January 2011

Moral Analysis of a Procedure at Phoenix Hospital

M. Therese Lysaught

Loyola University Chicago, mlysaught@luc.edu

Recommended Citation
https://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

“It was not a case of saving the mother ‘or’ the child. It was not a matter of choosing one life ‘or’ the other.”
While it is often possible that threats the mother’s life. The membranes, hypertension, can never be thought of as “Third, the unborn child over the other.

As much dignity and value people: mother and child. are always referring to two good may come. We come first need to start with some very complex issues which the outset that these are of the human dignity of every person.

“The chart noted that she had been informed that her risk of mortality is 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 contraindicated.’

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 abnormal, narrowed, blocked, or destroyed, making it harder for blood to flow through the lungs, raising the pressure in those arteries. The presence of this restricted flow is that the heart’s lower right chamber (the right ventricle) has to work harder to pump blood to the lungs, which eventually causes the heart muscle to weaken and fail. Pulmonary hypertension progresses progressively worse; it is not curable but it can be treated, easing the symptoms; it is sometimes possible to stabilize it.

The normal physiological changes accompanying pregnancy — increased blood volume (40 percent), increased cardiac output (30-50 percent) and increased blood pressure systemic blood pressure (10-20 percent by 20 weeks) — exacerbate pulmonary hypertension, increasing the 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 two logical pathological outcomes: the failure of the right side of the patient’s heart and cardiogenic shock.

Failure of the right side of the mother’s heart means that the heart can no longer pump blood into the lungs so that the blood can be oxygenated. Without it, 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. Decrease in cardiac output results in low blood pressure, tissue hypoxia — lack of oxygenation of the patient’s tissues and major organs. Clinical criterion of cardiogenic shock is hypotension (systolic blood pressure <90 mm Hg for at least 30 min) and a reduced cardiac index (2.2 L/m²/min) in the presence of elevated pulmonary capillary wedge pressure (>15 mm Hg). In addition, visible signs of cardiogenic shock can be observed at the bedside, including cold skin, 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 in the patient’s right side heart failure and cardiogenic shock. These pathologies were immediately caused by the physiological changes accompanying pregnancy — that exacerbated the underlying pathology — and a balanced rationality — the physiological changes accompanying pregnancy at 10 weeks initiated the emergency situation. These changes have put the mother’s life in danger. 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 by 25 weeks) and severe cardiogenic shock, the placenta and fetus is dependent on maternal arterioles and urethral blood flow, losing tachycardia also means that these changes not only threatened the mother’s life but also could hasten fetal hypoxia during this crisis. Further, maternal hypoperfusion may constriuct the uterine artery, decreasing blood flow to the fetus.

Failure of the right side of the fetus’ heart means that the heart cannot pump blood into the placenta so that the blood flow can be oxygenated. Without it, the fetus becomes hypoxic during this crisis. Further, maternal hypoperfusion may constriuct the uterine artery, decreasing blood flow to the fetus.

This, however, is physiologically incorrect. It is likely that in this case as in many cases of natural fetal demise, the death of the fetus is due to an inability of the placenta to continue the pregnancy in order to nurture the child.

But what is the right thing to do in a situation? That depends. "What Can Be Done?"

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 dilation and curettage would be morally appropriate. At the time, Dr. Carlino, based on the ‘Ethical and Religious Directives for Catholic Health Care Services’ (4th edition) and their understanding of the Catholic moral tradition, the ethics committee determined that the intervention would not be considered a direct abortion. Therefore they agreed to the intervention, which was carried out on Nov. 5, 2009.

Moral Analysis

This primary question is this case that the ethics committee at St. Joseph’s Hospital and Medical Center was correct in their determination that the intervention did not constitute the pregnancy will aggra-
“This situation is altogether different from a diagnosis and cure, since a diagnosis and cure is the dissolving and removing of the evil that corrupts the body of the child. A situation of diagnosis and cure or abortion or extraction in this context is the same as an abortion, since it is the direct killing of the child.

“There is a significant difference, however, between situations arising directly from disease or accident versus legal abortion or manipulation of the child’s body. The foundation of our tradition’s concern regarding the sanctity of every human life lies in the moment of conception until death.”

They understand this commitment to embody a preferable option for those who are the most vulnerable, including and especially persons who are not yet born. Consequently, direct abortions are forbidden in all Catholic Health West hospitals.

