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**JOURNALS IN  
PHILOSOPHY AND  
THEOLOGY**

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**Bioethics**

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**Volume 18, Number 2  
April 2004**

**Sharing Death and Dying: Advance  
Directives, Autonomy, and the Family**

*Ho Mun Chan*

This paper critically examines the liberal model of decision making for the terminally ill and contrasts it with the familial model that can be found in some Asian cultures. The contrast between the two models shows that the liberal model is excessively patient-centered and misconceives and marginalizes the role of the family in the decision-making process. The paper argues that the familial model is correct in conceiving the last journey of one's life as a sharing process rather than a process of exercising one's prior or counterfactual choice and concludes by suggesting a policy framework for the practice of familialism that can answer the liberal challenge that familialism cannot safeguard the patient from abuse and neglect.

**The Deprivation Argument  
against Abortion**

*Dean Stretton*

The most plausible pro-life argument claims that abortion is seriously wrong because it

deprives the fetus of something valuable. This paper examines two recent versions of this argument. Don Marquis's version takes the valuable thing to be a "future like ours," a future containing valuable experiences and activities. Jim Stone's version takes the valuable thing to be a future containing conscious goods, which it is the fetus's biological nature to make itself have. I give three grounds for rejecting these arguments. First, they lead to unacceptable inequalities in the wrongness of killing. Second, they lead to counter-intuitive results in a range of imaginary cases. Third, they ignore the role of psychological connectedness in determining the magnitude or seriousness of deprivation-based harms: because the fetus is only weakly psychologically connected to its own future, it cannot be seriously harmed by being deprived of that future.

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**Cambridge Quarterly of  
Healthcare Ethics**

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**Volume 13, Number 2  
Spring 2004**

**Cognitive Development and Pediatric  
Consent to Organ Donation**

*Susan Zinner, J.D.*

Many adolescents of thirteen or fourteen years or older are able to make their own decisions. If a minor can clearly enunciate his or her values, wishes for donation, and appears to comprehend the attendant risks and benefits, a rebuttable presumption of competence may be appropriate. Similarly, the satisfaction that a minor feels from donation may be just as valuable as physical improvement following medical treatment. Finally, the presence of an independent third party may occasionally be necessary to protect the interests of the donor child.

**Child Organ Donation, Family  
Autonomy, and Intimate Attachments**

*Lynn A. Jansen, R.N., Ph.D.*

According to the intimate-attachment principle, child organ donations are ethically permissible if there exists an attachment between the child donor and the recipient such that the well-being of the former depends, in part at least, on the well-being of the latter. The application of this principle to real-world cases leaves much room for debate. To what degree, for example, must the child donor's well-being depend on the recipient's well-being for there to exist an intimate attachment? And how should we verify that an intimate attachment exists when there is doubt on the matter? Despite these hard questions, however, the intimate-attachment principle provides a clear and compelling standard for assessing the ethical permissibility of child organ donation.

disadvantage of lacking resources for discriminating among the spiritualities that may be operative within those other creeds and traditions. Catholicism, in linking true spirituality with the one true Church as the mystical body of the Triune God, secures such a criterion but fails to satisfy the tolerance-of-acknowledgement in the secular sense, which is canonical in contemporary ecumenism. The Orthodox understanding of Catholicism is portrayed as imposing a nonjudgmental humility and repentance which provides a solution to that spiritual-human dilemma of interfaith cooperation in the hospital.

**Volume 9, Numbers 2-3  
August-December 2003**

**Moral Philosophy and Theology:  
Why Is There So Little Difference  
for Roman Catholics?**

*H. Tristram Engelhardt Jr.*

The cardinal question in Christian moral theory and bioethics is whether the knowledge that Christians have 1) by grace; and 2) by revelation (e.g., regarding the character of human and cosmic history as reaching from creation through the Incarnation and the Redemption to the Second Coming and the restoration of all things) makes a crucial contribution to understanding morality, as for example issues such as the good death and the morality of physician-assisted suicide and euthanasia. This article argues that such a contribution is made by grace and revelation. The reduction of Roman Catholic moral theology and bioethics to secular bioethics is explored, as well as the necessity of the unique knowledge possessed by Christians for adequate end-of-life decision making.

