection is sexism depends first on what sexism is.

Journal of Medicine and Philosophy

Volume 27, Number 1
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Trust in Medicine

Chalmers C. Clark

Trust relations in medicine are argued to be a requisite response to the special vulnerability of persons as patients. Even so, the problem of motivating trust remains a vital concern. On this score, it is argued that a strong motivation can be found in recognizing that professional self-interest actually entails cultivation of patient trust as a means to maintain professional self-governance. And while the initial move to restore trust must be provoked from such narrow concerns, the process of sustaining trust will require educational initiatives aimed at restoring attitudes and skills suggestive of Percival's concept of empathic care. By including such initiatives, future waves of medical professionals are apt to sustain trust with deepened commitments to character, care, and trust as constitutive properties of their professional mission.

Trust: The Scarcest of Medical Resources

Patricia Illingworth

In this paper, I claim that the doctor-patient relationship can be viewed as a vessel of trust. Nonetheless, trust within the doctor-patient relationship has been impaired by

managed care. When we conceive of trust as social capital, focusing on the role that it plays in individual and social well-being, trust can be viewed as a public good and a scarce medical resource. Given this, there is a moral obligation to protect the doctor-patient relationship from the cost-containment mechanisms that compromise its ability to produce trust.

Is It Wrong to Deliberately Conceive or Give Birth to a Child with Mental Retardation?

Simo Vehmas

This paper discusses the issues of deciding to have a child with mental retardation, and of terminating a pregnancy when the future child is known to have the same disability. I discuss these problems by criticizing a utilitarian argument, namely, that one should act in a way that results in less suffering and less limited opportunity in the world. My argument is that future parents ought to assume a strong responsibility towards the well-being of their prospective children when they decide to reproduce. The moral point in cases in which our acts affect the well-being of future children should be expressed strictly in terms of parents' culpability. Future children thus do not have current moral standing, but presently living persons have current obligations to consider the presumable effects of their actions on future people. I will also argue that there are morally significant differences between 'selective contraception' and selective abortion.

Moral Status and the Treatment of Dissociative Identity Disorder

Timothy J. Bayne

Many contemporary bioethicists claim that the possession of certain psychological properties is sufficient for having full moral status. I will call this the psychological approach to full moral status. In this paper, I argue that there is a significant tension between the psychological approach and a widely held model of Dissociative Identity Disorder (DID, formerly Multiple Personality Disorder). According to this model, the individual personalities or alters that belong to someone with DID possess those properties that proponents of the psychological approach claim suffice for full moral status. If this account of DID is true, then the psychological approach to full moral status seems to entail that the two standard therapies for treating DID might, on occasion, be seriously immoral, for they may well involve the (involuntary) elimination of an entity with full moral status. This result should give proponents of the psychological approach pause, for most people find the claim that current treatments of DID are ethically suspect highly counterintuitive.

Nursing Ethics

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Informed Consent to Breaking Bad News

Abraham Rudnick

Informed consent to breaking (or waiving) bad news is an important yet neglected topic. It is distinct from informed consent to diagnosis and to treatment, and may be logically and ethically sound, provided patients are competent and that no considerable harm may be caused to others by breaking or waiving bad news to patients. This requires a differential assessment procedure in order to balance patient autonomy, benefit, and justice towards others, preferably exploring patients' values, expectations, and needs with them, so that an acceptable decision can be made on whether to act on their consent to breaking or waiving bad news, or to ignore it and act on informed consent by proxy. Future study should attempt to provide a detailed characterization of procedures for attaining informed consent to breaking or waiving bad news, and to test their success in establishing ethically sound health care.

Ethical Issues in Pediatric Nontherapeutic Pain Research

Päivi Kankkunen et al.

The purpose of this article is to describe the main ethical issues in pediatric nontherapeutic qualitative pain research. It is based on an analysis of the research literature related to ethical issues in research and on experiences from a family interview study focusing on pain assessment and management in children aged 1–6 years. In addition, different views concerning obtaining informed consent from children, as published in the research literature, are compared. Ethical challenges occur during all stages of qualitative research. The risks of emotional distress and possible benefits of the results must be assessed prior to conducting a study. However, risks and harm are difficult to avoid in a study in which the research area, pain, raises emotional distress in both parents and children. The children's assent and parental permission are both required. It is essential to obtain informed consent from all family members when family research is conducted. Participants' privacy and confidentiality should be protected during data collection, analysis, and publication. Protecting children from harm may be impossible during pain research in which they are required to recall a painful postoperative period. However, after data collection they can be assisted to focus on pleasant activities, for example, by engaging in playful activities with them. Finally, the role of the nurse and the researcher should be carefully assessed, especially in qualitative research, in order to be able to analyze the data and report the findings in an unbiased manner.

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Moral Problems Experienced by Nurses When Caring for Terminally Ill People: A Literature Review

Jean-Jacques Georges and Mieke Grypdonck

This article is a review of the literature on the subject of how nurses who provide palliative care are affected by ethical issues. Few publications focus directly on the moral experience of palliative care nurses, so the review was expanded to include the moral problems experienced by nurses in the care of the terminally ill patients. The concepts are first defined, and then the moral attitudes of nurses, the threats to their moral integrity, the moral problems that are perceived by nurses, and the emotional consequences of these moral problems are considered in turn. The results show that the moral behav-

ior of nurses, which is theoretically grounded in commitment to care and to the patient, appears to be shaped by specific processes that lead to engagement or to mental and behavioral disengagement in morally difficult situations. Nurses often appear to fail to recognize the moral dimensions of the problems they experience and also to lack the skills they need to resolve moral problems adequately. Although the findings show that several elements that are beyond the control of nurses, owing to their lack of autonomy and authority, influence their moral experience, intrinsic factors such as feelings of insecurity and powerlessness have a profound effect on nurses' perceptions and attitudes in the face of moral problems. The moral problems perceived by these nurses are related to end-of-life issues, communication with patients, the suffering of patients, and the appropriateness of the medical treatment.

Between Professional Duty and Ethical Confusion: Midwives and Selective Termination of Pregnancy

Eva Cignacco

This qualitative study describes midwives' experiences in relation to termination of pregnancy for fetal abnormalities, and their corresponding professional and ethical position. Thirteen midwives working in a university clinic were interviewed about their problems in this respect. The information gathered was evaluated by using qualitative content analysis. The study focused on the emotional experience of the midwives, their professional position, and ethical conflict. In this situation, midwives are faced with a conflict between the woman's right to self-determination on one hand and the right to life of the child on the other. This conflict causes a high level of emotional stress and, subsequently, professional identity problems. Although questions concerning the child's right to life are generally suppressed, the ethical principle of the woman's right to self-determination is rationalized. Although this process of rationalization seems to present a false ethical decision, it enables midwives to continue with their daily professional duties. As far as orientating midwives to the value of these women's right to self-determination is concerned, it must be assumed that they have made an ethical decision to which they have given insufficient thought. This problem is exacerbated by the fact that midwives are largely excluded from the decision-making process of the parents in question. They cannot therefore help in this process in a valuable and responsible way by providing clear information and proposing objective criteria. In relation to the tasks they are expected to fulfil, these midwives revealed that they were in a state of professional confusion.