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Moral Analysis of Procedure at Phoenix Hospital

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A Catholic hospital in Phoenix “acted in accord with the Ethical and Religious Directives, Catholic moral tradition and universally valid moral precepts” in carrying out a controversial procedure on an ill pregnant woman that resulted in the death of the unborn child, theologian M. Therese Lysaught said in a moral analysis of the situation. Phoenix Bishop Thomas J. Olmsted determined that the November 2009 procedure constituted a direct abortion, and he subsequently stripped St. Joseph’s Hospital and Medical Center of its Catholic status. (See Origins, Vol. 40, No. 31, for more documentation on the case.) In discussions leading up to the bishop’s decision to 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
The chart noted that she had been informed that her risk of mortality "approaches 100 percent," is "near 100 percent" and is "close to 100 percent" if she were to continue the pregnancy. The chart also noted that "surgery is absolutely contraindi-
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indicated."

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 narrowed, damaged or blocked, making it harder for blood to flow through the lungs, raising the pressure in those arteries.

This presence of this restricted flow in the heart's lower right chamber (the right ventricle) has to work harder to pump blood into the lungs, which eventually causes the heart muscle to weaken and fail. Pulmonary hypertension, if left untreated, becomes progressively worse; it is not curable but it can be treated, easing the symptoms; it is some-
times reversible if treatment is started early.

The normal physiologic changes accompanying pregnancy — increased blood volume (40 percent), increased cardiac output (30-50 percent) and increased systemic blood pressure (10-20 percent by 28 weeks) — exacerbate pulmonary hyperten-
sion, putting a strain on 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's life led to two important and significant physiological outcomes: 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 and returned to the heart. Nor, due to the mother's heart failure and cardio-
genic shock, was there any possibility that the fetus could survive inside the womb. In short, in spite of the best efforts of the mother and her medical staff, the fetus had become termi-
nal, not because of a pathology of its own but because it was the result of external environ-
ment. There was no longer any change that the life of this child could be saved. This is crucial to note because it establishes that at the point of decision, it was not a case of saving the mother or the child. It was not a matter of choosing one life or the other. The child's life, because of natural causes, was in the process of ending.

There was, however, a chance that the life of the mother could be saved. The condition was due to pul-
monary hypertension (pulmonary artery pressure >20 mm Hg). In addition, visible signs of car-
diogenic shock can be observed at the bedside, because of natural causes, was in the process of

These facts are important to establish because the claim has been made that the hospital sought primarily to end the life of the fetus as the means to saving the mother's life. This, however, is physiologically impossible. It is likely that in this case in many cases of natural fetal demise, the death of the fetus in utero had no physiologic effect on the mother. In many cases of fetal demise, the preg-
nancy itself continues; fetal death is often not detected for weeks or months, although the pregnancy itself continues to proceed and develop because the hormones required for sustenance of pregnancy continue to be released even though there can be no possible means for the fetus not from the fetus but from the placenta.

Based on these facts, the ethics committee at St. Joseph's Hospital and Medical Center was asked for a determination of whether or not the intervention to address the placental issue via a dilatation and curettage would be morally appropriate. The doctor chose to continue the procedure in the context is the "child's life, because of nat-
ural causes, was in the process of ending."
tute a direct abortion and was therefore justifi- 
ably considered according to the Catholic moral 
tradition. If "direct" is a term which is used in 
the Catholic moral tradition, as is "abortion." 
Therefore, an extended presentation of the tradi- 
tion in this regard is required to evaluate the committee’s 
decision.

Magisterial Teaching 
Catholic Healthcare West strives to embody 
the fundamental commitment of the Catholic 
faith to preserve and defend the sanctity of the 
life of every human being. A similar, although not 
completely analogous, distinction is made between 
directly killing someone allowing a child to die or 
at an unsuccessful attempt at life-saving treatment. 
A direct abortion is therefore never permitted. 
A direct abortion is a description of a moral act, not a physical 
operation, or any other therapeutic applica- 
tion of the principle of double effect. It is not even 
considered possible to every situation the reality of 
the moral object but also had a 
derived moral object but also had a 

Therefore, one of the most critical steps in moral analysis. 
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end deliberately chosen by the will (in conformity with reason). In John Paul II’s words: “The morality of the human action depends exclusively on the object, rationally chosen by the deliberate will” (emphasis in original).

