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**JOURNALS IN  
PHILOSOPHY AND  
THEOLOGY**

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**American Journal of  
Law & Medicine**

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**Volume 28, Number 4  
2002**

**The EPICC Quest for Prescription  
Contraceptive Insurance Coverage**

*Christine Vargas*

This Note will explain why broad-based, federal legislation mandating contraceptive coverage is crucial, and make recommendations for the improvement of EPICC. Part I will examine current legislative, judicial, and administrative efforts aimed at increasing access to insurance coverage of contraceptives. It will also demonstrate that in spite of these efforts, many women still go without insurance coverage for this staple of female health. Part II will analyze EPICC, as well as conscience clauses. Conscience clauses allow religious institutions fundamentally opposed to contraception to opt out of compliance with contraceptive coverage mandates. Although conscience clauses appear in the vast majority of state statutes, a conscience clause is conspicuously missing from EPICC, and this may impede its passage. Part III will provide an analysis of the state laws that currently mandate coverage, with an eye toward exposing successful models of legislation that include conscience clauses. Part IV will explore policy considerations for the passage of EPICC and will demonstrate that enacting EPICC makes economic and common sense. Finally, in Part V, this Note will recommend that EPICC be modified with a conscience clause and passed into law.

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**Bioethics**

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**Volume 16, Number 6  
November 2002**

**The Embryonic Stem Cell Lottery and the  
Cannibalization of Human Beings**

*Julian Savulescu*

One objection to embryonic stem (ES) cell research is that it “cannibalizes” human beings, that is, kills some human beings to benefit others. I grant for argument’s sake that the embryo is a person. Nonetheless, killing it may be justified. I show this through the Embryonic Stem Cell Lottery. Whether killing a person is justified depends on: (1) whether innocent people at risk of being killed for ES cell research also stand to benefit from the research and (2) whether their overall chances of living are higher in a world in which killing and ES cell research is conducted. I call this kind of killing “risk reductive.”

**Principles of Ethical Decision Making  
Regarding Embryonic Stem Cell  
Research in Germany**

*Thomas Heinemann  
and Ludger Honnefelder*

With regard to the means, the isolation of ES cells from human embryos raises the question of the moral status of the human embryo. A restrictive position acknowledges the human dignity of the embryo in its very early stage of development and claims that the embryo’s life must be protected accordingly. In contrast, a gradualist position acknowledges human dignity, and therefore the full level of protection, only when the embryo has reached a certain stage of development.

**Benefiting from ‘Evil’: An Incipient Moral Problem in Human Stem Cell Research**

*Ronald M. Green*

When does benefiting from others’ wrongdoing effectively make one a moral accomplice in their evil deeds? If stem cell research lives up to its therapeutic promise, this question (which has previously cropped up in debates over fetal tissue research or the use of Nazi research data) is likely to become a central one for opponents of embryo destruction. I argue that benefiting from wrongdoing is *prima facie* morally wrong under any of three conditions: (1) when the wrongdoer is one’s agent; (2) when acceptance of benefit directly encourages the repetition of the wrongful deed (even though no agency relationship is involved); and (3) when acceptance of a benefit legitimates a wrongful practice. I conclude by showing that, because of the ways in which most embryonic stem cell lines come into being, people who oppose embryo destruction may use human embryonic stem cells without incurring moral blame.

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**Developing World  
Bioethics**

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**Volume 2, Number 2  
December 2002**

**The Limits of Conscientious Objection to Abortion in the Developing World**

*Louis-Jacques van Bogaert*

The South African Choice on Termination of Pregnancy Act 92 of 1996 gives women the right to voluntary abortion on request. The reality factor, however, is that five years later there are still more “technically illegal” abortions than legal ones. Amongst other factors, one of the main obstacles to access to this constitutionally enshrined human right is the right to conscientious objection/re-

fusal. Although the right to conscientious objection is also a basic human right, the case of refusal to provide abortion services on conscientious objection grounds should not be seen as absolute and inalienable, at least in the developing world. In the developed world, where referral to another service provider is for the most part accessible, a conscientious objector to abortion does not really put the abortion seeker’s life at risk. The same cannot be said in developing countries even when abortion is decriminalized. This is because referral procedures are fraught with major obstacles. Therefore, it is argued that the right to conscientious objection to abortion should be limited by the circumstances in which the request for abortion arises.