Magisterial Teaching
Catholic Healthcare West strives to embody the fundamental commitment of the Catholic faith to prevent and defend the sanctity of human life through life-saving treatment. A similar, although not completely analogous, distinction is made between murder and self-defense. The law is the same, but the action taken and the circumstances change the way we understand the moral nature of the end result. Once again, the end does not justify the means.

“The Catholic Position
It has been our intention here to use cardinal interventions, provided that it be a matter of an innocent life. In these conditions the operation, which would have as an accessory consequence: “The direct attack on an innocent life, as a means to an end — in the present case to the end of saving another life — is illicit.” We absent the number of these cases can ever objectively constitute the right to dispose of an innocent life. "Procured abortion is the deliberate and direct killing, by whatever means it is carried out, of a human being in the initial phase of its or her own existence, extending it to its physical birth to life... 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 out of a desire to protect certain important values such as her own health... I declare that abortion, that is, abortion with all or as a means, always constitutes a grave moral disorder, since it is the deliberate killing of an innocent human being.”

While never waver from this position, magisterial teaching has also affirmed an important nuance in the Catholic tradition, namely, that not all interventions that result in the death of the fetus qualify as abortions. Pius XII’s “Address to the Associates of ‘Large Families’” (Nov. 25, 1951) states this position most clearly. He provides the foundation for the magisterial teaching outlined above: “The direct attack on an innocent life, as a means to an end — in the present case to the end of saving another life — is illicit.” While the absolute number of these cases can ever objectively constitute the right to dispose of an innocent life. "Procured abortion is the deliberate and direct killing, by whatever means it is carried out, of a human being in the initial phase of its or her own existence, extending it to its physical birth to life... 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 out of a desire to protect certain important values such as her own health... I declare that abortion, that is, abortion with all or as a means, always constitutes a grave moral disorder, since it is the deliberate killing of an innocent human being."

“Due to the age of the fetus, there was no possibility that it could survive outside the womb. Nor, due to the mother’s heart failure and cardiogenic shock, was there any possibility that the fetus could survive inside the womb.”

These clarifications are noteworthy because the magisterial teaching at issue does not refer to direct, intentional interventions (such as those described by Pius XII above) as “indirect abortions.” This language of “indirect” has carried over into the contemporary language of the Thomistic notion of the “moral act.” 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. Joseph’s.

The Moral Object
Determining the object of an act is one of the most critical steps in moral analysis. Understanding the moral object or intentional purpose con- stituted in an act, however, remains one of the most difficult and complex components of Catholic moral theology. The intentional object of the moral act was materialized by St. Thomas Aquinas in the Summa Theologiae (I-II, Q 18-21), which formed the basis of the development of the subsequent Catholic moral tradition. Many leading contemporary Thomistic scholars continue to hold, however, that the neo-Scholastic interpreters and much of the classical tradition, important nuances in the understanding of the moral object — and, indeed, other actions — were lost. This resulted in methodologi- cal problems in 20th-century Catholic moral theology, which led to such accessions to the notion of moral proportionality attempted to respond, unfortu- nately creating a whole host of new method- ological problems.

One of the most valuable contributions of Vittorio Splendour has been the renewed attention it has brought to the notion of the moral object. William J. Murphy Jr., associate profes- sor of moral theology at the Pontifical College Josephinum in Columbus, Ohio, and editor of the Thomistic Journal of Moral Theology, highlights six specific affirmations about the moral object offered by John Paul II in 578. Echoing Pius XII, John Paul II reiterates that the moral object of an action is determined by the proximate
end deliberately chosen by the will (in
(except when it is understood “from the perspec-
tives of the moral act or taking an an-
vulant pill to prevent the procreative conse-
quences of the marital act or taking an an-
vulant pill to treat endometriosis.”

A proper description of the moral act, the object, then, certainly includes the “exter-
ior act” — since it is a necessary
component of the moral act, the object as a whole — but it
does not specify the content that will either distinguish
this act morally from others or be
assessed on the basis of its ability to
bring about a given state of affairs in the
context of the moral object. These include actions
of the object “self-sacrifice” and actions of
the object “sacrifice on the life of the mother:"
the moral (intentional) act of “saving the life of
the mother” or, in some cases, “saving the life of the mother”
(i.e., craniotomy, by definition, consists
of saving the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonheimer follows St. Thomas in the distinction of different Thomistic methodologies.

