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Moral Analysis of Procedure at Phoenix Hospital

M. Therese Lysaught

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...
woman trying to carry to term, and because of the severity of her disease, her own prospects were closer to 50-50. Importantly, the woman, a Catholic with four children, decided not to terminate.

On Nov. 3, 2009, the woman was admitted to St. Josephs Hospital and Medical Center with worsening symptoms. At this time, the woman was 11 weeks pregnant. A cardiac catheterization revealed that the woman now had "extensive pulmonary arteriopathy and with profoundly reduced cardiac output," in another part of the record, a different physician confirmed "severe, life-threatening pulmonary arteriopathy," "right heart failure" and "cardiogenic shock." 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 contraindicated."

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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, blocked or destroyed, making it harder for blood to flow through the lungs, raising the pressure in those arteries. This absence of this restricted flow is that the heart's lower right chamber (the right ventricle) has to work harder to pump blood. This increased pressure in the right side of the heart causes the vessel to narrow, block or destroy, which eventually causes the heart muscle to weaken and fail. Pulmonary hypertension is a very progressive disease, it is not curable it can be treated, easing the symptoms, it is sometimes cures.

The normal physiological changes accompanying pregnancy — increased blood volume (40 percent), increased cardiac output (30-50 percent), and an increased systemic blood pressure (10-20 percent by 28 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 severe physiological outcomes: the failure of the right side of the patient's heart and cardiogenic shock.

Failure of the right side of the heart means that the heart can no longer pump blood into the lungs so that the blood can be oxygenated enough to supply the organs of the body. Nor, due to the mother's heart failure and cardiogenic 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 terminal, not because of a pathology of its own but because of a pathology in its environment.

There was no longer any chance that the life of this child could be saved. This is crucial to note, because to call it cardiogenic shock at that 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 and child could be saved by the intervention of treating and reversing the pathologic of the emergent conditions of right heart failure and cardiogenic shock. The intervention for treating this pathology was to eliminate the cause of the increased blood volume and increased demand for cardiac output. The cause of the increased blood volume and increased demand was not the fetus but rather the placenta — an organ in its own right. This requires clarification.

Until about nine weeks into a pregnancy, the ovaries are responsible for the production of progesterone, which maintains the pregnancy. After nine weeks, the placenta takes over this work. However, the placenta is a shared organ between the mother and the child. In this case, having reached week 11, the placenta was producing the physiological changes that impinged the mother's and child's lives. No organ, however, exists in a vacuum. The human body is a complex structure, a balanced network of organs.

In this case, thenormal functioning of an organ (the placenta) within a diseased network (of pulmonary arteriopathy) was critical. Importantly, in one respect the placenta was functioning "normally," it was also functioning pathologically in two ways. First, once the patient entered cardiogenic shock, it became less likely to transmit the inevitable fatal threat to the fetus. Second, once the patient entered cardiogenic shock, it became less likely that the placenta would continue to nourish the fetus. In this case, therefore, the placenta would not be a threat to the mother; it also became the immediate/presenting cause of the inevitably fatal threat to the fetus.
This situation is altogether different from a disallowance and contraception, since a disallowance and contraception is the disallowing and removing of the fertility of the body of the child. A disallowance or contraception or disallowance or contraception in this case is the same as an abortion, since it is the direct killing of the child.

“There is a significant difference, however, between directly killing pregnancy versus allowing a child to die in an unintentional manner, or the result of life-saving treatment. A similar comparison is not completely analogous, abortion is made between people and child, whereas the latter is made between people and outer into the womb. ... the foundation of [our tradition’s] concern to respect the sacredness of every human life is based on the moment of conception until death.”

They understand this commitment to embody a preferential option for those who are the most vulnerable, including especially women who are not yet born.

Consequently, direct abortions are forbidden in all Catholic Healthcare West hospitals. Catholic Healthcare West bases this decision on magisterial teaching on abortion and intrinsically evil acts. Important magisterial documents here include: The “Declaration on Procured Abortion” (1973), Veritatis Splendor (1993) and Evangelium Vitae (1995). Key passages from these documents are provided below. As the “Declaration on Procured Abortion” states: “Divine law and natural reason, therefore, make clear that no right can exist to the direct killing of an innocent man. However, if the reasons given to justify an abortion were always manifestly evil and valueless the problem would not be so dramatic. The gravity of the problem would be even greater if the fact in certain cases, perhaps in quite a considerable number of cases, by denying abortion the child would be rendered impotent, however, is to attach great value, and which may sometimes even seem to have priority. We do not deny these very great difficulties. It may be a serious consequence of the fact, sometimes of life, or death, for the mother... We proclaim only that none of these reasons can ever objectively countenance the direct disposal of another life... The direct attempt on the innocent life.” Second, it suggests that the moral object is “the direct attempt on the life of the innocent persons,” ‘direct killing.’ The reason is that if, for example, the safety of the future mother, independence of her state of pregnancy, might call for an urgent surgical intervention, provided that it be a matter of saving another life — is illicit.” Yet he also allows that, in cases where a child’s life is at risk, an abortion may be performed “in order to protect certain important values such as her own health...” Consequent, direct abortion, that is, abortion with the end result of ending pregnancy, might call for an urgent surgical intervention, as it is a description of a moral act, not a physical act; in other words, whether the operation/ therapeutic application causes the inevitable death of the fetus in a physically direct or indirect manner does not enter into his argument.

