January 2011

Moral Analysis of a Procedure at Phoenix Hospital

M. Therese Lysaught

Loyola University Chicago, mlysaught@luc.edu

Recommended Citation


http://ecommons.luc.edu/social_justice/26

This Article is brought to you for free and open access by the Centers at Loyola eCommons. It has been accepted for inclusion in Social Justice by an authorized administrator of Loyola eCommons. For more information, please contact ecommons@luc.edu.
rescind the hospital’s Catholic status, he asked the hospital and Catholic Healthcare West, the system to which St. Joseph’s belongs, to provide an independent moral analysis of the situation. Lysaught, a Marquette University professor who specializes in moral theology and bioethics, provided the analysis; Bishop Olmsted rejected her conclusions. “In spite of the best efforts of the mother and of her medical staff, the fetus had become terminal, not because of a pathology of its own but because of a pathology in its maternal environment,” Lysaught wrote. She added, “There was no longer any chance that the life of this child could be saved.” Lysaught looked at the clinical history of the case, provided theoretical background for her conclusions and commented on statements by the National Catholic Bioethics Center and the U.S. Conference of Catholic Bishops’ Committee on Doctrine. The moral analysis follows.

Clinical History and Events

A 27-year-old woman with a history of moderate but well-controlled pulmonary hypertension was seen on Oct. 12, 2009, at her pulmonologist’s office for worsening symptoms of her disease. The results of a routine pregnancy test revealed that in spite of her great efforts to avoid it, she had conceived and was then 7 1/2 weeks pregnant.

The pulmonologist counseled her that her safest course of action was to end the pregnancy, since in the best case, pregnancy with pulmonary hypertension carries a 10-15 percent risk of mortality for a pregnant woman. After counseling with her medical staff, the mother and father decided to end the pregnancy. Lysaught wrote:

“It was not a case of saving the mother ‘or’ the child. It was not a matter of choosing one life ‘or’ the other.”
Pulmonary hypertension is a type of high blood pressure that affects only the arteries in the lungs and the right side of the heart. It begins when the arteries and capillaries in the lungs become too narrow, damaged, or destroyed, making it harder for blood to flow through the lungs, raising the pressure in those arteries. As a result of this restricted flow in the heart's lower right chamber (the right ventricle) it has to work harder to pump blood to the lungs, which eventually causes the heart muscle to weaken and fail. Pulmonary hypertension is currently a balance between the pathological changes that occur progressively worse; it is not curable but it can be treated, easing the symptoms; it is sometimes curable. The normal physiological changes accompanying pregnancy — increased blood volume (40 percent), increased cardiac output (50-50 percent) and increased systemic blood pressure (10-20 percent by 28 weeks) — exacerbate pulmonary hypertension, the increased risk of mortality for the mother.

In the current case, the patient's attempt to continue the pregnancy in order to nurture the child led to a pathological physiological outcome: the failure of the right side of the patient's heart and cardiogenic shock. Failure of the right side of the patient's heart means that the heart can no longer pump blood into the lungs so that the blood can be oxygenated. Without oxygenation, the body's organs and tissues quickly begin to die. Cardiogenic shock is “a state in which the heart has been damaged so much that it is unable to supply enough blood to the organs of the body.”

In cardiogenic shock, cardiac output decreases and one begins to see evidence of tissue hypoxia — lack of oxygenation of the patient's tissues and major organs. Clinical criteria for cardiogenic shock include hypotension (systolic blood pressure <90 mm Hg for at least 30 min) and a reduced cardiac index (<2.2 L/min/m²) in the presence of elevated pulmonary capillary occlusion pressure (>15 mm Hg). In addition, visible signs of cardiac shock can be observed at the bedside, including skin color changes, oliguria (low urine output), cyanosis (blue coloration of the skin), cool extremities and altered mental status. There is no cure for pulmonary hypertension. In this case, however, two additional pathological changes occurred: side heart failure and cardiogenic shock. These pathologies were immediately caused by the physiological changes accompanying pregnancy that exacerbated the underlying pathology of pulmonary hypertension. The physiological changes accompanying pregnancy at 10 weeks initiated the emergency situation. These changes threatened not only the patient's life, but also her child. Rather, they put the mother's life in peril.

