In This Issue

Teresa Yao, in "Can We Limit a Right to Physician-Assisted Suicide?," looks at the difficulties inherent in all efforts to limit the practice of physician-induced death. Although current laws say that the practice is permissible only for those who are terminally ill, the legal reasoning invites the extension of PID to a variety of other cases and circumstances. Two general arguments are offered in favor of PID: to limit pain and preserve patient autonomy. Yao shows that the first category quickly extends to mental suffering, as is currently the case in Europe, and that the second category is in principle limitless. A close examination of the law's logic thus shows that legalization places no substantial restrictions on the practice and can justify suicide for virtually anyone.

Taking his cue from the distinguished physician and bioethicist Edmund Pellegrino, Brother Ignatius Perkins, OP, RN, explores the duties of health care professionals within the physician–patient relationship, especially in regard to dying patients. In "Accompanying the Destitute and Dying," Perkins asks us to look past the technological prowess of modern medicine and to embrace the philosophy of care that is at the heart of the healing profession. When healing is no longer possible, and palliative care is all that remains, the clinician must enter into the moment of suffering with the patient by becoming vulnerable to the patient's needs. This includes not only compassion for the one who is ill but also the willingness to come to know and love the person who is dying.

In "Maternal–Fetal Conflict and Periviability," Alan Vincelette examines a previous article in the *NCBQ*, "Medical Intervention in Cases of Maternal–Fetal Vital Conflicts: A Statement of Consensus," which appeared in the Autumn 2014 issue. The question under discussion in that article is whether it is permissible to perform an early induction of labor on an expectant mother who suffers from peripartum cardiomyopathy or similar ailment. Vincelette finds the consensus statement unsatisfactory. Early induction, he writes, cannot be understood as a deplantation of the placenta from the uterus, but is more properly seen as an assault on the fetus. In any case, the life at stake—and the lack of moral clarity—require the physician to take the morally safest course.

Charles Robertson, in "Navigating an Impasse in the Embryo Adoption Debate," responds to an article by Elizabeth Rex, "The Magisterial Liceity of Embryo Transfer," that appeared in the Winter 2015 issue. After defending his translation and interpretation of a key passage from *Donum vitae*, Robertson reiterates his view that the exercise of a woman's generative powers should be restricted to her spouse in marriage. To become pregnant in any other way, and more specifically, through the transfer of an embryo into her uterus, is intrinsically disordered. He notes that everyone agrees that the embryo has certain rights that follow from its human nature, but what needs to be proved by the defenders of embryo adoption is that embryo transfer is a licit means of preserving those rights. Technological dominion over reproduction, Robertson says, does not free us from the need to respect the sacred bond of marital unity.

A variety of instruments have been developed over the past decades to assist patients in making their wishes known should they become incompetent and thus unable to make their own decisions. In "Advance Directives to Withhold Oral Food and Water in Dementia," Ann Heath examines the recent development of directives that are designed to ensure the removal of food and water for patients who fall into dementia. These instruments raise a variety of serious moral concerns. They are often, Heath argues, little more than requests for euthanasia, and because they require a health care provider to deliberately withhold food and water, they involve others in that act of killing. The fact that the patient requested this death does not absolve the surrogate of responsibility for this moral wrong.

In "Assisted Nutrition and Hydration as Supportive Care during Illness," a group of physicians argue against an unnecessarily rigorous view of assisted nutrition and hydration. The overly narrow approach has led ethicists to neglect the proper assessment of the mechanisms by which food and water are delivered to the patient. Currently, Catholic bioethics appears to see the provision of food and water as necessary in all cases in which a patient cannot feed him- or herself, except when death is imminent, but Barbara Golder and her colleagues argue that a patient-centered analysis of the various mechanisms of delivery shows that there are many cases in which this aggressive approach cannot be justified. In particular, due emphasis must be given to the patient's perspective on the level of expected benefits and burdens.

"Self-Gift: The Heart of *Humanae vitae*" responds to a document issued in August 2016 by the Wijngaards Institute in the United Kingdom. The Wijngaards statement claims that Church teaching on contraception is based primarily on a flawed understanding of biology. Janet Smith and her colleagues argue, to the contrary, that the teaching, while obviously closely connected to the fact that sexual intercourse is the source of new human life, has a deeper foundation than mere biological fact. The authors acknowledge that there are a variety of arguments offered by Catholic ethicists in defense of the prohibition of contraceptive use, all of which have merit, but they focus their own analysis principally on Pope St. John Paul II's philosophy of sexuality, the role of natural moral law in ethical reasoning, and the fundamental differences between natural family planning and contraception. They also touch on the medical, social, legal, and environmental consequences of the widespread use of contraception.

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