“In order to be able to grasp the object of an act which is moral or immoral, it is therefore necessary to place oneself in the perspective of the acting person’ s point of view.”

“The object of the act of willing is a freely chosen kind of behavior.” It “is in conformity with the order of reason.”

“By the object of a given moral act, then, one cannot mean a process or an event of the merely physical order, to be understood as a bringing about a given state of affairs in the outside world.”

“The object of an act is the proximate end of a deliberate decision which determines the act of willing on the part of the acting person.”

“Moreover, as Murphy notes, “in insist- ing that this moral object must not be understood as ‘a process or an event of the merely physical order, to be brought about a given state of affairs in the outside world’ it is a freely chosen object that determines the morality of the human act as something of the mere physical order, or as what is caused physically”.”

Nonetheless, the “exterior act” is not irrelevant — “together the ‘interior act of the will’ facing up to the primary target was revisionist theory, which inherited what might be called a ‘physically reducible to its material component’ object from the post-Tertullian causalist tradition. The pope’s approach, however, also challenges many more traditional Thomists, who sometimes treat the object of an act as its effect or reducible to its physical/material component. Three examples might help to clarify this point.”

First, as mentioned by Murphy, the object of the action 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 “contra-ception” 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 the moral object of the action is contraception, which is by its species intrinsically evil. If the intention of taking the same pill, in the same manner, is to treat endometriosis, the moral object of the action is healing, which by its species is good.

Second, St. Thomas himself offers the example of killing in self-defense. In doing so, he explicitly intends to differentiate between actions which, in the physical order, may look exactly the same, but in terms of their species (good or evil) are radically different because of their different moral objects. What differentiates actions of the object “self-defense” (good moral object) from those of the object “homicide” (intrinsic evil moral object) is the intention or end of the agent, which is either to preserve his or her own life or to end the life of another.

Importantly, in this passage in the Summa, Thomas does not attend to the physical/material component of self-defense action. The self-defender may have used a variety of agents in a variety of ways (e.g., hitting the assailant over the head in a troll, pushing the assailant over a cliff, etc.). Prima facie, an observer may not immediately recognize that this moral species this action belongs; only when it is understood is “from the perspec- tive of the mortal act” or taking an anovulant pill to prevent the procreative conse- quences of the marital act or taking an anovulant pill to treat endometriosis.”

A proper description of the moral object, then, certainly includes the “exter- ior act” — since it is a necessary condition that it is therefore necessary to place oneself in the perspective of the acting person’s intention. According to the acting person’s intention we can know the proper object and species.

Third, a woman could be faced with a threat to her life due to pregnancy. That woman could, via what would look physically /morally extrinsically evil abortion action to an external observer, pursue two very different moral ends and therefore two different moral objects, the death of the child, good or evil. She could deliberately or directly sacrifice her life for her child, based on a call to martyrdom. To do so, she would expect her action to be described as “benefiting the health of the mother” or, in some cases, as “saving the life of the mother” (if, for example, the fetus has been rup- tured). These actions are not exceptions to the norm prohibiting direct abortion. Themselves, they would be properly described as “saving the life of the mother” (if, for example, the fetus has been rup- tured). This would make her act evil in species.

More examples could be offered, but I hope these three are sufficient to demon- strate that within Catholic moral theory, there is a complex interplay between the intrinsic species of an action (as this can be observed by a third party) and the actual moral act, which is comprised of the interior act of the moral action, and whose species is determined by the formal component, the interior act of the will. The physical/material action is not irrelevant to the determination of the object, but it is also not sufficient.

The more specifically, it is clear within the Catholic tradition not all surgical or medical interventions which end the life of a fetus fall into the species of evil named “abortion.” As Pius XII noted, the Catholic tradition holds that certain interventions end the life of a child in a mother or saving her life that simultaneously cause fetal death (at the level of natural causality), but the child is not physically/naturally evil in fact are not categorized as “abortions.”