Moreover, the life of the fetus was equally in peril due to the pathologies of right heart failure, shock, and shock due to a decreased pulmonary blood flow and the placenta and fetus is dependent on maternal arterial oxygen content and uterine blood flow, low maternal oxygenation and decrease in blood oxygenation can adversely affect fetal oxygenation; the uterus and placenta can become hypoxic during this crisis. Further, maternal hypoxia may compromise the uterine artery, decreasing blood flow to the fetus.
“This situation is altogether different from a dissection and burial, since a dissection and burial is the dismembering and removing of the body of the child. A dissection and burial or dissection or extraction in this circumstance is the same as an abortion, since it is the direct killing of the child.

“There is a significant difference. In the situation between directly killing versus allowing a child to die or in an uncertain manner, the situation is not the same, but the action taken in the circumstances change the way the same moral principle is applied to the end result. Once again, the end does not justify the means.

The Catholic Position

“Today we often hear people say, ‘I’m against abortion unless in cases of incest or situations that threaten the life of the mother.’ The Catholic position is not as simplistic. We are always against abortion. Every abortion is murder since it constitutes the unjust killing of an innocent human being. However, if the reasons given to justify an abortion were always manifestly evil and valueless the problem would not be so dramatic. The gravity of the problem is not necessarily affected by the fact that in certain cases, perhaps in quite a considerable number of cases, by denying abortion one would endanger the life of the future mother. We will not be able to eliminate all risks associated with pregnancy. What we should not do, however, is lower risks associated with abortion below the risks associated with abortion by abortion children. It is not better for a woman to have to live at the risk of her own life. Knowing that she had her child killed because her pregnancy was high risk will do no good. The reason is that every woman has the right to choose her own life without the fear of being punished by society.”

The death of the fetus is not desired, intended or willed by the circumstances associated by intention, the church teaches that ‘there exist acts which are and in themselves, independently of consequences, are always seriously wrong by reason of their object.”

These teachings were reiterated by John Paul II in Evangelium Vitae: “It is the deliberate and direct killing, by whatever means it is carried out, of a human being in the initial phase of his or her own life, and without his or her consent to birth. ... It is true that the decision to have an abortion is often tragic and painful for the mother, insofar as the decision to rid herself of the fruit of conception is not made for purely selfish reasons or out of convenience, but of a desire to preserve certain important values such as her own health... I do not say that abortion, that is, abortion willed as an end or as a means, always constitutes a grave moral disorder, since it is the deliberate killing of an innocent human being.”

While never wavering from this position, magisterial teaching has also affirmed an important nuance in the Catholic position, namely, that not all interventions that result in the death of the fetus qualify as abortions. Pius XII “Address to the Associations of Large Families” (Nov. 25, 1951) states this position most clearly. He provides the foundation for the magisterial teaching outlined in “Direct the attack on an innocent life, as a means to an end — in the present case to the end of saving another life — is illicit.” Yet he also acknowledges that it goes on to explicitly clarify: “The deliberate killing of an innocent human being.”

This passage clarifies three essential points:

1. Was the procedure that occurred at St. Joseph’s Hospital in Phoenix an “indirect abortion.” This language of “indirect” has carried over into the contemporary moral analysis of the Thomistic notion of the “moral object.” I will then outline the reasoning and conclusions of two leading scholars of the Catholic moral tradition who specifically address cases analogous to the one that occurred at St. Josephs.

2. If not, ought the intervention be properly understood as an action that had a different moral object but also had a nonindirect (not desired, intended or willed) accessory consequence of the inevitable death of the fetus? Therefore, an analysis of the vocabulary of the magisterial teaching in this category allowed by the tradition as morally acceptable in certain cases?

3. Was it the case that even the inevitable and immediate demise of the fetus (due to lack of viability and lack of oxygenation), it is not accurate to even speak of the death of the fetus as an accessory consequence of the intervention.

To address these questions requires a brief overview of the Thomistic notion of the “moral object.” I will then outline the reasoning and conclusions of two leading scholars of the Catholic moral tradition who specifically address cases analogous to the one that occurred at St. Josephs.

The Moral Object

Determining the object of an act is one of the most critical steps in moral analysis. Understanding how the moral object is constituted in an act, however, remains one of the most difficult and complex components of Catholic moral theology. The Thomistic notion of the moral object was articulated by St. Thomas Aquinas in the Summa Theologica (I-II, Q 18-21), which formed the basis of the development of the subsequent Catholic moral tradition.

