



This 2009 thematic issue of *The National Catholic Bioethics Quarterly* examines the moral issues connected with various major surgical procedures. Before introducing those papers, I want to note that William Murphy has already submitted a response to Steven Long's article of last issue critiquing Murphy's views and those of Rev. Martin Rhonheimer on moral action theory. The response from Murphy will appear in our Summer issue. In the meantime, please see the letter from Fr. Rhonheimer, "A Nonexisting 'False Theory,'" in this issue's Colloquy, in which he responds to Long's criticisms.

Turning to the subject at hand, Eugene F. Diamond, M.D., in "Congenital Anomalies," takes a direct look at how deformities in newborns are handled by the medical profession, finding cause for both hope and alarm. These children are especially vulnerable to the arbitrary decisions of others, as they are not the idealized children that parents quite naturally hope to have. Dr. Diamond examines some common and unfortunate practices, considers various guidelines for handling these difficult cases, and concludes with observations on the proper role of parents in treatment decisions.

Ciarán T. Bradley, M.D., examines the growing use of natural orifice transluminal endoscopic surgery in "An Ethical Appraisal of 'NOTES.'" He cautions against an overly eager acceptance of the technique. The procedure remains experimental; its use, therefore, ought to be bound by the principles that govern all experimental research. Dr. Bradley uses the example of NOTES to raise more general questions about categorizing research as experimental. This type of research can be justified only by comparing its risks against prevailing standard of care.

Lung transplantation shares many moral features with other areas of medicine, but has its own unique concerns as well. John M. Traveline, M.D., in "Moral Issues in Lung Transplantation Surgery," gives an overview of how the standard principles of Catholic ethics apply to lung transplantation, including the standard assessment of

benefits and burdens, the need for informed consent, and the danger of conflicts of interest. Given the variability of outcomes in lung transplantation surgery, the need for a realistic prognosis is especially important in treatment decisions.

Bernard Farrell-Robert's article, "Full Facial Transplantation," is especially timely because of the recent success of the first full facial transplant in France and a near-full transplant in the United States. After briefly describing the medical aspects of the procedure, Farrell-Roberts examines a variety of ethical issues, including the possibility of transplant rejection, that lead him to take a skeptical view of full facial transplantation. Recent advances in bioengineering suggest that this radical form of treatment may soon be superseded by other less risky methods. Given this prospect, postponement of any decision to undergo the procedure may be the wisest course of action at the present time.

In "The Principle of Double Effect as Applied to the Maltese Conjoined Twins," Rev. Joseph C. Howard Jr. reviews the famous case of Jodi and Mary, twins joined at the pelvis who also shared a major artery of the heart. He finds that the decision to separate them was permissible under the principle of double effect. This long-standing and multi-pronged rule justifies certain types of indirect harms to innocent human life in view of other goods of equal or greater importance. The particular physiology of the Maltese twins enabled the criteria for double effect to be met. Father Howard also reviews previous analyses of this case by other moralists.

One of the most disturbing recent trends in the field of human sexuality has been the rise of sexual reassignment surgery. Some assert that they are not the sex of their birth, but members of the opposite sex "trapped in the wrong body." These individuals request surgery to be sexually reassigned. In "The Psychopathology of Sexual Reassignment Surgery," Richard Fitzgibbons, M.D., Philip Sutton, and Dale O'Leary examine this phenomenon, trace its causes, and counsel surgeons, psychologists, and other health care professionals not to collaborate with requests for this surgery. They argue that the desire for a sex-change operation results from psychological problems and that it is these underlying problems that should be the focus of medical concern.

Finally, I want to draw your attention to the fine article by Maureen Condic in our Verbatim section, "When Does Human Life Begin: A Scientific Perspective," which argues that human life properly begins at a scientifically well-defined moment of conception. We are grateful to the Westchester Institute for Ethics and the Human Person in Thornwood, New York, for allowing us to reprint this important paper.

EDWARD J. FURTON, M.A., PH.D.
Editor-in-Chief