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**Ethics and Medicine**

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**Volume 18, Number 3  
Fall 2002**

**Revisiting Reproductive Technology’s Slippery Slope in the Light of the Concepts of *Imago Dei*, Co-creation, and Stewardship**

*Agneta Sutton*

Having revisited the field of reproductive technology, we have found it a slippery slope that has brought us ever closer towards the ultimate commodification of nascent human life. Increasingly, what God joined together at the beginning has been separated. With reproductive technology it is not only possible to separate the individual sexual act and the conjugal (or couple) relationship from procreation, it is also possible to remove the process of fertilization from its natural environment, the maternal body. It is possible to create embryos outside the body and babies using gametes from strangers. It is possible to separate gestational motherhood from genetic motherhood. Our final feat is totally to separate human procreation from fertilization.

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## Hastings Center Report

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**Volume 32, Number 4  
July–August 2002**

**Vitalism Revitalized:  
Vulnerable Populations, Prejudice,  
and Physician-Assisted Death**

*David J. Mayo and Martin Gundersen*

One of the most potent arguments against physician-assisted death hinges on the worry that people with disabilities will be subtly coerced to accept death prematurely. The argument is flawed. There is nothing new in PAD: The risk of coercion is already present in current policies about end-of-life care. And to hold that any such risk is too much is tacitly to endorse vitalism and to deny that people with disabilities are capable of choosing authentically.

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## Health Progress

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**Volume 83, Number 6  
November–December 2002**

**Responsibility and Cooperation**

*Fr. Thomas Kopfensteiner*

This article will examine the various phases that are entailed in analyzing potential partnerships between Catholic and other-than-Catholic providers. Successful partnerships reveal a fivefold process at work:

- Identification of a common ground between the partners

- Recognition of the duty to avoid wrongdoing
- Careful review of the partnership to safeguard the integrity of the moral tradition
- Analysis of duress as one of the factors to be taken into consideration with prudence in assessing whether to enter into a partnership
- Consideration of the scandal that might preclude an otherwise legitimate partnership

### **Catholic Health Care and Sterilization**

*Fr. Kevin O'Rourke, O.P.*

To have firm guidelines for working with those who do not subscribe to the ethical norms of Catholic health care, the Catholic community depends upon the *principle of cooperation*. The purpose of this article is, first, to explain the principle, and, second, to apply it to a frequently-contested question: Is it possible for Catholic health care facilities to cooperate with health care facilities or individuals that provide contraceptive sterilizations?

### **Institutional Cooperation: The ERDs**

*Peter J. Cataldo and John M. Haas*

In the summer of 2001 the bishops of the United States approved revisions to the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs). Although they were not extensive, these revisions could have a significant impact on the manner in which certain collaborative arrangements between Catholic and other-than-Catholic institutions are configured in the future. Notably the 1994 Appendix explaining the principle of cooperation was not, for example, included in the revised edition.

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**Issues in  
Law & Medicine**

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**Volume 18, Number 2  
Fall 2002**

**A Critique on the Concept  
of "Brain Death"**

*K.G. Karakatsanis, M.D. and  
J.N. Tsanakas, M.D.*

Since the concept of "brain death" was introduced in medical terminology, enough evidence has come to light to show that the concept is based on an unclear and incoherent theory. The "brain death" concept suffers by internal inconsistencies in both the tests-criterion and the criterion-definition relationships. It is also evident that there are residual vegetative functions in "brain-dead" patients. Since the content of consciousness is inaccessible in these patients who are in a profound coma, the diagnosis of "brain death" is based on an unproved hypothesis. A critical evaluation of the role and the limitations of the confirmatory tests in the diagnosis of "brain death" is attempted. Finally it is pointed out that a holistic approach to the problem of "brain death" in humans should necessarily include the inspection of the content of consciousness.

**Human Cloning and Human Dignity: An  
Ethical Inquiry—Executive Summary**

*The President's Council on Bioethics*

*Human Cloning and Human Dignity: An Ethical Inquiry* is the first publication of the President's Council on Bioethics, which was created by President George W. Bush on November 28, 2001, by means of Executive Order 13237.