Many leading contemporary Thomistic scholars hold that the seminal and neo-Scholastic interpreters and much of the classical tradition, important nuances in the understanding of the moral object — and, indeed, the very notion of the moral object — were lost. This resulted in methodological problems in 20th-century Catholic moral theology, which led to the accessory/consequentialist approach that currently dominates the field. This approach is based on two foundational points:

One of the most valuable contributions of Veritatis Splendor has been the renewed attention it has brought to the notion of the moral object. William J. Murphy Jr., associate professor of moral theology at the Pontifical College Josephinum in Columbus, Ohio, and editor of the Thomistic Journal, authored an essay in which he articulated six specific affirmations about the moral object offered by John Paul II in 1974. Enoch Pius XII, John Paul II reiterates that the moral object of an action is determined by the proximate circumstances the nature of their dependence upon him becomes ever more clear and pronounced.”

Father Dero’s statement, along with many other documents, can be found in a website set up by the Diocese of Phoenix.

Further Reading:

The Jan. 13, 2011, edition of Origins, Vol. 40, No. 13, includes a statement by Thomas Aquinas and a document from St. Joseph’s Hospital and Medical Center. For more information, the notes section of that edition also includes more information.
end deliberately chosen by the will (in conformity with reason). In John Paul II’s watch, but removing Tom’s watch to play to greet someone; not removing Tom’s object would not be my arm, which is a object that determines the morality of an action. The self-defender may have used repelling aggression, capital punishment, murder, cannibalism or torture. It is absolutely necessary to emphasize, then, that in the Catholic tradition, the moral object of an act is not extraneous or reducible to its physical/material component. Three examples might help to clarify this point.

First, as mentioned by Murphy, the object of the act of taking an anovulant pill cannot be construed only in terms of the physical act of taking the pill. The object of the act — as either “contraception” or “therapy” — is determined by the end or intention chosen rather than by the deliberate will. Therefore, if the intention of taking such a pill is to prevent the conception of the moral object of the act is contraception, which is by its species intrinsically evil. If the intention of taking the same pill, in the same manner, to prevent or treat maternal diseases or conditions which might inherit what might be called ‘a primary goal’ of the pill, then the object that determines the morality of the human act as something of the mere’s origin, or as what is caused physically.

Nonetheless, the “exterior act” is not irrelevant — together the “interior act of the will” (determining to which object the will is at the existential. These cases, he argues, have a different moral object, which is, in terms of the words of Veritatis Splendor, “capable of being ordered to God.”

The Moral Object of the Intervention at St. Joseph’s Hospital

Two leading scholars of the Catholic moral tradition bring the perspective of Veritatis Splendor into recent medical methodology (i.e., methodological) to the moral (intentional) act of ‘saving the life of the mother’.

With respect to the life or death of the mother or child, two very different moral ends and therefore two very different moral objects.

Significantly, the recent statement of the Holy Cross and Opus Dei. He is currently at the University of California Press, Washington, D.C., 2009). Here he offers analyses of the fatal medical intervention by the medical/medical observer perspective, like an apparent morally direct attack on a child to save the life of a mother.

With respect to the life or death of the embryo, the question “to kill or let live?” can no longer be decided about or chosen; the actuality of the engagement that remains requires the mother: “To let die or save?” He also states clearly that “the decision to allow both mother and child to die is morally permissible if the patient can be saved and the child will die in any case — simply irrational”, this is not an absolute moral principle. In a specific Thomistic critique, based on the critical role of reason in moral discernment.

While the justification for the classic cases of maternal-fetal conflict in the tradition (tubal ectopic pregnancies, and craniotomy) remained controversial, the killing of the fetus would not consist in a choice of the death of a human being as a means to save the mother. The alternative to the extreme measure would otherwise survive could its death be said to be chosen as a means — and not merely an instrument, or a means in a different way. But in our case, the death of the fetus is not willed in order to save the mother, as far as the life of the fetus is concerned, it is beyond any kind of will.

Here Rhonheimer follows St Thomas in making an important distinction between the exterior act and the interior act. He notes, as discussed above, that for many analysts the physical “directness” of the act is the determining factor, or that argues that it is not morally determinative. He maintains that the object of the act in these cases is properly described as “the direct removal of a threat to the mother”.

“Only the life of the mother is at the disposal of the medical observer. In fact, the fetus is no longer even subject to a decision between ‘killing or allowing to live’; the only morally good thing that can be chosen here is to save the life of the mother.”

The “ultimate decision” to respect to the life or death of the embryos, the question “to kill or let live” can no longer be decided about or chosen; the actuality of the engagement that remains requires the mother: “To let die or save?” He also states clearly that “the decision to allow both mother and child to die is morally permissible if the patient can be saved and the child will die in any case — simply irrational”, this is not an absolute moral principle. In a specific Thomistic critique, based on the critical role of reason in moral discernment.