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**Christian Bioethics**

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**Volume 9, Number 1  
April 2003**

**Generic Versus Catholic Hospital  
Chaplaincy: The Diversity of Spirits  
as a Problem of Interfaith Cooperation**

*Corinna Delkeskamp-Hayes*

Hospital chaplaincy, in its exposure to clients, colleagues, and caretakers from different faith backgrounds, can be understood in either generic or catholic terms. The first understanding, often merely implicit in denominationalist approaches, assumes that some "Absolute" can be prayerfully invoked through the medium of diverse rituals, confessions, and symbols. This position combines the advantage of unprejudiced acceptance of other creeds and traditions with the

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**Developing World  
Bioethics**


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**Volume 4, Number 1  
May 2004**

**Are There Characteristics  
of Infectious Diseases  
That Raise Special Ethical Issues?**

*Charles B. Smith, M.D., et al.*

This paper examines the characteristics of infectious diseases that raise special medical and social ethical issues and explores ways of integrating both current bioethical and classical public-health ethics concerns. Many of the ethical issues raised by infectious diseases are related to these diseases' powerful ability to engender fear in individuals and panic in populations. We address the association of some infectious diseases with high morbidity and mortality rates, the sense that infectious diseases are caused by invasion or attack on humans by foreign microorganisms, the acute onset and rapid course of many infectious diseases, and, in particular, the communicability of infectious diseases. The individual fear and community panic associated with infectious diseases often leads to rapid, emotionally driven decision making about public-health policies needed to protect the community that may be in conflict with current bioethical principles regarding the care of individual patients. The discussion includes recent examples where dialogue between public-health practitioners and medical ethicists has helped resolve ethical issues that require us to consider the infected patient as both a victim with individual needs and rights and as a potential vector of disease that is of concern to the community.

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**Ethics and Medicine**


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**Volume 20, Number 1  
Spring 2004**

**“The Least of These”: A Christian Moral  
Appraisal of Vital-Organ Procurement  
from “Brain-Dead” Patients**

*Stephen N. Nelson, M.D., F.A.A.P.*

We risk arrogating to ourselves an omniscient moral certitude in declaring “brain-dead” patients either dead or nonpersons if either is not the case. When in moral doubt, we must assume personhood entitlement to neighbor love in every human being that we encounter until it can be proven otherwise.

In this paper, on the basis of contemporary pro-life Christian arguments as well as empirical data, I have attempted to demonstrate that “brain-dead” patients are living persons who, though limited in function and with guarded prognoses, are vulnerable human beings entitled to the rights afforded to any other human being, vulnerable or not. Therefore, I conclude that vital-organ procurement for utilitarian purposes from “brain-dead” patients constitutes euthanasia, and as such, is immoral. All proximate actions, including counseling in support of the procedure, consenting to the procedure, performing the procedure, or benefiting from the procedure, must be categorically rejected in order for the pro-life Christian who argues from a Christian worldview concept of personhood to be consistent.

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**Hastings Center Report**

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**Volume 34, Number 2  
March–April 2004**

**Enough: The Failure of the Living Will**

*Angela Fagerlin and Carl E. Schneider*

In pursuit of the dream that patients' exercise of autonomy could extend beyond their span of competence, living wills have passed from controversy to conventional wisdom to widely promoted policy. But the policy has not produced results and should be abandoned.