One of the consequences of choosing against the life of the child, a possibility that is never permitted
in the Catholic moral tradition, is properly described as
“sacrifice on the life of the mother:"

The only practical and moral ques-
tion here is to save the life of the
child, a possibility that is never permitted
in any

Here Rhonemer
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 extraterritorial gravity and the incurable uterus, the child in St. Joseph's 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 waiting surely would have resulted in the death of both, there was no way to save the child and an operation that could save the mother’s life would, at least prima facie, result in the child’s death.”

Therefore, Rhonheimer 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 intervention and curtegation was to remove the fetus, morally, the death of the child would have been praeter intentionem, outside the scope of the intention and therefore avoid the health problems that would result from carrying out the procedure, or a woman becomes pregnant as a result of killing, morally, the death of the child would have been praeter intentionem, outside the scope of the intention and therefore avoid the health problems that would result from carrying out the procedure.

He holds the latter position both on formal (the intention of the pregnant woman and her child, (ii) it is not safe to wait or waiting surely would have resulted in the death of both, (iii) there is no way to save the child, and (iv) an operation that could save the mother’s life will result in the death of the child. If the intervention was one that would result in the death of the mother, but not in the death of the child, it would be a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In these cases, in which Grisez holds that it would be licit to accept the baby’s death would be to save the mother’s life, and then only when certain conditions are met. He argues as follows: "Sometimes the baby’s death may be accepted because of the mother, in addition to other consequences, four conditions are simultaneously ful- filled: (i) some pathology threatens the lives of both a pregnant woman and her child, (ii) it is not safe to wait or waiting surely will result in the death of both, (iii) there is no way to save the child, and (iv) an operation that could save the mother’s life will result in the death of the child. If the intervention was one that would result in the death of the mother, but not in the death of the child, it would be a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

Importantly, however, in the section where Grisez devotes to the question of direct killing, he does not use the term “abortion.” In the preceding sections, he clear- ly states that “some procedures, which are not intentional abortion does not involve intentional killing” (Ch. 8, D:3c: “Abortion, even if not intentional killing, usually is wrong.”

Yet when he moves to discuss cases meeting these four criteria properly identified as “indi- rect” but not the term “abortion.”

In cases of these four criteria, he says that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos- sible), it could be performed.

In the subsequent section, he makes clear that “sometimes the baby’s life could be saved only by a direct killing, and so, provided the death of the baby is not intended (which is pos-
c. Understand that given the terminal condition of the baby, the moral object of the intervention was properly described as “saving the life of the mother.”

e. The National Catholic Bioethics Center rejects Catholic doctrine in asserting that “termination of pregnancy” and suggests, without charity, that it is best understood as “misleading terminology which conveys a distorted 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 potential less of a direct attack on the child than other obstetrical interventions justified within the Catholic tradition.”

Given the clinical facts of the situation, the phrase “termination of pregnancy” is an accurate medical description of what the intervention was trying to achieve (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 Rhoenheimer that this case does not fall under the principle of double effect, I believe that this 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 performed as a means to an end, not itself. The National Catholic Bioethics Center response to this criterion begs the question. “Action” here has tradition-and so has 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 narcotics as a means to alleviate pain, it is therefore necessary to place oneself in the perspective of the actor himself.”

As demonstrated with Rhoenheimer about the term “abortion,” the question of when a pregnancy results in the death of the mother and fetal death must be understood prior to any discussion of the medical intervention. The question of when a pregnancy results in the death of the mother and fetal death must be understood prior to any discussion of the medical intervention. This was established in Part I of this brief clarification on some questions that are quite intently on the image of the dismemberment of the child than other obstetrical interventions justified within the Catholic tradition.

3. The death was in no way the cause of or necessary to bringing about the good effect (the alleviation of the pain) that is considered to be good or morally neutral in and of itself. On Catholic grounds that most delicate cases are precisely those in which it is not clear what the object of the chosen and performed act actually is.

2. Similarly, regarding the second cri-
terion, the National Catholic Bioethics Center seems unduly focused on the object, which, in accordance with the first criterion, the act performed be argued as seen or at least indiffident according to its object. But the controversial and necessary question is what effect can only be made by disregarding all that the 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 the act, it is often necessary to place oneself in the perspective of the acting person.”