While the justification for the classic cases of maternal-fetal conflict in the tradition (tubal ectopic pregnancies, and craniotomy) remained controversial, the killing of the fetus would not consist in a choice of the death of a human being as a means to save the mother. The alternative to the extreme measure would otherwise survive could its death be said to be chosen as a means — and not merely an instrument, or a means in a different way. But in our case, the death of the fetus is not willed in order to save the mother, as far as the life of the fetus is concerned, it is beyond any kind of will.

Here Rhonheimer follows St Thomas in making an important distinction between the exterior act and the interior act. He notes, as discussed above, that for many analysts the physical “directness” of the act is the determining factor, or that argues that it is not morally determinative. He maintains that the object of the act in these cases is properly described as “the direct removal of a threat to the mother”.

“Only the life of the mother is at the disposal of the medical observer. In fact, the fetus is no longer even subject to a decision between ‘killing or allowing to live’; the only morally good thing that can be chosen here is to save the life of the mother.”

The “ultimate decision” to respect to the life or death of the embryos, the question “to kill or let live” can no longer be decided about or chosen; the actuality of the engagement that remains requires the mother: “To let die or save?” He also states clearly that “the decision to allow both mother and child to die is morally permissible if the patient can be saved and the child will die in any case — simply irrational”, this is not an absolute moral principle. In a specific Thomistic critique, based on the critical role of reason in moral discernment.

While the justification for the classic cases of maternal-fetal conflict in the tradition (tubal ectopic pregnancies, and craniotomy) remained controversial, the killing of the fetus would not consist in a choice of the death of a human being as a means to save the mother. The alternative to the extreme measure would otherwise survive could its death be said to be chosen as a means — and not merely an instrument, or a means in a different way. But in our case, the death of the fetus is not willed in order to save the mother, as far as the life of the fetus is concerned, it is beyond any kind of will.
Germain Grisez’s analysis is directly applicable to the case at St. Joseph’s insofar as: (a) it is a case where both mother and child are in immediate danger of dying and (b) there is no chance that the child can be saved. Even more clearly than in cases of extraterrestrial gravity or the cancerous uterus, the child at St. Joseph’s had already begun to die and his or her death was, at the point of intervention, inevitable.

Therefore, Rhonheimer would claim that (a) one cannot properly in that case speak of the intervention as having two effects; and (b) even if one could establish that the “matter” of the action of the intervention and curettage was to carry out a physiologically direct killing, morally, the death of the child would have been praeter intentionem, outside the scope of the intention and therefore would not avoid the health problems that would result from carrying out, or a woman becomes pregnant as a result of, the procedure and that it was not to kill the child, choosing to kill, those situations in which

"A woman suffering from kidney disease becomes pregnant and wants to have an abortion. Thoughtful and reasonable people would not powerfully and deliberately choose to do so."

"...but to save the mother) and on mate-

"Sometimes the baby’s death may be accepted to save the mother. Sometimes the intervention was not to kill the child."

"...but it helps to notice that the baby’s death contributed nothing to the objective good of the case."

"...but to save the mother) and on mate-

"The purpose of a dilation and curettage in and of itself is not, as the National Catholic Bioethics Center states repeatedly, the dismemberment of a fetus."

In the subsequent section, he makes clear that “sometimes the baby’s life is not worth the protection of; indeed, the procedure is exactly as ‘direct killing,’ since the procedure would lead to the child’s death.” Rhonheimer, he cites the question of: “Is the terminology ‘abortion’ a moral term?”

"Thus, he does not use the term ‘abortion’ at all..."

"...but to save the mother) and on mate-

"The purpose of a dilation and curettage in and of itself is not, as the National Catholic Bioethics Center states repeatedly, the dismemberment of a fetus."

In the subsequent section, he makes clear that “sometimes the baby’s life is not worth the protection of; indeed, the procedure is exactly as ‘direct killing,’ since the procedure would lead to the child’s death.” Rhonheimer, he cites the question of: “Is the terminology ‘abortion’ a moral term?”

"Thus, he does not use the term ‘abortion’ at all..."

"The purpose of a dilation and curettage in and of itself is not, as the National Catholic Bioethics Center states repeatedly, the dismemberment of a fetus."