**AAPLOG Statement on Induced Abortion  
and the Subsequent Risk of Breast Cancer**

*American Association of ProLife  
Obstetricians and Gynecologists*

There is a very strong evidence in the world's scientific medical literature that induced abortion constitutes a significant risk factor for future breast cancer. Is it a real risk that every woman considering elective abortion should be appraised of? Or is it simply an unproven threat thrown into the abortion arena to frighten pregnant women from making "the choice"? These are absolutely vital questions for any abortion-inclined pregnant woman. The thread of breast cancer, surgery, radiation, chemotherapy, disfigurement, even death, hang on the correct answers. We depend on "evidence-based medicine" to guide us to valid conclusions on such issues.

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**Journal of  
Clinical Ethics**

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**Volume 13, Number 1  
Spring 2002**

**Fair Distribution and Patients Who  
Receive More than One Organ Transplant**

*Barbara J. Russell*

In response to the magnitude of what really happens throughout the transplantation process, it is not completely nonsensical to wish that everyone might have an opportunity to be an organ recipient. I see the associated meanings and experiences as being *that* ethically potent, *that* personally transforming. While certainly not advocating that every person should have an organ transplant just to participate in such a significant human interchange, I would argue that no one should take more than anyone else as long as scarcity is commonplace. Thus, no single person should every receive more than one organ,

and so neither retransplantations nor multiple-organ transplantations should be performed now or in the foreseeable future.

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**Journal of Contemporary  
Health Law and Policy**

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**Volume 18, Number 3  
Fall 2002**

**Balancing Science, Ethics and Politics:  
Stem Cell Research, A Paradigm Case**

*E.D. Pellegrino, M.D.*

Stem Cell Research is a paradigm case illustrating the complex intersection of science, ethics, and politics, which will characterize any powerful new technology. This essay seeks to outline the intersections of science, ethics, and politics through which society shall navigate in the years ahead. The stem cell research issue will serve as an example for analyzing the questions the whole citizenry must confront with the introduction of biotechnological progress—not just scientists, bioethicists, or legislators.

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**Journal of Law,  
Medicine & Ethics**

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**Volume 30, Number 3  
Fall 2002**

**Obtaining Informed Consent  
for Research: A Model for Use with  
Participants Who Are Mentally Ill**

*Norman G. Poythress*

An issue of ongoing concern to clinical investigators, medical ethicists, and institutional review board (IRB) members is the

problem of obtaining informed consent in research that involves people with mental illness as research participants. Although the presence of a mental disorder per se does not render a person incapable of giving informed consent, some individuals afflicted with significant cognitive impairment, formal thought disorder, substantial anxiety or depression, or a variety of other symptoms may be impaired in their capacity to comprehend consent disclosures and, therefore, to exercise consent to research participation in a competent manner.

**Solid Organ Donation between Strangers**

*Lainie Friedman Ross*

In August 2000, Arthur Matas and his colleagues described a protocol in which their institution began to accept as potential donors individuals who came to the University of Minnesota hospital offering to donate a kidney to any patient on the waiting list. Matas and his colleagues refer to these donors as “nondirected donors,” by which is meant that the donors are altruistic and that they give their organs to an unspecified pool of recipients with whom they have no emotional relationship. This paper represents an ethical and policy critique of the nondirected donation protocol that was implemented at the University of Minnesota in August 1999. Specifically, I address the ethical questions: (1) Whether altruistic living solid organ donations by strangers (nondirected donations) should be permitted? And if so, (2) What are appropriate ethical guidelines for such donations?

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**Journal of  
Medical Ethics**

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**Volume 28, Number 5  
October 2002**

**The Validity of Contracts to  
Dispose of Frozen Embryos**

*G. Pennings*

The widespread abandonment of frozen embryos by the gamete providers or intentional parents urgently demands a solution. Most centers react by requiring patients to enter a prior agreement governing the future disposition of their embryos in all foreseeable circumstances. These dispositional directives are inappropriate and self-defeating in the event of contingencies in which the patients remain competent to execute an updated directive. Internal and external changes may invalidate the prior directive by altering the situation as represented by the couple at the initiation of treatment to such an extent that it no longer corresponds with the actual situation at the time of the execution of the disposition. The prior agreement should only be considered binding if the agreement among the partners on a specific option was a material condition for one of the partners to start treatment.