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**Issues in  
Law & Medicine**

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**Volume 19, Number 3  
Spring 2004**

**Embryonic Discourse:  
Abortion, Stem Cells, and Cloning**

*Janet L. Dolgin, Ph.D., J.D.*

This article interprets the debate about abortion and the debate about embryonic research and therapeutic cloning as aspects of a larger history of ideas. The article suggests that embryos increasingly stand for different truths in discourse about abortion on the one hand and about embryonic stem-cell research and therapeutic cloning on the other. More specifically, the article suggests that the contemporary debate about the meaning of the embryo in the context both of abortion and of embryonic research bespeaks a widespread transformation in Western, and especially

American, society during the last three or four decades. At base, that transformation involves displacement of an understanding of personhood, particularly in domestic settings that depended on the submersion of individualism, with an understanding of personhood that values autonomous individuality and that envisions community as the consequence of individuals' distinct choices rather than as a preexisting, hierarchically structured whole.

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**Journal of  
Clinical Ethics**

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**Volume 14, Number 4  
Winter 2003**

**A Defense of the Philosopher-Ethicist  
as Moral Expert**

*Christopher Meyers, Ph.D.*

From this admittedly controversial starting point (one I simply assume here and do not defend), I will argue that philosopher-ethicists can and should accept some version of the role of "moral expert" in clinical settings, since, by my initial assumption, they are typically in a better position to get at least closer to moral truth than are their clinical counterparts. In defending this conclusion, I will briefly critique the two main competing positions. I will also describe what I think are the skills and attitudes that best promote effective, morally sound, and institutionally sensitive ethics consulting, with such skills (and likely also such attitudes) being significant additions to philosophers' standard training and skills.

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**Journal of Contemporary  
Health Law and Policy**

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**Volume 20, Number 1  
Winter 2003**

**Are the Rationale and Regulatory System  
for Protecting Human Subjects of  
Biomedical and Behavioral Research  
Obsolete and Unworkable,  
or Ethically Important but Inconvenient  
and Inadequately Enforced?**

*Gerald S. Schatz*

Many critics of U.S. regulation to protect human subjects of biomedical and behavioral research deem the system inherently unworkable and variously inadequate or unnecessary. Many deem its rationale, the Belmont Report, outdated and philosophically deficient. Some would scrap or revamp the system. These criticisms and prescriptions are challenging, factually, legally, and ethically. Similar minimalist, audited self-regulation operates smoothly elsewhere in life science. Events suggest Belmont's continuing validity in its administrative-law role as interpretive touchstone for human-subjects protection regulations. U.S. human-subjects protection and related regulations are constitutionally grounded and consistent with U.S. obligations under human-rights law. Criticisms that the system is inconvenient do not respond to ethical and legal duties—to acknowledge the innate dignity of human-subjects of research, to recognize and squarely face ethical issues in human-subjects research, to heed applicable domestic and international law, to say no to projects when no is warranted, to foster researcher involvement in the system, to focus on substance rather than form, and to resist automaticity. If the system is to function protectively and reasonably efficiently, then the legitimacy of the pertinent law and Belmont's legal role should be recognized as the primary resource for interpreting the human-subjects regula-

tions; the system and proposed changes should be viewed critically for efficacy rather than convenience; and policy and practice should emphasize a) predictability, stability, and clarity of the regulatory system; and b) resources and will to comply and enforce.

**Abortion Decisions and the Duty to  
Screen: Clinical, Ethical, and Legal  
Implications of Predictive Risk Factors of  
Post-Abortion Maladjustment**

*David C. Reardon, Ph.D.*

It is my position that proper pre-abortion screening and counseling of patients have been largely abandoned to the grave detriment of women. As a result, women seeking abortions are seldom being evaluated for risk factors that reliably predict higher rates of negative physical and psychological complications. Inadequate screening is a matter of negligence in two regards. First, the failure to screen for known risk factors means that the physician has neglected to develop an informed medical recommendation based on the individual woman's unique risk factors and circumstances. Since the medical counsel the physician gives the woman does not include information about known risk factors, it is not properly grounded on medical evidence. Second, inadequate screening is the direct cause of inadequate disclosure of risks to the woman. When women are not informed of the risk factors they possess and the negative outcomes associated with those particular factors, their consent is uninformed.