In the subsequent section, he makes clear that “sometimes the baby’s life is not worth the protection of; indeed, the procedure is exactly as ‘direct killing,’ since the procedure would lead to the child’s death.” Rhonheimer, he cites the question of: “Is the terminology ‘abortion’ a moral term?”

"Thus, he does not use the term ‘abortion’ at all..."
tation proposed in this case (dilation and curettage)… for the fetus.

It is commonly used to treat disorders resulting in the cessation of pregnancy and suggests, without charity, that it is best understood in terms of a misleading terminology which conveyed the truth. Precision in terminology is, however, critical to the work of moral analysis, as the foregoing account has demonstrated.

"The material intervention here was equally or potentially less of a direct attack on the child than other obstetrical interventions justified within the Catholic tradition."

The Committee on Doctrine statement does not address the situation faced by St. Joseph’s Hospital where two lives were in peril and it was clear that the child was in the process of dying and would die shortly. As we have seen, in that situation, an intervention cannot effectively directly or indirectly result in the death of the child.

Had the mother followed her physician’s advice, the baby would have lived. Had the mother followed the Catholic Bioethics Center’s advice, the baby would have died.

Pulmonary hypertension, on one level, “isocar in the lung, but insofar as it can be understood for the oxygenation of the blood, which is critically important for the entire physiological system of which they are a part. It does not mean to invoke the principle of totality, rather, this is simply a matter of the added burden of a mechanical activity that can be localized to a particular organ or site, most pathologies, particularly those that are chronic, cannot be restricted in this manner.

The National Catholic Bioethics Center draws too stark a distinction between the principle of double effect, as the physiological system of which they are a part. It does not mean to invoke the principle of totality, rather, this is simply a matter of the added burden of a mechanical activity that can be localized to a particular organ or site, most pathologies, particularly those that are chronic, cannot be restricted in this manner.

Pulmonary hypertension is, on one level, “isocar in the lung, but insofar as it can be understood for the oxygenation of the blood, which is critically important for the entire physiological system of which they are a part. It does not mean to invoke the principle of totality, rather, this is simply a matter of the added burden of a mechanical activity that can be localized to a particular organ or site, most pathologies, particularly those that are chronic, cannot be restricted in this manner.

Pulmonary hypertension is, on one level, “isocar in the lung, but insofar as it can be understood for the oxygenation of the blood, which is critically important for the entire physiological system of which they are a part. It does not mean to invoke the principle of totality, rather, this is simply a matter of the added burden of a mechanical activity that can be localized to a particular organ or site, most pathologies, particularly those that are chronic, cannot be restricted in this manner.

As mentioned above, the National Catholic Bioethics Center analysis focuses on the principle of double effect as the basis for their argument. They would like to argue that their analysis conflates the notion of direct/indirect with medical/physiological situation and that the notion of direct/indirect applies to the will and intention of the agent vis à vis the notions of direct and indirect as it pertains to the directness of the medical intervention vis à vis either a pathological organ or the fetus.

The Committee on Doctrine statement does not address the situation faced by St. Joseph’s Hospital where two lives were in peril and it was clear that the child was in the process of dying and would die shortly. As we have seen, in that situation, an intervention cannot effectively directly or indirectly result in the death of the child.

Had the mother followed her physician’s advice, the baby would have lived. Had the mother followed the Catholic Bioethics Center’s advice, the baby would have died.

The National Catholic Bioethics Center Analysis — June 11, 2010

Here are the critical points of the opinion offered by the National Catholic Bioethics Center was requested. A comment on the critical points of the statement by the Committee on Doctrine of the USCCB was also requested. These follow below.

1. The first criterion for the principle of double effect requires that the action be phsically neutral in itself. The National Catholic Bioethics Center response to this criterion begs the question. "Action" here has tradition- ly been understood as the most basic description of the action itself. For example, when the principle of double effect is used to justify the use of narcotic agents, it is therefore necessary to place oneself in the perspective of the acting person."

2. Similarly, regarding the second cri- terion, the National Catholic Bioethics Center seems unduly focused on the "material intervention vis à vis either a pathological organ or the fetus." To claim that what was “intended” in the procedure was the dismember- ment of a direct attack on the fetus in order to only be made by disregarding all that National Catholic Healthcare West has said about this case.

This also stands in direct contradic- tion to John Paul II’s clear position that “in order to be able to grasp the object of phsically neutral in itself. The National Catholic Bioethics Center response to this criterion begs the question. “Action" here has tradition- ly been understood as the most basic description of the action itself. For example, when the principle of double effect is used to justify the use of narcotic agents, it is therefore necessary to place oneself in the perspective of the acting person."