**Is Posthumous Semen Retrieval  
Ethically Permissible?**

*R. D. Orr and M. Siegler*

It is possible to retrieve viable sperm from a dying man or from a recently dead body. This sperm can be frozen for later use by his wife or partner to produce his genetic offspring. But the technical feasibility alone does not morally justify such an endeavour. Posthumous semen retrieval raises questions about consent, the respectful treatment of the dead body, and the welfare of the child to be.

We present two cases, discuss these three issues, and conclude that such requests should generally not be honored unless there is convincing evidence that the dead man would want his widow to carry and bear his child. Even with consent, the welfare of the potential child must be considered.

**Sham Surgery Controls: Intracerebral  
Grafting of Fetal Tissue for Parkinson's  
Disease and Proposed Criteria for Use of  
Sham Surgery Controls**

*R. L. Albin*

Sham surgery is a controversial and rarely used component of randomized clinical trials evaluating surgical interventions. The recent use of sham surgery in trials evaluating efficacy of intracerebral fetal tissue grafts in Parkinson's disease has highlighted the ethical concerns associated with sham surgery controls. Macklin, and Dekkers and Boer argue vigorously against use of sham surgery controls. Macklin presents a broad argument against sham surgery controls while Dekkers and Boer present a narrower argument that sham surgery is unnecessary in the specific setting of fetal tissue engraftment for Parkinson's disease. I defend sham surgery controls against both these criticisms. Appropriate clinical trial design, sometimes including sham surgery, is needed to ensure that false positive trial results do not occur and endanger public safety. Results of a completed trial of fetal tissue grafting for Parkinson's disease are used to illustrate the potential benefits of, and problems associated with, sham surgery controls. Sham surgery controls, however, should be employed only when absolutely necessary. I suggest criteria for appropriate use of sham surgery controls.

**Volume 28, Number 6  
December 2002**

**Reproductive Tourism as  
Moral Pluralism in Motion**

*G. Pennings*

Reproductive tourism is the travelling by candidate service recipients from one institution, jurisdiction, or country where treatment is not available to another institution, jurisdiction, or country where they can obtain the kind of medically assisted reproduction they desire. The more widespread this phenomenon, the louder the call for international measures to stop these movements.

Three possible solutions are discussed: internal moral pluralism, coerced conformity, and international harmonization. The position is defended that allowing reproductive tourism is a form of tolerance that prevents the frontal clash between the majority who imposes its view and the minority who claim to have a moral right to some medical service. Reproductive tourism is moral pluralism realized by moving across legal borders. As such, this pragmatic solution presupposes legal diversity.

**Withholding Life Prolonging Treatment, and Self Deception**

*G.M. Sayers and S. Perera*

This study shows doctors of different disciplines making remarkably similar decisions when faced with five medical vignettes, in all of which a decision not to admit to hospital would probably result in the death of the patient depicted. The doctors gave medical rather than ethical reasons for their decisions, and the reasons were not applied consistently. By cloaking their reasoning in medical terms, they avoided having to justify the outcome or death of the patient.

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**Journal of  
Medicine and Philosophy**

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**Volume 27, Number 5  
October 2002**

**Pharmaceutical Research  
Involving the Homeless**

*Tom L. Beauchamp et al.*

Discussions of research involving vulnerable populations have left the homeless comparatively ignored. Participation by these subjects in drug studies has the potential to be upsetting, inconvenient, or unpleasant. Participation occasionally produces injury, health emergencies, and chronic health problems. Nonetheless, no ethical justification exists for the *categorical* exclusion of homeless persons from research. The appropriate framework for informed consent for these subjects of pharmaceutical research is not a single event of oral or written consent, but a multistaged arrangement of disclosure, dialogue, and permission-giving. Payments and other rewards in biomedical research raise issues of whether it is ethical to offer inducements to the homeless in exchange for participation in drug studies. Such inducements can influence desperate persons who are seriously lacking in resources. The key is to strike a balance between a rate of payment high enough that it does not exploit subjects by underpayment and low enough that it does not create an irresistible inducement. This proposal does not underestimate the risks of research, which are often overestimated and need to be appraised in light of the relevant empirical literature.

