In This Issue

Irene Alexander, in "The Error of Intentionalism," examines how some Catholic bioethicists are redefining *direct* and *indirect*. The term *direct* has typically signified a causal relation, but the new definition means "directly intended." The new intentionalist viewpoint underestimates the importance of the direct effects of an agent's actions. What is important, they say, is the thought of the agent, which is expressed in a proposal that the agent sets before himself as the reason for action. This leads to the intentionalists permitting certain actions that are directly caused by the agent but supposedly not intended. For example, a physician may take actions directly against the physical integrity of a fetus, but not be morally responsible for this direct harm because he acts with a good intention.

John Roth, a practicing palliative nurse, argues in "Opiates and the Removal of Life Support" that once a patient has been removed from ventilatory support, the use of opioids is not only appropriate but often morally obligatory. Too many patients experience unnecessary pain and suffering because health care providers are hesitant to use appropriate palliative care. The Church teaches that one may not hasten death, but Roth shows that the principle of double effect clearly holds in cases where ventilatory support is ended. The obligation to alleviate the pain and suffering attending death takes precedence over concerns about hastening death, which are often exaggerated.

What defines quality of life? The phrase is often heard, but John DiBaise, MD, in "Euthanasia and Quality of Life," does not think that it can be easily defined. Although efforts have been made to identify objective criteria, these are often affected by extraneous values such as autonomy, social worth, and best interests. Some decide that a person does not have a life worth living and think that standard treatment measures are therefore disproportionate. Best-interests standards oblige us to make a judgment based on the perspective of the patient, which is often not readily apparent to an observer. Roth concludes with a helpful description of the standard criteria for distinguishing between proportionate and disproportionate treatment.

There is a difference between what is morally and legally permissible. Christine O'Riley, in "Protecting the Free Exercise of Religion in Health Care Delivery," notes that this difference leads to the possibility of violations of religious liberty and the right of conscience. Laws have been passed to protect these goods, but recently there have been efforts—some successful—to undermine these fundamental liberties. The US Commission on Civil Rights, under the previous administration, worked to revoke exemptions within the health care field on the grounds that they were discriminatory toward women and undermined autonomy. O'Riley discusses the Conscience Protection Act of 2017 as a possible remedy.

Sister Jane Dominic Laurel, OP, in "Suffering and the Narrative of Redemption," explores how people experiencing suffering understand their experience. Patients are first and foremost persons, and their experiences of suffering often transcend the vision of medicine as merely curative, especially when they see themselves living out their religious convictions. Through three real-life narratives, Laurel shows how the sufferings shared by a Christian patient, physician, and family exemplify teachings of the Catholic Church, showing their active participation in the redemptive work of Christ. These are moving personal experiences that present themselves uniquely to health care providers. The clinician often serves as the mediator of God's presence. Laurel argues that the narrative of suffering gives us insights into a hidden spiritual world of growth and hope that transcends our familiar health care paradigms.

Alex Fleming, in "Striking a Balance between Embryo Adoption and the Goods of Marriage," sets forth what he believes are the appropriate circumstances for the moral permissibility of embryo transfer and adoption. Embryos are subjects of human rights, although laws in the United States and England frequently do not recognize this fact. Instead, embryos are routinely given to scientists for research purposes. This practice is strongly associated with IVF and, not surprisingly, affects how many view embryo transfer. Recognizing that couples who have produced embryos through IVF have done something that is intrinsically immoral, Fleming nonetheless argues that there is an obligation to transfer these embryos to the mother's uterus whenever this is feasible. By extension, adoption may be appropriate if there is a correct intention on the part of the adoptees as well as appropriate informed consent. Fleming holds that transfer appears to be morally necessary, given the statements of the Congregation for the Doctrine of the Faith in its instruction *Donum vitae*.

Lisa Gilbert, MD, in "Female Genital Mutilation and the Natural Law," expresses alarm about a small but vocal minority who continue to defend female genital mutilation on the basis of autonomy, cultural diversity, and religious liberty. Some ethicists have speculated that less destructive procedures might be mere alterations and not mutilations. After a description of the practice, Gilbert shows that it is a direct mutilation and therefore intrinsically immoral. Since the woman's genitals pose no threat to her well-being, mutilation cannot be justified by the principle of totality, but is more aptly compared with other outdated social practices, such as the Chinese practice of foot binding. The practice, Gilbert argues, is substantially different from male circumcision. Female genital mutilation originates from and perpetuates the inequality of women.

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