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Crossing Species Boundaries

Jason Scott Robert and Françoise Baylis

This paper critically examines the biology of species identity and the morality of crossing species boundaries in the context of emerging research that involves combining human and nonhuman animals at the genetic or cellular level. We begin with the notion of species identity, particularly focusing on the ostensible fixity of species boundaries, and we explore the general biological and philosophical problem of defining *species*. Against this backdrop, we survey and criticize earlier attempts to forbid crossing species boundaries in the creation of novel beings. We do not attempt to establish the immorality of crossing species, but we conclude with some thoughts about such crossings, alluding to the notion of moral confusion regarding social and ethical obligations to novel interspecies beings.

Bioethics

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**Philosophical Arguments for and
against Human Reproductive Cloning**

Matti Häyry

Can philosophers come up with persuasive reasons to allow or to ban human reproductive cloning? Yes. Can philosophers agree, locally and temporarily, which practices related to cloning should be condoned and which should be rejected? Some of them can. Can philosophers produce universally convincing arguments for or against different kinds of human cloning? No.

This paper analyses some of the main arguments presented by philosophers in the cloning debate, and some of the most important objections against them. The clashes between the schools of thought suggest that philosophers cannot be trusted to provide the public authorities, or the general public, a unified, universally applicable view of the morality of human reproductive cloning.

**Two Claims about
Potential Human Beings**

Ingmar Persson

It seems that at conception something is formed which, due to its genetic makeup, has the potentiality to develop into a full-blown human being. Many believe that in virtue of this potentiality, this organism, the human zygote or early embryo, has an intrinsic value which makes it wrong to use or produce it merely as a means to some end, e.g., some scientific end such as to produce embryonic stem cells. Against this it is here argued, first, that it does not follow from the fact that some-

thing has a potential to become a (fully developed) human being that it already is a human being (in a rudimentary sense). In fact, a human being begins to exist no earlier than a couple of weeks after conception, at the stage known as gastrulation. Thus, even granted the questionable assumption that something has intrinsic value in virtue of being a human being, the zygote will not have intrinsic value. Secondly, the value an embryo has in virtue of its potentiality to become a full-blown human being can only be instrumental, a value as a means. But of course it cannot be wrong to treat that which has merely instrumental value as a mere means or instrument to some end.

**Voluntary Euthanasia:
A Utilitarian Perspective**

Peter Singer

Belgium legalized voluntary euthanasia in 2002, thus ending the long isolation of the Netherlands as the only country in which doctors could openly give lethal injections to patients who have requested help in dying. Meanwhile in Oregon, in the United States, doctors may prescribe drugs for terminally ill patients, who can use them to end their life—if they are able to swallow and digest them. But despite President Bush's oft-repeated statements that his philosophy is to 'trust individuals to make the right decisions' and his opposition to 'distant bureaucracies', his administration is doing its best to prevent Oregonians acting in accordance with a law that its voters have twice ratified. The situation regarding voluntary euthanasia around the world is therefore very much in flux.

This essay reviews ethical arguments regarding voluntary euthanasia and physician-assisted suicide from a utilitarian perspective. I shall begin by asking why it is normally wrong to kill an innocent person, and whether these reasons apply to aiding a person who, when rational and competent, asks to be killed or given the means to commit suicide. Then I shall consider more specific utilitarian arguments for and against permitting voluntary euthanasia.

**Cambridge Quarterly of
Healthcare Ethics**

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**Biotechnology and
Conceptualizations of the Soul**

Lee M. Silver

Every use of biotechnology is an assault on the soul defined by one belief system or another. Both biotechnology and society as a whole would be best served if scientists acknowledged this cultural fact and responded to it directly in public debates and decisions to develop and implement each new biotech application.

**Use and Abuse of Empirical Knowledge in
Contemporary Bioethics: A Critical
Analysis of Empirical Arguments
Employed in the Controversy
surrounding Stem Cell Research**

Jan Helge Solbakk

The devil is in the details. This well-known remark seems appropriate to sum up the results of the stem-cell controversy so far. As the above analysis has shown, the abundant use of *therapeutic* arguments to justify human embryonic stem-cell research lacks empirical foundation. It represents unwarranted exploitation of scientifically available evidence. This negative conclusion also seems to hold true for the opposite case—that is, of using therapeutic arguments to question the necessity of human embryonic stem-cell research. Although failing to get all the details right does not necessarily mean that the overall story will end up distorted, in the case of stem-cell research it seems justified to say that empirical details deserve more attention in the ethical debate than hitherto given. Consequently, the empirical case in favor of a limited amount of destructive *basic* research on human embryos should also be included in