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**Journal of  
Religion & Health**

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**Volume 41, Number 3  
Fall 2002**

**Spirituality in Disability and Illness**

*Judy Kaye and Senthil Kumar Raghavan*

Spirituality appears with increasing frequency in the research literature, and a paradigm involving mind-body-spirit interaction is emerging. The relationship of spirituality to disability and illness is at the center of a growing body of knowledge. A comprehensive literature review supported spirituality as coping method among individuals experiencing a variety of illnesses including hypertension, pulmonary disease, diabetes, chronic renal failure, surgery, rheumatoid arthritis, multiple sclerosis, HIV/AIDS, polio, and addictive illnesses. Additionally, spirituality is a resource when dealing with critical illness as well as terminal illness and end-of-life issues, and it is utilized by both patients, and family members. Discussion of research findings, implications for health care practice, and future research is also presented.

**Volume 41, Number 4  
Winter 2002**

**Judaism, Brain Plasticity,  
and the Making of the Self**

*Daniel A. Drubach*

Modifications of the self, that is to say, transformation of the psychological, physical, and spiritual makeup of an individual to achieve or approximate an ideal individual is one of the main goals of religion, medicine, and psychology. However, these fields approach self-modification from their own perspective, with little intercorrelations between them. This article explores how mechanisms for self-modification delineated by Judaic sources are very much in line with new discoveries in

neurosciences, especially with recent scientific data indicating that the brain is in a constant state of structural and functional change, a property-denominated brain plasticity.

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**Kennedy Institute of  
Ethics Journal**

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**Volume 12, Number 3  
September 2002**

**Patently Controversial: Markets,  
Morals, and the President's Proposal  
for Embryonic Stem Cell Research**

*Joseph J. Fins and  
Madeleine Schachter*

This essay considers the implications of President George W. Bush's proposal for human embryonic stem cell research. Through the perspective of patent law, privacy, and informed consent, we elucidate the ongoing controversy about the moral standing of human embryonic stem cells and their derivatives and consider how the inconsistencies in the president's proposal will affect clinical practice and research.

**Theory Skepticism and Moral Dilemmas**

*Gary Seay*

Moral-theory skepticism is not an option in any sort of thinking that could actually be used in resolving dilemmas in applied ethics, since its characteristic doctrines entail positions that in practice often will lead to a kind of paralysis in moral reasoning, where persons faced with having to decide what to do in particularly difficult cases are unable to rule out the most implausible conclusions. Moral-theory skepticism thus makes it difficult to formulate decision-making procedures that will provide guidance in action, and so, seems not to succeed as a fully coherent account of moral reasoning.



**Volume 12, Number 4  
December 2002**

**What's So Bad About Human Cloning?**

*Yitzchok Breitowitz*

There appears to be a consensus in the general community that reproductive cloning is an immoral technology that should be banned. It may, however, be argued, at least from the perspective of the Jewish tradition, that reproductive cloning has many positive benefits. It is thus essential that one carefully weigh the costs and the benefits before deciding on a definitive course of action.

**Revisiting the Definition of Homo Sapiens**

*John D. Loike and Moshe D. Tendler*

Research in genomics, human cloning, and transgenic technology has challenged bioethicists and scientists to rethink the definition of human beings as a species. For example, should the definition incorporate a genetic criterion, and how does the capacity to genetically engineer human beings affect the definition of our species? In considering these contemporary bioethical dilemmas, we revisit an ancient source, the Talmud, and highlight how it provides specific biological, cultural, and genetic criteria to define the human species.

**Informed Consent and Research  
Involving the Newly Dead**

*Mark R. Wicclair*

This paper examines informed consent in relation to research involving the newly dead. Reasons are presented for facilitating advance decision making in relation to post-mortem research, and it is argued that the informed consent of family members should be sought when the deceased have not made a premortem decision. Regardless of whether the dead can be harmed, there are two important respects in which family consent can serve to protect the dead: (1) protecting the

deceased's body from being used for research that is incompatible with the person's premortem preferences and values and (2) protecting the deceased's body from being subject to disrespectful treatment. These claims are explained and justified, and several objections are critically examined. Additional reasons for securing family consent are presented, including to protect them from additional emotional distress, to respect their wishes about wanting to have a say, and to maintain public trust in the medical profession and medical research. The paper also examines the scope of disclosure in relation to postmortem research.