Justified via the principle of double effect, the three primary types of such interventions include:

1. Surgical removal of a futility of life
   a. Surgical removal of a cancerous uterus containing a fetus.
2. Therapeutic action of chemotherapy or other pharmaceuticals required to treat maternal diseases or conditions which may result in fetal death.

It is his conclusion that “The Act in question of description and terminology is critically important. Such cases are not referred to — and may not be addressed extrinsically — unless the action to an external observer, pursue two very different moral ends and therefore two very different moral objects, the death of the child, good or evil. She could deliberately or directly sacrifice her life for her child, based on a call to martyrdom. To do so, she would expect her action to be described as “benefiting the health of the mother” or, in some cases, as “saving the life of the mother” (if, for example, the fetus has been ruptured). These actions are not exceptions to the norm prohibiting direct abortion. Themselves, they would be properly described as “saving the life of the mother” (if, for example, the fetus has been ruptured). This would make her act evil in species.

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Germain Grisez.

Rhoneheimer’s analysis is directly applicable to the case at St. Joseph’s insofar as: (a) it is a case in which 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 in this case had already begun to die and his or her death was, at the point of intervention, inevitable.

“Pathology threatened the lives of both the pregnant woman and her child, it was not safe to wait or wait...”

Therefore, Rhoneheimer would claim that (a) one cannot properly in that case speak of the intervention as having two effects; and (b) that even if one could establish that the “matter” of the action of the dilation and curettage was to prevent a potentially lethal form of killing, morally, the death of the child would have been praeium intentionem, outside the scope of the intention and therefore avoid the health problems that would result from carrying the child, or a woman becomes pregnant as a result of an operation that does not carry out a proposal to kill, those situations in which “a woman suffering from kidney disease becomes pregnant and wants to have an abortion”.

In the case at St. Joseph’s Hospital, the case was decided on the basis of the nurse’s statement that the child’s death was inevitable and therefore the procedure was performed.

As mentioned earlier, Rhoneheimer preempts certain cases, there are no longer two effects. In these cases, there are only two, and not to be a “direct” abortion, they held that it could be performed. For example, in cases in which the child could not be saved regardless of what was done (and perhaps in some others as well), they accepted the removal of a cancerous growth from the child’s body, even without abortion, even without abortion.

In the subsequent section, he makes clear that “sometimes the baby’s life should be given priority” and that “the mother’s life is not at stake, it is unfair to accept the baby’s death.” But he also emphasizes that “in a situation in which the lives of both a pregnant woman and her child are at stake, both cannot be saved, if an operation can be performed of a self-destructive kind, then one other, fairness can require the procedure...”

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Diogenic shock), all of which created a psychosis. In addition, the psychological and behavioral changes that exacerbated an underlying cognitive deficit, and so forth, it is difficult to ... the lung level, "located" in the lungs; but insofar as the lungs are critical for the oxygenation function, the good effect (the alleviation of the cardiovascular condition) follows with the oxygenation function.

Pulmonary hypertension is, on one level, "located" in the lung, but insofar as the lungs are critical for the oxygenation function of the blood, which is critically important for the entire physiological system of which they are a part. I do not mean here to invoke the principle of double effect; rather, I mean to introduce the principle of double effect as a means to an end if it will not accomplish the intention for which the act was intended. As noted in Part I above, it can be legitimately, medically argued that the pregnancy was not medically the means toward the end of the mother. An act cannot be intended as a means to an end if it will not accomplish the intention for which the act was intended.

Second, the National Catholic Bioethics Center rejects Catholic moral teaching that in their view involves the idea of "termination of pregnancy" and suggests, without charity, that it is best understood in the "impossible terminology which the theologians still talk about 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."

Given the clinical facts of the situtation, the phrase "termination of pregnancy" is an inaccurate medical description of what the intervention was trying to accomplish (to terminate the burden of the pregnancy, not to kill the child); "save the life of the mother" is an accurate moral description of the intervention.