2. Similarly, regarding the second cri- terion, the National Catholic Bioethics Center seems unduly focused on the "material intervention vis à vis either a pathological organ or the fetus." To claim that what was “intended” in the procedure was the dismember- ment of a direct attack on the fetus in order to only be made by disregarding all that National Catholic Healthcare West has said about this case.

This also stands in direct contradic- tion to John Paul II’s clear position that “in order to be able to grasp the object of phsically neutral in itself. The National Catholic Bioethics Center response to this criterion begs the question. “Action" here has tradition- ly been understood as the most basic description of the action itself. For example, when the principle of double effect is used to justify the use of narcotic agents, it is therefore necessary to place oneself in the perspective of the acting person."

2. Similarly, regarding the second cri- terion, the National Catholic Bioethics Center seems unduly focused on the "material intervention vis à vis either a pathological organ or the fetus." To claim that what was “intended” in the procedure was the dismember- ment of a direct attack on the fetus in order to only be made by disregarding all that National Catholic Healthcare West has said about this case.

This also stands in direct contradic- tion to John Paul II’s clear position that “in order to be able to grasp the object of phsically neutral in itself. The National Catholic Bioethics Center response to this criterion begs the question. “Action" here has tradition- ly been understood as the most basic description of the action itself. For example, when the principle of double effect is used to justify the use of narcotic agents, it is therefore necessary to place oneself in the perspective of the acting person."

2. Similarly, regarding the second cri- terion, the National Catholic Bioethics Center seems unduly focused on the "material intervention vis à vis either a pathological organ or the fetus." To claim that what was “intended” in the procedure was the dismember-ment of a direct attack on the fetus in order to only be made by disregarding all that National Catholic Healthcare West has said about this case.

This also stands in direct contradic- tion to John Paul II’s clear position that “in order to be able to grasp the object of phsically neutral in itself. The National Catholic Bioethics Center response to this criterion begs the question. “Action" here has tradition- ly been understood as the most basic description of the action itself. For example, when the principle of double effect is used to justify the use of narcotic agents, it is therefore necessary to place oneself in the perspective of the acting person."

2. Similarly, regarding the second cri- terion, the National Catholic Bioethics Center seems unduly focused on the "material intervention vis à vis either a pathological organ or the fetus." To claim that what was “intended” in the procedure was the dismember-ment of a direct attack on the fetus in order to only be made by disregarding all that National Catholic Healthcare West has said about this case.

This also stands in direct contradic- tion to John Paul II’s clear position that “in order to be able to grasp the object of phsically neutral in itself. The National Catholic Bioethics Center response to this criterion begs the question. “Action" here has tradition- ly been understood as the most basic description of the action itself. For example, when the principle of double effect is used to justify the use of narcotic agents, it is therefore necessary to place oneself in the perspective of the acting person."

2. Similarly, regarding the second cri- terion, the National Catholic Bioethics Center seems unduly focused on the "material intervention vis à vis either a pathological organ or the fetus." To claim that what was “intended” in the procedure was the dismember-ment of a direct attack on the fetus in order to only be made by disregarding all that National Catholic Healthcare West has said about this case.

This also stands in direct contradic- tion to John Paul II’s clear position that “in order to be able to grasp the object of phsically neutral in itself. The National Catholic Bioethics Center response to this criterion begs the question. “Action" here has tradition- ly been understood as the most basic description of the action itself. For example, when the principle of double effect is used to justify the use of narcotic agents, it is therefore necessary to place oneself in the perspective of the acting person."

2. Similarly, regarding the second cri- terion, the National Catholic Bioethics Center seems unduly focused on the "material intervention vis à vis either a pathological organ or the fetus." To claim that what was “intended” in the procedure was the dismember-ment of a direct attack on the fetus in order to only be made by disregarding all that National Catholic Healthcare West has said about this case.

This also stands in direct contradic- tion to John Paul II’s clear position that “in order to be able to grasp the object of phsically neutral in itself. The National Catholic Bioethics Center response to this criterion begs the question. “Action" here has tradition- ly been understood as the most basic description of the action itself. For example, when the principle of double effect is used to justify the use of narcotic agents, it is therefore necessary to place oneself in the perspective of the acting person."