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**Linacre Quarterly**

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**Volume 69, Number 4  
November 2002**

**Human Life as a Foundation for Ethical  
Health Care Decisions: A Synthesis of the  
Work of E.D. Pellegrino and W.A. Wallace**

*Beverly J.B. Whelton*

Conclusion: This paper has argued that a realist conception of knowledge and an Aristotelian-Thomistic perspective on human life can answer the challenge to provide from philosophical analysis a supporting structure for ethical practice within health care. We have considered the teachings of both Pellegrino and Wallace and shown how a medical ethics can emerge from a clear understanding of human nature, as the shared form behind the medical act. From this ontological inquiry, we have supported statements of ethical practice. It is surely the case that this work has not been exhaustive, but a movement toward a comprehensive philosophical ethics for health care grounded in the meaning of human life itself. Among the incomplete aspects opening the possibility of further research was the distinction between natural and artificial interventions and how this might impact decisions at the be-

ginning and end of human life, if one were to live in harmony with a sense of nature and human nature. We also left unexplored teleological aspects, seeking the good end of medicine and the meaning of the spiritual good as the transcendent end of human life.

**The Morality of Human Embryonic Stem Cell Research and President Bush's Decision: How Should Catholics Think About Such Things?**

*Mark S. Latkovic, S.T.D.*

Conclusion: In his August 9th speech, the President very eloquently said: "Human Life is a sacred gift from our creator. I worry about a culture that devalues life, and believe as your president I have an important obligation to foster and encourage respect for life in America and throughout the world." As Catholics we should welcome these sentiments. But I also believe as Catholics, our witness in behalf of the "culture of life" against the "culture of death" will be more effective if we reject embryonic stem cell research in favor of adult stem cell research.

**Why Respect for the Human Embryo?**

*Fr. Juan R. Velez, M.D.*

In consequence, the destruction of a human embryo is totally unacceptable on ethical and medical grounds, as well as legal and religious ones; it is the destruction of an innocent human person. The main universally accepted ethical reason for an attitude of respect for the embryo is the fact that, from the one-cell stage, the embryo displays a complete and unique human genome which if uninterrupted will develop in a gradual and continuous manner. As such, the embryo is a tiny human person and a member of the human race. The human embryo is a future adult and citizen who merits equal respect and protection from society.

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**Nursing Ethics**

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**Volume 9, Number 5  
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**Decision Making in Health Care:  
Limitations of the Substituted  
Judgement Principle**

*Susan Bailey*

The substituted judgment principle is often recommended as a means of promoting the self-determination of an incompetent individual when proxy decision makers are faced with having to make decisions about health care. This article represents a critical ethical analysis of this decision-making principle and describes practical impediments that serve to undermine its fundamental purpose. These impediments predominantly stem from the informality associated with the application of the substituted judgment principle. It is recommended that the principles upon which decisions are made about health care for another person should be transparent to all those involved in the process. Furthermore, the substituted judgement principle requires greater rigor in its practical application than currently tends to be the case. It may be that this principle should be subsumed as a component of advance directives in order that it fulfils its aim of serving to respect the self-determination of incompetent individuals.

**Volume 9, Number 6  
November 2002**

**Ethical Issues in the Feeding of Patients  
Suffering from Dementia: A Focus Group  
Study of Hospital Staff Responses to  
Conflicting Principles**

*Stephen Wilmot, Lesley Legg,  
and Janice Barratt*

Feeding difficulties in older patients who are suffering from dementia present problems

with balancing conflicting ethical principles. They have been considered by several writers in recent years, and the views of nursing and care staff have been studied in different contexts. The present study used focus groups to explore the way in which nursing and care staff in a National Health Service trust deal with conflict between ethical principles in this area. Three focus groups were convened, one each from the staff of three wards caring for patients with dementia. Case histories were discussed and transcripts analysed. It emerged that staff were aware of making fine judgments of utility concerning the spectrum of feeding methods available. Informants gave some weight to the principle of autonomy, but sought to balance that against their commitment to care. In explaining their perspectives, informants gave more weight to personal attitudes and trust culture than to professional ethics.

suffering has generally been acknowledged, insufficient attention has been paid to the question of whether different types of terminal suffering require different responses from health care professionals. In this paper we introduce a distinction between two types of suffering likely to be present at the end of life, and we argue that physicians must distinguish between these types if they are to respond appropriately to the suffering of their terminally ill patients. After introducing this distinction and explaining its basis, we further argue that the distinction informs a (novel) principle of proportionality, one that should guide physicians in balancing their competing obligations in responding to terminal suffering. As we explain, this principle is justified by reference to the interests terminally ill patients have in restoration, as well as in the relief of suffering, at the end of life.