As demonstrated with Rhoenheimer about the term “abortion,” the question of when a pregnancy results in the death of the mother and fetal death must be understood prior to any discussion of the medical intervention. The question of when a pregnancy results in the death of the mother and fetal death must be understood prior to any discussion of the medical intervention. This was established in Part I above.

Fetal demise happens frequently with no effect on pregnancy; in this instance, it was an act against the life of the mother and medical staff had, to this point, done all in their power to promote the life of the child.

b. Ending the life of the child per se would have no effect on the medical condition of the mother. Therefore, the death of the child could not be intended as a means to the saving of the mother. An act cannot be intended as a means to an end if it will not accom-

The surgery does not directly target the life of the unborn child. The death of the child is an unintended and unavoidable side effect and not the aim of the sur-
gery.”

The Committee on Doctrine does not draw any conclusions about the St. Joseph case in this brief. However, per the foregoing analysis, John Paul II, Rhonheimer, and I both clearly argue that their analysis conflates the notion of direct/indirect with medical/obstetrical. In the case presented in this brief, June 23, 2010, statement entitled “The Distinction Between Direct Abortion and Legitimate Medical Procedures”.

“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.

If the mother followed her physi-
cian’s advice at 7 1/2 weeks, then clearly, the mother would have found herself in the committee’s first scenario, undergo-
ing a direct abortion. As we have noted, however, she steadfastly refused to have a direct abortion because of her Catholic faith.

In my understanding that St. Joseph’s Hospital understood its intervention to most closely resemble the second scenar-
io, a medical intervention that would not result in the death of the unborn child. I would suggest that it is notable, per our discussion of Rhonheimer above, that the committee does not use the term “abor-
tion” in that scenario and instead refers to it under the auspice of a different (and accurate) object: “Legitimate medical intervention.” In the committee’s statement on Doctrine, St. Joseph’s Hospital would be justified in understanding the interven-
tion they authorized as a “legitimate medical intervention.”

Summary

In conclusion, the ethics committee at St. Joseph’s Hospital and Medical Center, fully aware of the magisterial teaching of the Church, proceeded cautiously and prudently in the St. Joseph case in which they needed to dis-
cern whether the proposed intervention would: (a) properly be described as abortion in a moral sense; or (b) if it was medical intervention.
rather entailed a different moral object. Given that the facts of the case were, at maximum, nondirect and prudently intentioned.

More likely, the fetus was already dying due to the pathological situation prior to the intervention; as such, it is inaccurate to understand the death of the fetus as an accessory consequence to the intervention in question.

I conclude that St. Joseph’s Hospital and Medical Center acted in accord with the Ethical and Religious Directives of the Catholic moral tradition and universally valid moral precepts in working to respect the sanctity and dignity of 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

I am grateful to Father Mark Flood and Father Dennis Dwyer for their insightful comments on a draft of this article. My thanks also to Father John McDonald and Father E. Michael Zmija for their encouragement and support. This work was originally presented at the 57th Annual International Bioethics Conference at the University of Notre Dame, South Bend, Indiana on November 5, 2009.

I wish to thank Ashley, Kevin, and Eric for their feedback on this article and for their work on other articles, particularly Theology, Ethics, and Bioethics. I also wish to thank theón for their guidance and support throughout this project.

I am grateful to Father Mark Flood and Father Dennis Dwyer for their insightful comments on a draft of this article. My thanks also to Father John McDonald and Father E. Michael Zmija for their encouragement and support. This work was originally presented at the 57th Annual International Bioethics Conference at the University of Notre Dame, South Bend, Indiana on November 5, 2009.

I wish to thank Ashley, Kevin, and Eric for their feedback on this article and for their work on other articles, particularly Theology, Ethics, and Bioethics. I also wish to thank theón for their guidance and support throughout this project.

I am grateful to Father Mark Flood and Father Dennis Dwyer for their insightful comments on a draft of this article. My thanks also to Father John McDonald and Father E. Michael Zmija for their encouragement and support. This work was originally presented at the 57th Annual International Bioethics Conference at the University of Notre Dame, South Bend, Indiana on November 5, 2009.