the account. As to the question of embryonic origin, the huge amount of surplus embryos from IVF supports their selection as *primary* source for basic stem-cell research. On the other hand, available evidence also suggests that the use of CNR [cell nuclear replacement], and thereby the production of human embryos, might become necessary to understand the mechanisms underlying the processes of de- and redifferentiation. Third, there is little evidence available to support the view that creation of IVF embryos for stem-cell research is necessary. Finally, the recent publication of a study reporting the discovery of a previously unknown type of cells in *adult* bone marrow—so-called multipotent adult progenitor cells—with an *in vitro* ability of differentiation comparable to human embryonic stem cells and with the capacity of organ-directed differentiation *in vivo*, makes clear that this is an ever-evolving narrative.

knowledging both its challenges and the proper limits of medical research in terms of respect for human rights. In other words, Christians, on the whole, believe that the promised benefits create an overwhelming case for the further development of genetic medicine. This is not to say that Christians might not also perceive a role for themselves in witnessing to an alternative set of values and priorities to those of either the ‘herd’ or the ‘superman’, thereby challenging prevailing societal norms about normality and perfectibility that infect the popular consciousness on genetics. Neither is it to exclude the important insights and traditional wisdom that Christians can bring to bear on the life experiences of suffering and death, and the offering of hope, compassion, companionship and so on—thus providing a more sober and less materialistic appreciation of the medical goals of longevity, preservation of life, and quality of life.

Ethics and Medicine

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**Some Christian Responses
to the Genetic Revolution**

Julie P. Clague

The selection of writings presented here comprises only a tiny fraction of the Christian responses to genetics. They have been chosen in order to indicate the pervasiveness of the two main overarching narratives of nature that inform Christian judgments on any number of scientific and technological innovations that call for moral evaluation. Yet, they also show that Christians of all hues tend to greet genetic medicine favorably, while ac-

Hastings Center Report

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**The Smallpox Vaccination of Health Care
Workers: Professional Obligations and
Defense against Bioterrorism**

*Thomas May, Mark P. Aulisio,
and Ross D. Silverman*

Health-care workers have not gone along with President Bush’s request that they be vaccinated against smallpox in order to prepare the nation’s health-care system for a terrorist attack using the virus. But there is no professional moral obligation to receive the vaccination—either as a matter of public health or as a matter of national security.

**Journal of
Clinical Ethics**

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**Opportunities for Advance Directives to
Influence Acute Medical Care**

Paul R. Dexter, M.D., et al.

DNR orders are similar to advance directives, insofar as they represent a form of advance-care planning. DNR orders are intended to direct treatment decisions and represent patients' wishes under conditions of cardiopulmonary arrest, and they are to have "no implications for any other treatment decision." Despite this, DNR orders have been found to lead to frequent disagreements regarding decisions to withhold antiarrhythmics, blood products, and antibiotics, as well as great variability among "cross-covering" house officers regarding the interventions they would employ for their patients with DNR orders. Although the direction of causality is very unclear, DNR orders have also been associated with substantially higher risk of death among patients hospitalized after stroke and among older patients hospitalized for a variety of conditions. In contrast to the case with DNR orders, little research has focused on whether completed advance-directives might also be similarly misinterpreted by some clinicians. Our study contributes to increasing evidence that advance directive documents themselves, and particularly instruction directives, are likely of limited value. One notable exception is in the nursing-home setting, where it has been found that an advance directive can reduce costs substantially by reducing hospitalizations." For general outpatient populations, it seems likely the far greater value of advance planning may be the conversations that surround advance directives. As detailed in the

report by the Institute of Medicine (IOM): "[Elements of advance-care planning] are not so much a matter of specific documents—although such documents can be very useful—as they are parts of an ongoing process that includes discussions with patients and those close to them about what the future may hold; what the patient and family want to achieve as life ends; what options are available."

**Journal of Contemporary
Health Law and Policy**

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**Averting the Clone Age:
Prospects and Perils of Human
Developmental Manipulation**

Stuart A. Newman, Ph.D.

Under this proposed legal framework, there would be no impediment to production of embryos by IVF for implantation, or storage for future implantation. However, the developmental manipulation of IVF embryos by genetic means, or the production of clonal or chimeric embryos, would be prohibited. Establishing this line would not prevent scientists from continuing research on ES cells from nonclonal embryos, including genetically manipulating those ES cells. It would, however, help individuals and societies to resist entering into a series of dubious enterprises by which quasi-humans are produced for their capacity to provide spare parts and other functional utilities. Moreover, it would block a pathway leading to the intentional creation of genetically "improved" humans, where those brought about without the benefit of newest technologies, or those representing failed experiments, would come to be increasingly disdained.