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

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**Volume 32, Number 1  
Spring 2004**

**Is There Value in Identifying Individual  
Genetic Predispositions to Violence?**

*David Wasserman, J.D.*

This article examines research that finds an association between childhood maltreatment, common genetic variations, and violence. It cautions against using such research to target violence-prone youth for early intervention and argues that its findings may have a more appropriate role to play in evaluating violent behavior than in preventing it.

**Legal Enforcement of Xenotransplantation  
Public-Health Safeguards**

*Patrik S. Florencio, J.D., and Erik D.  
Ramanathan, J.D.*

This article argues that we currently lack the legal authority to enforce compliance with the most important of the xenotransplantation public safeguards—the collection of tissue and body-fluid specimens from xenotransplant recipients—and suggests a new legal framework to accomplish this goal.

**Evaluation of the Condom  
Distribution Program in New  
South Wales Prisons, Australia**

*Kate Dolan, Ph.D., David Lowe,  
and James Shearer*

This paper reports on condom provision in twenty-three male prisons in New South Wales (NSW) in 1997 and 1998. Condom distribution programs, as part of HIV and other sexually-transmissible-infections prevention strategies, are feasible and warranted in correctional centers. It was recommended that the condom program continue to be implemented in NSW prisons.

**Confounding Extremities: Surgery at the  
Medico-Ethical Limits of Self-Modification**

*Annemarie Bridy, Ph.D.*

This article discusses the debate over apotemnophilia and its diagnosis and treatment, focusing on the bioethical, legal, and cultural implications of elective amputation as a possible therapy. The author argues that the sensationalism surrounding apotemno-

philia should not be allowed to deter the thoughtful interdisciplinary inquiry that is appropriate to this debate, which raises important questions about the definition of bodily integrity, the process of medical standard setting, and the limits of physician and patient autonomy when it comes to surgical modification of the body.

**A Human Germline Modification Scale**

*Harry Adams*

What fundamental ethical and regulatory principles should govern technologies that (could) modify the human germline? To answer this question, the author proposes a set of conceptual guidelines that, he argues, specify the types of germline modifications (GLMs) that should (and should not) count as ethically acceptable and legally permissible, and also that specify the ways these GLMs might be fairly distributed.

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**Journal of  
Medical Ethics**

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**Volume 30, Number 2  
April 2004**

**Facing Requests for Euthanasia:  
A Clinical-Practice Guideline**

*C. Gastmans, F. Van Neste,  
and P. Schotsmans*

On September 23, 2002, the Belgian law on euthanasia came into force. This makes Belgium the second country in the world (after the Netherlands) to have an Act on euthanasia. Even though there is currently legal regulation of euthanasia in Belgium, very little is known about how this legal regulation could be translated into care for patients who request euthanasia.

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**Kennedy Institute of  
Ethics Journal**

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**Volume 14, Number 1  
March 2004**

**Human Embryonic Stem-Cell Research:  
An Intercultural Perspective**

*LeRoy Walters, Ph.D.*

In 1998, researchers discovered that embryonic stem cells could be derived from early human embryos. This discovery has raised a series of ethical and public-policy questions that are now being confronted by multiple international organizations, nations, cultures, and religious traditions. This essay surveys policies for human embryonic stem-cell research in four regions of the world, reports on the recent debate at the United Nations about one type of such research, and reviews the positions that various religious traditions have adopted regarding this novel type of research. In several instances, the religious traditions seem to have influenced the public-policy debates.

**Stem-Cell Research:  
An Ethical Evaluation of Policy Options**

*Nikolaus Knoepffler, Ph.D.*

In February 2004, South Korean researchers became the first in the world to successfully harvest stem cells and establish a stem-cell line from a cloned human embryo. This is just one of eight possible policy options concerning human embryonic stem-cell research. In practice, every kind of stem-cell research can be done in one country or another. This paper evaluates the eight policy options concerning human embryonic stem-cell research in light of the arguments and decisions behind them.