I wish to thank Ashley, Kevin, and Eric for their feedback on this article and for their work on other articles, particularly Theology, Ethics, and Bioethics. I also wish to thank theón for their guidance and support throughout this project.

I am grateful to Father Mark Flood and Father Dennis Dwyer for their insightful comments on a draft of this article. My thanks also to Father John McDonald and Father E. Michael Zmija for their encouragement and support. This work was originally presented at the 57th Annual International Bioethics Conference at the University of Notre Dame, South Bend, Indiana on November 5, 2009.

I wish to thank Ashley, Kevin, and Eric for their feedback on this article and for their work on other articles, particularly Theology, Ethics, and Bioethics. I also wish to thank theón for their guidance and support throughout this project.
vided by the National Catholic Bioethics Center.

The Heroism of Mothers

A tragic situation that occurred at St. Joseph’s Hospital in Phoenix in November 2009 should be a reminder of the extraordinary courage and self-sacrificing nature of mothers who take upon themselves the service of new life. Although modern medical science has thankfully reduced many of the threats to innocent human lives, women in the United States may face a decision that appears to be the best way out of a difficult pregnancy. They may choose abortion because those admitted to Catholic health care institutions assure everyone that they will do everything possible to save the mother and the child she is carrying.

Even if it does not come to situations threatening death, women must still bear the burden and risks in bringing a child to term. As a society, and as family members, our gratitude to mothers can surely know no bounds.

Difficult Pregnancies

On occasion, life-threatening risks can indeed still arise, even though rarely. As a Catholic health care institution treats and cares for both the mother and the unborn child it must consider new medical and ethical questions. Patients admitted to Catholic institutions know one indisputable fact about the care they receive: They and their children are treated from a direct assault upon their lives.

This humane practice of medicine follows the example of the great Greek physician Hippocrates whose oath states unequivocally: “I will never give a woman a medication to cause abortion; I will give no one a deadly medicine even if asked, nor counsel any such thing.” Such a commitment never to use abortion, even for medical reasons, is a hallmark of Christian health care as well.

As much as physician-assisted suicide or euthanasia or direct abortion may appear to be the best way out of a difficult medical situation, Catholic health care providers will never seek a means to the end of a human life, never shrink from a hallmark of Christian health care as well.

This principle of double effect is a moral principle of double effect which asks whether one may perform a good action even if it is foreseen that a bad effect will follow in certain cases. (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 cannot be disproportionate to the good being performed. This principle has been 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 the pregnant woman who needs advanced maternal care. The removal of the cancerous uterus will result in the death of the baby but it would be performed under the principle of double effect.

One can see how the conditions would be satisfied in this case: It is foreseen that effects of 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, but a means to the mother’s life. The child will die as a result of the removal of the diseased organ. 3) The good action, the removal of the diseased uterus from the mother’s womb is foreseen and unintended. 4) The unintended and indirect death of the child is not disproportionate to the good which is done saving the life of the mother.

The principle, however, cannot be applied to the following case in order to save another’s life: If a woman is pregnant, the treatment of a non-pregnancy serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they 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 follow in certain cases.

1) The first and immediate action performed by the physician intends the death of the child. A mother is suffering from hypertension 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 born even after the point of viability.

The hypertension, if unchecked, however, may become a danger to the pregnancy 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 action performed by the physician intends the death of the child by crushing or dismembering it and removing it from the uterus. Such a procedure would be a double effect of the first principle of double effect, that is, the action itself must be good. 2) In a direct abortion on the physician intends the death of the child as a means toward the good end of enhancing the woman’s health. It is therefore not a primum non nocere, “first, do no harm.”

Evil is done, the killing of the child, so that the good of the woman’s health might be enhanced, protected or preserved. In this case the evil was not a means but a bad end. 3) The good action, the removal of the diseased uterus, not the child is the action itself. 4) One might argue there is a proportionate reason to take the life of the child. However, this condition is not applicable because pro-portionality applies only to a foreseen bad effect and cannot be disproved.

One of the most dismaying facts to come to light is that the bishop of Phoenix removed the Catholic status of the hospital, a hospital that had been trusted to assure the public that pregnant women were safe in St. Joseph’s Hospital.

But what of their unborn children? And what of the moral principles that we want to be able to bring their children to term? Do they have the assurance that physicians will not encourage, urge or even pressure them into aborting their children when a difficulty arises?