**Journal of Law,
Medicine, & Ethics**

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**Using Preimplantation Genetic Diagnosis
to Create a Stem Cell Donor:
Issues, Guidelines & Limits**

*Susan M. Wolf, J.D., Jeffrey P. Kahn, Ph.D.,
and John E. Wagner, M.D.*

In late 1999, preimplantation genetic diagnosis was used successfully to create an HLA-matched donor without Fanconi anemia (FA) for a sibling with FA, resulting in effective hematopoietic stem-cell transplant from umbilical-cord blood. Despite growing attention to the combination of IVF, PGD to create a donor, and stem cell transplant, analyses have not yet addressed the full range of clinical, ethical, and legal concerns raised by creating a child to serve potentially as a lifelong donor to another. This article, from the university performing the successful stem cell transplant in the index case, proposed guidelines and limits for practice.

**The Use of Medical Records in
Research: What Do Patients Want?**

Nancy E. Kass, Sc.D., et al.

Despite growing policy interest in medical privacy, few empirical data reveal patients' views concerning use of medical records for research. Based on the authors' data and those of others, this article suggests guidelines regarding obtaining consent for the use of medical records in research that attempt to respect patient autonomy and promote scientific and medical uses of this information for the public good.

**A Pilot Study on the Licensing
of DNA Inventions**

Michelle R. Henry et al.

Despite ethical concerns about gene patents, virtually no empirical evidence exists to support claims about either positive or negative effects, and extremely little is known about the intellectual-property protection strategies of firms and universities. This article discusses the results of a pilot study to examine patenting and licensing philosophies, policies, and practices of different types of institutions and to describe the contractual conditions for licensing DNA-sequence inventions.

**Journal of
Medical Ethics**

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In Praise of Unprincipled Ethics

John Harris

In this paper a plea is made for an unprincipled approach to biomedical ethics, unprincipled of course just in the sense that the four principles are neither the start nor the end of the process of ethical reflection. While the four principles constitute a useful "checklist" approach to bioethics for those new to the field, and possibly for ethics committees without substantial ethical expertise approaching new problems, it is an approach which if followed by the bioethics community as a whole would, the author believes, lead to sterility and uniformity of approach of a quite mindbogglingly boring kind. Moreover, much of bioethics is not concerned with identifying the principles or values appropriate to a particular issue, but rather involves analyz-

ing the arguments that are so often already in play and which present themselves as offering solutions in one direction or another. Here, as I try to show in discussion of these four scenarios, the principles allow massive scope in interpretation and are, frankly, not wonderful as a means of detecting errors and inconsistencies in argument.

**Ethics Needs Principles—
Four Can Encompass the Rest—
and Respect for Autonomy Should
Be “First among Equals”**

R. Gillon

It is hypothesized and argued that “the four principles of medical ethics” can explain and justify, alone or in combination, all the substantive and universalizable claims of medical ethics and probably of ethics more generally. A request is renewed for falsification of this hypothesis showing reason to reject any one of the principles or to require any additional principle(s) that can’t be explained by one or some combination of the four principles. This approach is argued to be compatible with a wide variety of moral theories that are often themselves mutually incompatible. It affords a way forward in the context of intercultural ethics that treads the delicate path between moral relativism and moral imperialism. Reasons are given for regarding the principle of respect for autonomy as “first among equals,” not least because it is a necessary component of aspects of the other three. A plea is made for bioethicists to celebrate the approach as a basis for global moral ecumenism rather than mistakenly perceiving and denigrating it as an attempt at global moral imperialism.

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**When Is Physician Assisted Suicide
or Euthanasia Acceptable?**

S. Frileux et al.

People’s judgment of the acceptability of physician-assisted suicide or euthanasia appeared to depend mainly and additively on four of the five factors we examined: the level of patient suffering in spite of treatment; the extent to which the patient requested the life-ending procedure; the age of the patient, and the degree of curability of the illness. These results are consistent with the findings of previous investigators. The patient’s mental status had no direct effect. Its only effect was that, in the case of no request, the level of acceptability was slightly higher when the patient was mentally impaired, regardless of the other elements in the situation and the participant’s characteristics.

