



Gwyneth Spaeder, MD, in “Bad Science Hurts Catholic Physicians,” remarks on the danger of seeking evidence to suit one’s conclusions. This is especially tempting among conservative-minded Catholics in the scientific and medical professions who wish to bolster the case that immorality has negative consequences for health. One claim along these lines is that there is a link between vaccination and the recent rise in autism, owing to an association between vaccine production and abortion. Another is that the human papillomavirus poses significant health risks. The evidence to support these claims is weak. Claims that are not well founded in evidence and scientific methodology undermine the credibility of faithful Catholic physicians and scientists.

When freedom becomes untethered from truth, it becomes a danger to itself. This is the thesis of Mary Shivanandan in “Relativism or Relativity: Religious Freedom and the Family.” The desire to be free of tradition and authority makes personal autonomy absolute. When freedom is not grounded in what is true, the good is inevitably harmed. For example, the idea of human rights is diminished and in its place there appears the arbitrary use of power. Attacks on innocent human life are the unnatural fruit of this false notion of freedom. The Catholic Church, given its long tradition of reflection on moral issues, has a duty to bring its understanding of the relationship between freedom, truth, and the good into public debates.

In “Catholic Hospitals and Sex Reassignment Surgery: A Reply to Bayley and Gremmels,” Christian Brugger replies to two articles that appeared in the Winter 2016 issue of *Health Care Ethics USA*. He argues that neither the principle of double effect nor the principle of totality and integrity can justify sex reassignment surgery, especially when one considers the dearth of medical evidence showing its effectiveness. While acknowledging the claims of some that the surgery provides relief, Brugger holds that sex reassignment surgery is intrinsically immoral if we accept the absurd cultural premise that it is possible for a person to change his or her sex.

The ethicists of The National Catholic Bioethics Center, in the “Brief Statement on Transgenderism,” take a somewhat different view. A human being is a composite substance of body and soul. Thus, there cannot be any true conflict between the sex

of the body and the psychological understanding of gender. Gender dysphoria, the condition in which a person believes he or she is in the body of the wrong sex, should be treated with appropriate psychotherapy. Surgical and hormonal interventions to change the sex of a person are founded on a false anthropology, cause serious harm to the patient, and do not address the underlying disorder. Catholic health care and Catholic educational institutions have a duty to maintain their witness to the truth of human person as created by God as male or female.

Graciela Ortiz, in “The Ethics of Voluntarily Stopping Eating and Drinking,” examines the decision of some patients to intentionally starve or dehydrate themselves to death (known by the acronym VSED). This is encouraged by organizations that favor physician-assisted suicide and euthanasia, as a means of circumventing the law. The refusal of food and water, Ortiz argues, is not the same as the refusal of extraordinary or disproportionate means of treatment. The latter is permissible under Catholic teaching, but food and water are generally part of ordinary care. Ortiz holds that health care workers have an obligation not to assist in the practice. Those who do participate become morally culpable by way of cooperation in the wrongful intention and actions of the patient. The proper response to patients considering VSED is psychological evaluation for signs of depression, the use of appropriate palliative care, and efforts to alleviate their isolation and loneliness.

Mitochondrial replacement therapy (MRT) gives rise to what are popularly known as three-parent embryos. After a description of the new technique, Katarina Lee assesses its dangers in “Ethical Implications of Permitting Mitochondrial Replacement.” Beyond the legal questions connected to parentage, she examines four areas of difficulty: medical risks associated with the procedures, informed consent concerns, resource allocation issues, and the effect MRTs will have on the market for assisted reproductive technology. Medical risks exist for the intended mother, the ova donor, the gestational surrogate (if used), the embryo, and the children after reaching adulthood. The range of necessary informed consent is much wider, given the many actors. The risks to the embryos produced by this method are at present completely unknown. The problems outweigh the benefits, but Lee advises that if experiments are carried out in the United States, they should be subject to strict governmental regulation.

“The Future of Abortion Law in the United States,” by Gerard Bradley, examines current contradictions between abortion and feticide legislation. The laws subject the killer of a child in utero to punishment, treating that death as equivalent to homicide, so that one who kills a pregnant woman may be liable for two deaths. How a supposed right to abortion can logically coexist with these laws is hard to understand. At first it would appear that the difference is found in the notion of the “voluntary.” In one case, the woman wants to terminate her pregnancy; in the other, she loses her pregnancy against her will. But Bradley points out that there are cases in which a pregnant woman has sought to have her child killed by someone who was then charged under the law. In fact, actions exactly equivalent to those taken by physicians may also be subject to feticide penalties. The issue is an unresolved contradiction within contemporary abortion law in the United States.

EDWARD J. FURTON, MA, PhD
Editor-in-Chief