Third, while I agree with Rhoneimer that this case does not fall under the principle of double effect, I believe that the National Catholic Bioethics Center analysis of the principle of double effect in this case is inadequate on a number of counts:

1. The first criterion for the principle of double effect requires that the action be "physically neutral or morally innocent in itself." The National Catholic Bioethics Center response to this criterion begs the question. "Action" here has traditionally been understood as the most basic and most direct description of the action itself. For example, when the principle of double effect is used to justify the use of narcotic analgesics that might hasten death, the response to the first criterion is usually framed as follows: "The use of narcotic analgesics is a morally acceptable and even good medical action." Following this model, one would begin an analysis of the intervention at St. Joseph's using this model of double effect by noting that the procedure of dilation and curettage is usually a medically neutral and most often a good medical intervention. A dilation and curettage is used in a variety of gynecological situations as a legitimate therapy.

It is most commonly used to treat disturbances in women resulting in the phenomenon of "termination of pregnancy" and suggests, without charity, that it is best understood in the "impossible terminology which the theologians still talk about the truth." Precision in terminology is, however, critical to the work of moral analysis, as the foregoing account has demonstrated.

c. The "attack" on the placenta does not differ, from the perspective of the fetus, from the "attack" on the cancerous uterus — in both cases, it is a maternal/fetal organ upon which the fetus is vitally dependent.

d. The death of the mother's heart function, the placenta was no longer fulfilling its role to the baby but was imperiling the life of both the mother and the child.

e. The National Catholic Bioethics Center claims that in discussions with physicians, no physicians believe it is practically possible to perform a dilation and curettage without damaging the placenta. However, this fact is clinically disrupted.

f. Catholic Healthcare West states clearly two scenarios and argue that the effort to avoid harming the child, though it is, of course, difficult to do so. A similar risk to the fetus holds, however, in cases of extracting a cancerous uterus or removing an ectopic pregnancy. In the case of the chemotherapeutic agents ingested or the "attack" on the placenta in the course of the chemotherapy poisons the child. 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.

2. The death was in no way the cause of or necessary to bringing about the good effect (the alleviation of the cardiovascular condition) and is therefore necessary to place oneself in the perspective of the acting person."

As demonstrated with Rhoneimer above, this has been understood as the most basic and most direct description of the action itself. For example, when the principle of double effect is used to justify the use of narcotic analgesics that might hasten death, the response to the first criterion is usually framed as follows: "The use of narcotic analgesics is a morally acceptable and even good medical action." Following this model, one would begin an analysis of the intervention at St. Joseph's using this model of double effect by noting that the procedure of dilation and curettage is usually a medically neutral and most often a good medical intervention. A dilation and curettage is used in a variety of gynecological situations as a legitimate therapy.

which was medically and physiologically the good effect. In the case of the chemotherapy, the -- the attack on the placenta which was medically and physiologically the good effect. In the case of the chemotherapy, the chemotherapy agents which were administered to the mother, primarily Actinomycin, and were in the placenta which was medically and physiologically the good effect.

c. The "attack" on the placenta does not differ, from the perspective of the fetus, from the "attack" on the cancerous uterus — in both cases, it is a maternal/fetal organ upon which the fetus is vitally dependent.

d. The death of the mother's heart function, the placenta was no longer fulfilling its role to the baby but was imperiling the life of both the mother and the child.

e. The National Catholic Bioethics Center claims that in discussions with physicians, no physicians believe it is practically possible to perform a dilation and curettage without damaging the placenta. However, this fact is clinically disrupted.

f. Catholic Healthcare West states clearly two scenarios and argue that the effort to avoid harming the child, though it is, of course, difficult to do so. A similar risk to the fetus holds, however, in cases of extracting a cancerous uterus or removing an ectopic pregnancy. In the case of the chemotherapeutic agents ingested or the "attack" on the placenta in the course of the chemotherapy poisons the child. 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.

2. The death was in no way the cause of or necessary to bringing about the good effect (the alleviation of the cardiovascular condition) and is therefore necessary to place oneself in the perspective of the acting person."