**Stored Human Tissue: An Ethical
Perspective on the Fate of
Anonymous, Archival Material**

D. Gareth Jones, R. Gear, and K.A. Galvin

The furor over the retention of organs at post-mortem examination, without adequate consent, has led to a reassessment of the justification for, and circumstances surrounding, the retention of any human material after postmortem examinations and operations. This brings into focus the large amount of human material stored in various archives and museums, much of which is not identifiable and was accumulated many years ago, under unknown circumstances. Such anonymous archival material could be disposed of, used for teaching, used for research, or remain in storage. We argue that there are no ethical grounds for disposing of the material, or for storing it in the absence of a teaching or research rationale. Nevertheless, with stringent safeguards, it can be used even in the absence of consent in research and teaching. Regulations are required to control the storage of all such human material, along the lines of regulations governing anatomy body bequests.

**Journal of
Medicine and Philosophy**

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**Medicine as *Techné*—A Perspective from
Antiquity**

Bjorn Hofmann, Ph.D.

The objective of this article is to investigate whether the concept of *techné* is fruitful as a framework to analyze some of the pressing challenges in modern medicine. To do this, the concept of *techné* is scrutinized; and it is argued that it is a concept that integrates theoretical, practical, and evaluative aspects, and that this makes it particularly suitable to analyze the complex activity of modern medicine. After applying this *technical* framework in relation to modern medicine, some of its general consequences are elaborated. In particular, it is argued that the concept of *techné* is appropriate to address the constitutive role of technology in medicine. *Techné* thus appears to be as fruitful a philosophical concept today as it was in antiquity.

What Is a Death with Dignity?

Jyl Gentzler

Proponents of the legalization of assisted suicide often appeal to our supposed right to “die with dignity” to defend their case. I examine and assess different notions of “dignity” that are operating in many arguments for the legalization of assisted suicide, and I find them all to be deficient. I then consider an alternative conception of dignity that is based on Aristotle’s conception of the conditions on the best life. I conclude that, while such a conception of dignity fits best with our intuitions about the conditions under which a life has dignity, it supports the legalization of assisted suicide only under very limited circumstances.

**Journal of
Religious Ethics**

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Bioethics, Theology, and Social Change

Lisa Sowle Cahill, Ph.D.

Recent years have witnessed a concern among theological bioethicists that secular debate has grown increasingly “thin,” and that “thick” religious traditions and their spokesperson have been correspondingly excluded. This essay disputes that analysis. First, religious and theological voices compete for public attention and effectiveness with the equally “thick” cultural traditions of modern science and market capitalism. The distinctive contribution of religion should be to emphasize social justice in access to the benefits of health care, challenging the for-profit global marketing of research and biotechnology to wealth consumers. Second, religion and theology have been and are still socially effective in sponsoring activism for practical change, both locally and globally. This claim will be supported with specific examples; with familiar concepts like subsidiarity and “middle axioms”; and with recent analyses of “participatory democracy” and of emerging, decentralized forms of global governance.

Linacre Quarterly

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**Ethical and Medical Considerations in
the Treatment of Ectopic Pregnancy**

Anthony R. Pivarunas, D.O.

Ectopic pregnancy is an unfortunate event that is increasing in frequency. In most cases of ectopic pregnancy, an embryo is not present. In cases where a living embryo is found or we are unable to determine if a living embryo is present, salpingectomy is the procedure to be performed. If embryonic death is diagnosed, then licit treatments are salpingectomy, salpingostomy, or methotrexate.

Transplantation of a living embryo into the uterus is the ideal procedure, and if perfected, would be a tremendous breakthrough in the treatment of ectopic pregnancy. Hopefully, success will come soon.

Methotrexate Treatment of Ectopic Pregnancy: Observations on the Medical Literature

Timothy P. Collins, M.D.

Because I believe methotrexate to represent a direct abortion of the embryo, and because the *Catechism of the Catholic Church* teaches that direct, intended abortion is never morally acceptable (CCC n. 2270, 2271), the use of methotrexate to treat an ectopic pregnancy would not seem morally admissible. This is because (as the Catechism further teaches) a good end—saving the mother's life—may not be obtained by an evil means—the abortion of the embryonic child (CCC, n. 1756). Further, as the Church has long held, there is a safe and highly effective procedure available which is morally acceptable in the form of salpingectomy. Indeed, salpingectomy is more effective than methotrexate. Thus, methotrexate as a therapeutic alternative in the treatment of ectopic pregnancy would seem inadmissible to me, a Catholic physician, on moral grounds. Despite the continuing enthusiasm for the procedure in the secular literature, it should seem highly questionable to any physician on medical grounds.

Nursing Ethics

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The Ethics of Nurse Poaching from the Developing World

Jerome A. Singh et al.

Recruiting nurses from other countries is a longstanding practice. In recent years, many countries in the developed world have more frequently recruited nurse from the developing world, causing an imbalance in the health services in often already impoverished countries. Despite guidelines and promises by developed countries that the practice should cease, it has largely failed to do so. A consortium of authors from countries that have experienced significant nurse poaching consider the ethical aspects behind this continuing practice.

