



In a succinct philosophical essay titled “*Humanae vitae*, Rape, and the Zika Virus,” Gary Michael Atkinson argues that the use of contraception cannot be justified in order to avoid possible transmission of the Zika virus and resulting microcephaly in a child. He mentions the story of the Congo nuns, who were supposedly granted permission to use contraception during a period of war in that country. A correct reading of *Humanae vitae*, Atkinson says, shows that the use of contraception in Congo-like rape situations cannot be justified under the principle of double effect. Neither can it be justified by appeal to ambiguities in the word “conjugal” in that document. The author closes with an emphasis on the importance of absolute moral prohibitions.

In “Suffering *in extremis* and the Question of Palliative Sedation,” Rev. Tadeusz Pacholczyk, an ethicist at The National Catholic Bioethics Center, explores the question of whether it is permissible to extinguish consciousness to eliminate extreme suffering at the end of life. Death is rarely an easy experience, and the vast majority of patients require some medication for the control of physical pain. In addition to pain, we also experience suffering in our conscious awareness of our illness, moral faults, and mortality. The suffering of Christ on the cross serves as the exemplar for Catholics in such settings. Our final hours, Pacholczyk notes, provide us with the opportunity for redemptive suffering and conscious participation in our own deaths.

The essay by Cara Buskmiller, MD, “Cryopreserved Embryo Adoption: Not Now, Maybe Later,” does a bit of logical jujitsu. Although initially appearing to rule out the possibility of embryo adoption, with strong argumentation derived from Church sources and the perspective of common sense, she later replies to her own arguments and concludes that current teaching forbids embryo adoption on prudential grounds but does not rule it out in principle. Hence, the practice may be permissible in the future. For embryo adoption to become permissible in the future, Buskmiller argues, the practice of in vitro fertilization will have to be outlawed.

Kent Lasnoski, in “Are Cremation and Alkaline Hydrolysis Morally Distinct?,” notes that none of the three typical ways of disposing of bodily remains—alkaline hydrolysis, cremation, and burial—is particularly pleasant when examined in detail,

but among them, alkaline hydrolysis appears to show the least respect for the body. The Church, of course, favors burial, but cremation is also acceptable. The author examines the morality of alkaline hydrolysis from the perspective of respect for the body, the doctrine of resurrection, the wishes of the deceased, and our duty to the common good; the last includes environmental concerns. Lasnoski sees burial without embalming as most in keeping with Church teaching.

Today we see increasing immunization refusals. Gwyneth Spaeder, MD, in “The Moral Obligation to Vaccinate,” raises the alarm about the growing vulnerability of the general population to serious disease. She cites two reasons for declines in vaccination. The first is fraudulent research linking immunization to autism, and the second is the sheer success of modern immunization programs. We are no longer aware of the devastating effects of these epidemics. Some parents falsely conclude that it is no longer necessary to subject their children to the minimal risk of vaccination in view of the supposed unlikeliness of their contracting disease. Spaeder argues that this approach not only threatens the health of the general population, but is also contrary to Catholic teaching and its concern for the common good. She reviews teachings on the common good given in the Bible and in magisterial Church statements. The Church holds that parents have moral duties to their children, among them the preservation of health.

Attacks on the right of conscience encompass not only individuals, but institutions. Elliott Louis Bedford, in “The Reality of Institutional Conscience,” rebuts the argument that institutional entities do not have consciences and therefore must carry out actions that conflict with their mission statements. Obviously, this is an attack on Catholic health care institutions and their strong moral tradition. Bedford shows that this type of argument issues from a view of conscience as purely individual and private. Institutions, he says, have a social anthropology. They are founded to pursue a common vision of the good, possess a social agency that issues from the joint efforts of all of their members, and share a normative or values-based standard by which institutional conduct is judged. This institutional conscience, in fact, transcends and perfects the conscience of the individual.

Finally, Paul Babcock, in “Paying Workers as if People Mattered,” examines both the capitalist and socialist economic models in order to explore the problem of fair wages and income inequalities within hospital settings. Given the unique environment of the hospital, which exists as a “closed system” and does not produce a “product” in the ordinary sense of the word, Babcock argues that neither model is suited to the payment of just wages. He urges a system known as solidarism (distributism), which was advanced by earlier Catholic thinkers, Rev. Heinrich Pesch, SJ, being perhaps the most articulate and advanced. Under this economic system, a just wage is determined by ethics, not solely by supply and demand or bureaucratic fiat. Solidarism sees the individual as a social creature who lives within a web of relations that includes family, neighborhood, and larger voluntary associations. Solidarism seeks to preserve and advance these relations by placing moral limits on capitalist principles and false socialist ideals.

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