**On the Ethical Evaluation  
of Stem-Cell Research:  
Remarks on a Paper by N. Knoepffler**

*Alfonso Gómez-Lobo*

This response to Nikolaus Knoepffler's paper in the same issue of the *Journal* agrees that, if the arguments supporting the first two of the eight human embryonic stem-cell research policy options discussed are unsound, as Knoepffler argues, then it seems natural to move to the increasingly permissive options. If the arguments are sound, however, then the more permissive options should be rejected. It is argued that three of the rejected arguments, taken together, constitute very good reasons to hold that a human embryo is endowed with dignity from fertilization onward. Thus, countries that want their public policies to match the moral imperative of respect for human beings should refrain from allowing destructive human embryo research and should devote considerable energy and public funds to research and clinical trials using nonembryonic ("adult") stem cells.

**Creating a Stem-Cell Donor:  
A Case Study in Reproductive Genetics**

*Jeffrey P. Kahn, Ph.D.,  
and Anna C. Mastroianni, J.D.*

During the nearly ten years since its introduction, preimplantation genetic diagnosis (PGD) has been used predominantly to avoid the birth of a child with identified genetic disease. Recently, PGD was used by a couple not only to test IVF-created embryos for genetic disease, but also to test for a nondisease trait related to immune compatibility with a child in the family in need of a hematopoietic stem-cell transplant. This article describes the case, raises some ethical and policy issues, highlights gaps in U.S. policy, and finally makes some recommendations for addressing advancing genetic and reproductive technologies.

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**Nursing Ethics**

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**Volume 11, Number 3  
2004**

**Research Involving Children:  
Some Ethical Issues**

*Sølvi Helseth and Ashild Slettebø*

In a Norwegian study on how children aged 7–12 years cope during a period of serious illness within the family and on their quality of life at this time, several ethical questions became apparent. These were mainly concerned with the vulnerability of children during research, with their ability to make autonomous decisions, and with considerations regarding how to respect their right to confidentiality during the research process. In the article, we approach these questions using our experience from this previous study, discussing them within the framework of theories of ethics and relevant research ethical guidelines. Finally, we discuss our experience in the light of the overall purpose of this article: how to deal with the ethical dilemmas that may appear during research involving young children.

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**Studia Moralia**

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**Volume 41, Number 2  
December 2003**

**Is the Brain-Dead Patient Really Dead?**

*Rev. Nicanor Austriaco, O.P.*

In a recent issue of *The National Catholic Bioethics Quarterly*, Dr. Edward J. Furton of the National Catholic Bioethics Center in Boston (U.S.A.) published an essay in which

he argued that “brain-death criteria confirm certain long-held philosophical views about the nature of death and the human soul within Catholicism.” Furton’s paper is the most recent and, probably, the strongest argument for the pro-brain-death position written by a Catholic bioethicist.

In this essay, I will respond to Furton’s thesis by showing that the recent scientific data described by Dr. Alan Shewmon raise serious questions as to whether the currently dominant BD criteria are, in fact, compatible with an authentic anthropology that is faithful to the Catholic tradition. Shewmon, a Catholic physician, professor and chief of pediatric neurology at UCLA, has written several seminal papers where he has challenged the BD criteria with clinical data that attacks the presuppositions of those who advocate BD. His argument is considered by many to be the strongest challenge to the pro-brain-death position.