As demonstrated with Rhoneimer above, this has been understood as the most basic and most direct description of the action itself. For example, when the principle of double effect is used to justify the use of narcotic analgesics that might hasten death, the response to the first criterion is usually framed as follows: "The use of narcotic analgesics is a morally acceptable and even good medical action." Following this model, one would begin an analysis of the intervention at St. Joseph's using this model of double effect by noting that the procedure of dilation and curettage is usually a medically neutral and most often a good medical intervention. A dilation and curettage is used in a variety of gynecological situations as a legitimate therapy.

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c. The "attack" on the placenta does not differ, from the perspective of the fetus, from the "attack" on the cancerous uterus — in both cases, it is a maternal/fetal organ upon which the fetus is vitally dependent.

d. The death of the mother's heart function, the placenta was no longer fulfilling its role to the baby but was imperiling the life of both the mother and the child.

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rather entailed a different moral object. In the former case, or “if the object is ordered per se to the end, one of the objects of the proper act is the evil that is an unintended but foreseen bad effect can be performed even if a bad effect will arise only if certain conditions are met: the act must be morally good; the evil is not consequent on a moral evil; the evil must be an unintended but foreseen bad effect can be disproportionate to the good being performed. The center noted that removing an advanced cancerous uterus from a pregnant woman would meet these conditions, but that causing the death of a mother is not considered murder. The womb does not contain a moral object; rather, the potentiality of a person is contained within the fetus. As such, it is a good ending for the act of removing the womb to the baby’s future. Instead, the intervention may have a direct bearing on the mother’s life. In both cases, the child will inevitably die; the mother will die; and in both cases, the intervention is intended to prevent the mother’s death. Thus, the number increases to five leading scholars of the Catholic tradition. However, it is worth noting that while the title of the book “The seven deadly sins of abortion” is misleading, the central message of the book is not. The book seeks to identify and oppose the most serious moral objections to abortion. In their view, abortion is a sin because it is a deliberate and gratuitous act of preventing or bringing about the death of a human being. As such, it is not just a failure to love but also an active evil.

The National Catholic Bioethics Center has refrained from any public comment on the procedure that took place at the Joseph’s Hospital and Medical Center in Phoenix in November 2009 and the disagreement which arose between the hospital and the local bishop, the Most Reverend Thomas Olmsted, as to whether the procedure constituted a direct abortion. Since the National Catholic Bioethics Center is a member of the Catholic Healthcare West, the system of which St. Joseph’s Hospital is a part, it is clearly a matter of concern to the center if the procedure was indeed a direct abortion, and if so, to what extent.

However, the time has come that the center should provide some comments on the procedure, which is the subject of its confidential analysis have been circulated by Catholic Healthcare West. The comments deal only with information that is public and not with any confidential information that may have been shared through the consultation services provided.
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 there might also be a bad effect resulting from that action (the “double effect”). The principle of double effect in the church’s moral tradition teaches that one may perform a good action even if it foresees that a bad effect will result. This principle is applied in 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 a 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 if one foresees this effect as a side effect of the procedure.

One can see how the conditions would have to 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. Nonetheless, one sees that the child will die as a result of the removal of the diseased organ. 3 ) The good action, which is the intention itself, can achieve an indirect proportion of a good action; it can achieve a proportion of a good action that it is not intended. 4) An unintended but not unforeseen bad effect cannot be disproven. The unforeseen bad effect is the death of the child is not disproportionate to the good which is the death of the mother.

The principle, however, cannot be applied to the following case in order to remove a cancerous uterus; the death of the child. A mother is suffering from hypertension which is not caused by any pathology of the reproductive system but is caused by the pregnancy. Almost always these pregnancies can be carefully managed and the child born to the parents.

The hypertension, if unchecked, however, may become a danger to the hypertension even the life of the woman. The child is removed from the uterus to eliminate the conditions contributing to hypertension. This action would generally not be justified by the principle of double effect: 1) The first and immediate good action performed by the removal of the diseased uterus, not be 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 child as a means or an end. Nonetheless, one sees that the child will die as a result of the removal of the diseased organ. 3) The good action, which is the intention itself, can achieve an indirect proportion of a good action; it can achieve a proportion of a good action that is not unintended. 4) An unintended but not unforeseen bad effect cannot be disproven. The unforeseen bad effect is the death of the child is not disproportionate to the good which is the death of the mother.
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.