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The Concept of Futility in Health Care Decision Making

Susan Bailey

Lifesaving or life-sustaining treatment may not be instigated in the clinical setting when such treatment is deemed to be futile and therefore not in the patient's best interests. The concept of futility, however, is related to many assumptions about quality and quantity of life, and may be relied upon in a manner that is ethically unjustifiable. It is argued that the concept of futility will remain of limited practical use in making decisions based on the best interests principle because it places such high demands on the individual responsible for decision making. This article provides a critical analysis of futility (in the context of the best-interests decision-making principle), and proposes an ethically defensible notion of futility.

Theoretical Medicine and Bioethics

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What Does a ‘Right’ to Physician-Assisted Suicide (PAS) Legally Entail?

M.T. Harvey

Much of the bioethics literature focuses on the morality of PAS but ignores the *legal* implications of the conclusions thereby wrought. Specifically, what does a *legal* right to PAS entail both on the part of the physician and the patient? I argue that we must begin by distinguishing a right to PAS *qua* “external” to a particular physician-patient relationship from a right to PAS *qua* “internal” to a particular physician-patient relationship. The former constitutes a negative claim right *in rem* that prohibits outside interference with the exercise of a right to PAS while the latter *can* provide the patient with a positive claim right *in personam* to obligatory assistance from his physician. Importantly, I argue that the creation of such a patient right, however, originates with the physician who may exercise an unqualified right of first refusal prior to promising to help her patient commit suicide. In doing so, I hope to establish that explicit physician promises of assistance in dying should become legally binding. As such, current PAS law in both the Netherlands and Oregon is in need of substantive modification.

Proportionality, Terminal Suffering, and the Restorative Goals of Medicine

*Lynn A. Jansen, R.N.,
and Daniel P. Sulmasy, O.F.M., 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 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.

The Ontological Status of Human DNA: Is It Not First and Foremost a Biological “File Self”?

Rogeer Hoedemaekers and Wim Dekkers

This paper investigates which of the various legal notions proposed for human DNA is the most appropriate from an ontological viewpoint—unique legal status, private property, common property, person, or information. The focus is on the difficulties that private property, common property, and person present. By using Harré’s notion of “file-self” we argue that, ontologically, the most appropriate legal notion to be applied is information. This has consequences for storage, control, and use of genetic information as well as identifiable human body material.

Zygon

**Is Our Universe Deterministic? Some
Philosophical and Theological Reflections
on an Elusive Topic***Taede A. Smedes***Volume 38, Number 4
December 2003****Demarcation and the Scientific Fallacy***Gregory R. Peterson*

For many theologians and philosophers, scientism is among the greatest of intellectual sins. In its most commonly cited form, scientism consists in claiming that science is the only source of real knowledge and, therefore, that what science does not discover does not exist. Because the charge of scientism is frequently levied, it is important to be clear about what exactly is being claimed in its name. I argue that scientism can best be understood as a fallacy, specifically as a kind of category mistake. Being clear about this requires an examination of the relationship of scientism to the question of demarcation between science and non-science, a question that has potential implications for theology.

The question of whether or not our universe is deterministic remains of interest to both scientists and theologians. In this essay I argue that this question can be solved only by metaphysical decision and that no scientific evidence for either determinism or indeterminism will ever be conclusive. No finite being, no matter how powerful its cognitive abilities, will ever be able to establish the deterministic nature of the universe. The only being that would be capable of doing so would be one that is at once transcendent and immanent. Such a being is compatible with the God of the Christian tradition, which yields that a deterministic worldview is compatible with (yet does not necessarily lead to) a deterministic worldview. A more important point is that because science is never able to establish the determinism of our universe, it can never definitely rule out divine action except on metaphysical grounds.

A Word from the Editor about “Notes and Abstracts”

The National Catholic Bioethics Quarterly is committed to providing our readers with the most indispensable journal in the field of bioethics. To that end, we provide our “Notes and Abstracts” section, which offers an overview of articles that have recently appeared in the leading journals of science, medicine, philosophy, and theology. Along with brief descriptions of each article, the reader will find a helpful narrative, written by an expert, that covers the most important themes and discoveries relevant to bioethics printed over the past three months.

Our aim is to keep our readers fully informed of what is occurring in the field of bioethics, but also to make it easy for them to locate those articles that will be of particular interest to their own area of research. *The National Catholic Bioethics Quarterly* is your link to all of the leading journals concerning topics of importance to bioethics. Turn to us first for guidance about where to turn next.