2. Similarly, regarding the second cri- terion, the National Catholic Bioethics Center seems unduly focused on the "material intervention vis à vis either a pathological organ or the fetus." To claim that what was “intended” in the procedure was the dismember-ment of a direct attack on the fetus in order to only be made by disregarding all that National Catholic Healthcare West has said about this case.
rather entailed a different moral object. Given that the action was performed, it was germane to their deliberation that in this instance it was not a matter of weighing one life over another; they faced with a scenario in which action without both mother and child would die and that regardless of the law of action, the child was now terminal.

Their decision to proceed with the dilation and curettage in the presence of overwhelming pressure placed by the placenta on the mother’s cardiovascular system in order to address the immediate pathologies of right-side heart failure and cardiogenic shock and thereby save the mother’s life would find full support from the careful, rigorous arguments profused by the Catholic moral tradition’s leading figures, Father Martin Rhonheimer and Catholic moral theologians.

Analysis of the works of both of these authors also suggests that the action taken at St. Joseph’s is fully in keeping with the Catholic moral tradition and univer-
sally valid moral precepts in working to rectify the sanctity and dignity of human life, first doing what they could to foster the lives of both the mother and the child and then, when it was clear the child had begun the dying process, to do what they could to save the mother.

Notes

15 Congregation for the Doctrine of the Faith, Declaration on the Efficacy of Certain Pastoral Actions added to the Code of Canon Law, § 10.
17 Pope Paul VI, Humanae Vitae (1968), 18, emphasis in original.
18 Pope Pius XII, Address to the Congregation of the Holy See (25 April 1944), 56, emphasis in original.
19 Pope Pius XII, Address to the Congregation of the Holy See (25 April 1944), 56, emphasis in original.
20 Pope Pius XII, Address to the Congregation of the Holy See (25 April 1944), 56, emphasis in original.
21 Pope Pius XII, Address to the Congregation of the Holy See (25 April 1944), 56, emphasis in original.
22 Pope Pius XII, Address to the Congregation of the Holy See (25 April 1944), 56, emphasis in original.
23 Pope Pius XII, Address to the Congregation of the Holy See (25 April 1944), 56, emphasis in original.
24 Pope Pius XII, Address to the Congregation of the Holy See (25 April 1944), 56, emphasis in original.
25 Pope Paul VI, Humanae Vitae (1968), 18, emphasis in original.
64 Pope John Paul II, Evangelium Vitae (1995), emphasis in original.
The bishops are the authoritative interpreters of this document. One of the directives makes provision for addressing conflict situations where it would appear that one person must take upon themselves in order to save another in the course of a difficult pregnancy.

Directive 47 reads: “Operations, treatments and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.”

The Principle of Double Effect

Directive 47 applies what is known as the moral principle of double effect which asks whether one may perform a good action even if it is foreseen that a bad effect will arise. There are only four conditions that are met: 1) The act itself must be good. 2) The only thing one can intend is the good act not the foreseen but unintended bad effect. 3) The good effect cannot arise from the bad effect; otherwise one would do evil to achieve good. 4) The unintended and indirect effect of the act as a means toward the good being performed. This principle has been applied to many cases in health care, always respecting the most fundamental moral principle of medical ethics, primum non nocere, “first, do no harm.”

The classic case of a difficult pregnancy to which this principle can be applied is the pregnant woman who has advanced uterine cancer. The removal of the cancerous uterus will result in the death of the baby but it would be permissible to perform the operation under the principle of double effect.

One can see how the conditions would be satisfied in this case: 1) The act itself is good; it is the removal of the diseased organ. 2) All that one intends is the removal of the diseased organ. One does not want the death of the baby either as a means or an end. Nevertheless, one sees that the child will die as a result of the removal of the diseased organ. 3) The good action, although it results in the removal of the diseased uterus, not from the regrettable death of the baby which is foreseen and unintended. 4) The unintended and indirect death of the child is not disproportionate to the good which is done in saving the life of the mother.

The principle, however, cannot be applied to the following case in order to determine whether an action that results in the death of the child. A mother is suffering from hyperemesis which is not caused by any pathology of the reproductive system but is aggravated by the pregnancy. Almost always these pregnancies can be carefully managed and the child brought to the point of viability. The hypertension, if unchecked, however, may become a danger to the health of the woman in the future.