We are not suggesting that the physicians practicing at St. Joseph’s Hospital would do any such thing. But the value of solemn promises, such as the Hippocratic oath or commitment to the Ethical and Religious Directives, is that the assurance that such pressures would never be brought to bear, even in difficult situations.

Women in the United States have known since 1873 that they can go into most hospitals in the United States and request an abortion if they desire. Yet expectant mothers have still chosen Catholic hospitals and obstetricians who commit themselves to the Ethical and Religious Directives which promise compassionate and sound medical care and a commitment never to violate human dignity through surgically mutilating or in any other way destroying the life of the unborn child. Despite this commitment, one of a given situation. Some of which may never arise again.

But as another example of what would be a morally permissible action under the principle of double effect, one can mention a case in which there is an early rup- ture of the membrane and the placenta becomes infected. In such a case, the mother may indeed be evacuated, that is, the infected material threatening the health of the mother, even though it is foreseen that the child will die.

The Case at St. Joseph’s Hospital

It must be said that the National Catholic Bioethics Center does not know the clinical facts of the case rather it was asked to comment on the analysis initially submitted to the bishop by Catholic Healthcare West. However, they really had to act with dispatch and undoubtly with regret. Consequently, without the clini- cal facts of the case, this analysis is at best a pragmatic interpretation than speaking of fact that what takes place in such facilities will be consistent with Catholic teaching.

The bishop of Phoenix removed the Catholic status of the hospital, a hospital that had been trusted to assure the public that pregnant women were safe in St. Joseph’s Hospital.

What is quite remarkable is that such hospitals and personnel have been interpreted and applied the Ethical and Religious Directives which promise compassionate and sound medical care and a commitment never to violate human dignity through surgically mutilating or in any other way destroying the life of the unborn child. Despite this commitment, one of the factors that are part of a given situ-

The U.S. Conference of Catholic Bishops agreed with the judgment of Bishop Olsnitt, that is, “community hospitals” owned, operated, financed or managed by a Catholic health care institution and personnel have been circulated by Catholic Ethical and Religious Directives, is that the assurance that such pressures would never be brought to bear, even in dif-

“One factor which certainly appears to have contributed to the difficulties in Phoenix is that the hospital was not in consultation and commu-nication with the bishop regarding the appropriate interpretation and appli-cation of the Ethical and Religious Directives.”

The U.S. Conference of Catholic Bishops agreed with the judgment of Bishop Olsnitt, that is, “community hospitals” owned, operated, financed or managed by a Catholic health care institution and personnel have been circulated by Catholic Ethical and Religious Directives, is that the assurance that such pressures would never be brought to bear, even in difficult situations.

Women in the United States have known since 1873 that they can go into most hospitals in the United States and request an abortion if they desire. Yet expectant mothers have still chosen Catholic hospitals and appeal to the Ethical and Religious Directives which promise compassionate and sound medical care and a commitment never to violate human dignity through surgically mutilating or in any other way destroying the life of the unborn child. Despite this commitment, one of the factors that are part of a given situ- ation. Some of which may never arise again.

But as another example of what would be a morally permissible action under the principle of double effect, one can mention a case in which there is an early rup- ture of the membrane and the placenta becomes infected. In such a case, the mother may indeed be evacuated, that is, the infected material threatening the health of the mother, even though it is foreseen that the child will die.

The Case at St. Joseph’s Hospital

It must be said that the National Catholic Bioethics Center does not know the clinical facts of the case rather it was asked to comment on the analysis initially submitted to the bishop by Catholic Healthcare West. However, they really had to act with dispatch and undoubtly with regret. Consequently, without the clini- cal facts of the case, this analysis is at best a pragmatic interpretation than speaking of fact that what takes place in such facilities will be consistent with Catholic teaching.

The bishop of Phoenix removed the Catholic status of the hospital, a hospital that had been trusted to assure the public that pregnant women were safe in St. Joseph’s Hospital.

What is quite remarkable is that such hospitals and personnel have been interpreted and applied the Ethical and Religious Directives which promise compassionate and sound medical care and a commitment never to violate human dignity through surgically mutilating or in any other way destroying the life of the unborn child. Despite this commitment, one of the factors that are part of a given situ-
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. ctcstconference@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.