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**The Thomist**

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**Volume 68, Number 1  
January 2004**

**Medically Assisted Nutrition and  
Hydration in Medicine  
and Moral Theology:  
A Contextualization of Its Past  
and a Direction for Its Future**

*John Berkman, Ph.D.*

In the light of the argument made in the fourth section, the fifth section is a reversal of sorts. This section evaluates recent studies on the efficacy of MANH, studies that raise serious questions about the medical benefit of MANH for many classes of patients. Having argued in the fourth section that the presumption should be to give MANH to all who can derive proportionate medical benefit from it,



I postulate in the fifth section that many classes of patients who have been presumed to gain such medical benefit from MANH may not, in fact, have been benefiting from MANH. Some (as a class of patients) may even have been harmed by MANH. If these current studies hold up, the forty-year honeymoon between MANH and much of the medical community will be over. As questions continue to be raised about the medical benefit and burdens of MANH, we can expect that the future will bring greater attention to various means of and general benefits of oral feeding, and less reliance on MANH.

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## Theology and Science

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**Volume 1, Number 1**  
**April 2003**

**Intelligent Design: The Original Version**

*Francisco J. Ayala*

William Paley (*Natural Theology*, 1802) developed the argument-from-design. The complex structure of the human eye evinces that it was designed by an intelligent Creator. The argument is based on the irreducible complexity ("relation") of multiple interacting parts, all necessary for function. Paley adduces a wealth of biological examples leading to the same conclusion; his knowledge of the biology of his time was profound and extensive. Charles Darwin's *Origin of Species* is an extended argument demonstrating that the "design" of organisms can be explained by natural selection. Moreover, the dysfunctions, defects, waste, and cruelty that prevail in the living world are incompatible with a benevolent and omnipotent Creator. They come about by a process that incorporates chance and necessity, mutation and natural selection. In addition to science, there are other ways of knowing, such as art, literature, philosophy, and religion. Matters of value, meaning, and purpose transcend science.

**Embryonic Persons in the Cloning  
and Stem-Cell Debates**

*Ted Peters*

Public policy debates such as we find in the United Nations, the Singapore Bioethics Advisory Committee, and the U.S. President's Council on Bioethics reflect behind-the-scenes theological debates. Although religious spokespersons agree nearly universally that human reproductive cloning should be banned, moral ambivalence rises when confronting human embryonic stem-cell research. Rather than focus on beneficence (medical benefits), religious bioethicists focus on nonmalificence (embryo protection). The Vatican claim that stem-cell research should be banned because it destroys embryos appears at first to rely upon ensoulment at conception; but a closer analysis shows that the Vatican position relies upon genetic uniqueness. Appeal to genetic uniqueness is inadequate for Christian anthropology; what needs to be added is a relational and proleptic understanding of human dignity.

**Volume 1, Number 2**  
**October 2003**

**Five Attitudes toward Nature and  
Technology from a Christian Perspective**

*Robert John Russell*

Challenged by Lynn White's sharp criticism of Christianity's responsibility for earth's ecological crisis, both Ian Barbour and Philip Hefner have proposed theological anthropologies based upon the *imago Dei* that supports an ecological ethic. Russell, while supporting the ecological ethic, turns not to anthropology but rather to eschatology and the proleptic vision of a new creation.

**Fallen Angels or Rising Beasts?  
Theological Perspectives  
on Human Uniqueness**

*J. Wentzel Van Huyssteen*

Are human beings bearers of the divine as the Christian understanding of the *imago Dei* suggests? Or, are we merely rational animals, as a scientific assessment suggests? In this article, I contend that theological and scientific explanations complement each other. Biological evolution has led to emergent qualities that have given rise to intelligence and the human creation of culture, science, and religion.

**Bad Science, Good Ethics**

*Karen Lebacqz*

The question addressed here is whether it is possible to have “good ethics” when the scientific foundation changes constantly or when it is difficult for nonscientists to understand the science. The author argues that the enterprise of ethics is not totally dependent on comprehension of the science. Because ethics involves discernment of morally relevant differences, accurate understanding of the science will enhance ethical analysis. However, to the extent that ethics involves presentation of good supporting arguments for positions taken, these arguments are not necessarily dependent on science.

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**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.