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**Theoretical Medicine  
and Bioethics**

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**Volume 23, Numbers 4–5  
2002**

**Proportionality, Terminal Suffering and  
the Restorative Goals of Medicine**

*Lynn A. Jansen  
and Daniel P. Sulmasy, M.D.*

Recent years have witnessed a growing concern that terminally ill patients are needlessly suffering in the dying process. This has led to demands that physicians become more attentive in the assessment of suffering and that they treat their patients as “whole persons.” For the most part, these demands have not fallen on deaf ears. It is now widely accepted that the relief of suffering is one of the fundamental goals of medicine. Without question this is a positive development. However, while the importance of treating

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**The Thomist**

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**Volume 66, Number 4  
October 2002**

**Karl Rahner and the Theology  
of Human Origins**

*Kevin A. McMahon*

One of the most striking developments in Karl Rahner's thought concerns the issue of original sin, a topic he came back to repeatedly over his long career. After having for many years defended the traditional view that all humanity is descended from a single couple, into the grip of whose sin we are born (monogenism), Rahner, it seemed, quite suddenly adopted the opposing idea that both our biological history and the history of sin must be traced back to a primordial community (polygenism).

**Substantial Form and the Recovery  
of an Aristotelian Natural Science***John Goyette*

The aim of this paper is to show the continued validity of Aristotelian natural science in light of the challenges posed by modern science. More specifically, I aim to defend the concept of nature as an intrinsic principle of motion and rest, especially the notion of substantial form that Aristotle deems to be “more nature” than matter.

**Nature Acts for an End***Robert M. Augros*

In this article I shall explain and defend the principle that nature acts for an end. When Aristotle and St. Thomas assert this principle they are speaking of purposefulness apart from human intervention, since it is obvious that man can employ just about any natural thing for his own purposes. As Aristotle puts it, “We use everything [in nature] as if it were there for our sake.” Thus, the question is whether natural things of themselves have purposes. Other ways of stating the thesis are: Nature does nothing in vain; nature acts for what is better; nature does not fail in necessary things; apart from human influence, purpose is a real cause in natural things. Or as Aristotle says in *On the Parts of Animals*, “Everything that nature makes is a means to an end.”

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**Zygon**

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**Volume 37, Number 4  
December 2002****God and Evolutionary Evil: Theodicy in the  
Light of Darwinism***Christopher Southgate*

Pain, suffering, death, and extinction have been intrinsic to the process of evolution by

natural selection. This leads to a real problem of evolutionary theodicy, little addressed up to now in Christian theologies of creation. The problem has ontological, teleological, and soteriological aspects. The recent literature contains efforts to dismiss, disregard, or reframe the problem. The radical proposal that God has no long-term goals for creation, but merely keeps company with its unfolding, is one way forward. An alternative strategy to tackle the problem of evolutionary theodicy is outlined, with an implication for environmental ethics and suggestions for further work.

**The Anthropic Principle:  
Life in the Universe***Kevin Sharpe and Jonathan Walgate*

**Abstract:** The anthropic principle, that the universe exists in some sense for life, has persisted in recent religious and scientific thought because it derives from cosmological fact. It has been unsuccessful in furthering our understanding of the world because its advocates tend to impose final metaphysical solutions onto what is a physical problem. We begin by outlining the weak and strong versions of the anthropic principle and reviewing the discoveries that have led to their formulation. We present the reasons some have given for ignoring the anthropic implications of these discoveries and find these reasons wanting—a real phenomenon demands real investigation. Theological and scientific solutions of the problem are then considered and criticized; these solutions provide dead ends for explanation. Finally, we pursue the path that explanation must follow and look at the physical details of the problem. It seems clear that the anthropic principle has been poorly framed. Removing the ambiguities surrounding the meaning of “life” may lead to more profitable investigations.