The child is removed from the uterus to eliminate the conditions contributing to hypertension. The principle of double effect would generally not be justified by the principle of double effect: 1) The first and immediate act performed by the physician is the destruction of the child by crushing or dismembering it and removing it from the uterus. Such a procedure would not be intended as the first principle of double effect, that is, the action itself must be good. 2) In a direct abortion on the physician intends to cause the death of the child as a means toward the good end of enhancing the woman’s health. The physician would be acting not to save or to violate. 3) Evil is done, the killing of the child, so that the good of the woman’s health might be enhanced, protected or maintained. 4) In this case the action is not a good effect but a bad effect. One might argue that there is a proportionate reason to take the life of the child. This position is not acceptable because pro-choice advocates claim that the physician is not acting to save or to violate. One might argue that the good effect might come of it. 4) One might argue that there is a proportionate reason to take the life of the child. This position is not acceptable because pro-choice advocates claim that the physician is not acting to save or to violate.

One of the most dismaying facts to come to light as a result of the bishop’s action is that Catholic hospitals have publicly committed themselves to the Ethical and Religious Directives since it was a known since 1973 that they can go into state-of-the-art health care which is protected from having to perform abortions through various legal provisions. Catholic hospitals have publicly committed themselves to the Ethical and Religious Directives, is that the assurance that such pressures would never again apply to them, even in difficult situations.

Women in the United States have known since 1873 that they can go into state-of-the-art health care which is protected from having to perform abortions through various legal provisions. Since 1973 religious health care institutions and personnel have been permitted to perform abortions through various legal protective measures such as the Hyde Amendment, which prohibits the use of Medicaid funds for abortions. In the United States they have the options.

Since 1973 religious health care institutions and personnel have been permitted to perform abortions through various legal protective measures such as the Hyde Amendment, which prohibits the use of Medicaid funds for abortions. In the United States they have the options.
Feb. 2-5

Feb. 13-16

Feb. 13-18

Feb. 28-March 3

March 1

*March 11-12
Catholic Studies Conference: “In Search of God in the World: Scholarly Perspectives in Conversation.” St. Thomas More College. Saskatoon, Saskatchewan. cstconference@stmcollege.ca

*signifies new entry

---

**On File**

Pope Benedict XVI approved a miracle attributed to Pope John Paul II’s intercession, clearing the way for the late pope’s beatification on May 1, Divine Mercy Sunday. Pope Benedict’s action followed more than five years of investigation into the life and writings of the Polish pontiff, who died in April 2005 after more than 26 years as pope. The Vatican said it took special care with verification of the miracle, the spontaneous cure of a French nun from Parkinson’s disease — the same illness that afflicted Pope John Paul in his final years. “There were no concessions given here in procedural severity and thoroughness,” said Cardinal Angelo Amato, head of the Congregation for Saints’ Causes. On the contrary, he said, Pope John Paul’s cause was subject to “particularly careful scrutiny, to remove any doubt.” The Vatican said it would begin looking at logistical arrangements for the massive crowds expected for the beatification liturgy, which will be celebrated by Pope Benedict at the Vatican.

The Vatican announced Jan. 15 that the Congregation for the Doctrine of the Faith had erected a personal ordinariate for England and Wales “for those groups of Anglican clergy and faithful who have expressed their desire to enter into full visible communion with the Catholic Church.” Father Keith Newton was named head of the new ordinariate almost immediately after he was ordained a Catholic priest along with two other former Anglican bishops. Father Newton, who is a 58-year-old married man and former Anglican bishop of Richborough, was ordained to the Catholic priesthood earlier Jan. 15 by Archbishop Vincent Nichols of Westminster. Also ordained Catholic priests during the Mass in Westminster Cathedral were former Anglican Bishop John Broadhurst of Fulham and former Anglican Bishop Andrew Burnham of Ebbsfleet. The world’s first personal ordinariate for former Anglicans is dedicated to Mary, Our Lady of Walsingham, who is venerated by both Catholics and Anglicans in England.

A Vatican official downplayed a 1997 Vatican letter to Irish bishops about handling cases of clerical sex abuse, saying the letter did not tell bishops to keep the cases secret from the police. Jesuit Father Federico Lombardi, the Vatican spokesman, said the letter aimed at ensuring the bishops fully followed church law for dealing with accusations in order to avoid a situation in which an abusive priest could return to ministry on the technicality of his bishop mishandling the process. The letter, brought to public attention Jan. 17 by Ireland’s RTE television and published by the Associated Press, was written by Archbishop Luciano Storero, then-nuncio to Ireland. The letter summarized the concerns of the Congregation for Clergy regarding proposed Irish norms for dealing with the sex abuse crisis.