“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 Thomistic notion of the moral object is established as distinct from the medical procedures. This is, in part, due to the USCCB Committee on Doctrine — use the label “Procured abortion” to refer to actions that are not abortions, but medical procedures that remove the fetus. These procedures, such as dilation and curettage or dilation and curettage, since a dilation and curettage is the dismemberment of the fetal body. The term “indirect abortion” is applied to those actions that are not direct attempts on the life of the fetus, but rather allow the death of the fetus to occur in some other way.

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end deliberately chosen by the will (in conformity with reason). In John Paul II’s
conception of the moral act, an act of will is deliberate — it is therefore necessary to place oneself in the perspective of the acting person (emphasis in original).

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

“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 in the sense of bringing about a given state of affairs in the outside world.”

The object of the 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 insisting that this moral object must not be understood as ‘a process or an event of the merely physical order,’ the primary target was revisionist tradition, which inherited what might be called a ‘physical understanding of the moral object’ from the post-Tertullianist casuistic tradition. The pope’s approach, however, also challenges many more traditional Thomists, who sometimes treat the moral 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 “inner act of the will” intimately acts upon the “outer act.”

Murphy describes this complex balance:

“A proper description of the moral object would not be my arm, which is a thing of the physical order, and not simply my raising my arm, which lacks reference to an end — but raising my arm in order to greet someone; not removing Tom’s watch to play a trick or removing Tom’s watch to approach him; not shooting someone, but shooting someone to repel an aggressor or shooting someone to carry out capital punishment or shooting someone to bring about their death, not taking an anovulant pill, but taking an anovulant pill to prevent the procreative consequences of the marital act or taking an anovulant pill to treat endometriosis.”

A proper description of the moral object, then, certainly includes the “exterior act” — since it is a necessary condition of the moral act as a whole — but it derives its properly moral content first and foremost from the proximate, deliberately chosen by the will. Thus, the object is named as greeting a friend, repelling aggression, capital punishment, murder, abortion, contraception or healing.

It is absolutely necessary to emphasize then, that in the Catholic tradition, the moral object of an act is not equivalent 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 “contraception” or “therapy” — is determined by the end or intention chosen rather than by the deliberate will. Therefore, if the intention of taking such a pill is to prevent conception the moral object of the action is contraception, which is by its object 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 object 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” (intrinsically 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 Summa, Thomas does not attend to the physical/material component of an act of self-defense. 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 blow, pushing the assailant over a cliff, etc.). Prima facie, an observer cannot immediately determine the moral species this action belongs; only when it is understood is “from the perspective of the acting person” according to the acting person’s intention can we 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 similar or externally like an abortion, even though in the first two cases, a living fetus is surgically removed from the mother’s body and in the third, the pharmaceuticals may effectively be abortifacient.

Significantly, the recent statement from the US Conference of Bishops on conduction of invasive procedures distinguishes but does not refer to them as “abortions.” The object of the third case, for example, is described as “benefiting the health of the mother” or, in some cases, “saving the life of the mother” (if, for example, the fallopian tube has ruptured). These actions are not exceptions to the norm prohibiting direct abortion. They are, however, a different category of action because of their different moral object, which is, in the words of Veritatis Splendor, “capable of being ordered to.”

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

Two leading scholars of the Catholic moral tradition bring the perspective of Veritatis Splendor and the interior act of medical interventions. However, they might also have a history of depression, feel the need to die, and be otherwise killed by the other children, perhaps have a history of attempting to take her own life. She could, via the same action above (rejecting certain kinds of medical interventions), intend to end her own life. In so doing, the moral object of her act would be death, which, as she knows, to the tyrannical, would make her act evil in species.

More examples could be offered, but I hope these three are sufficient to demonstrate that within Catholic moral theory, there is a complex interplay between the moral object of the actual act (as it can be observed by a third party) and the actual moral act, which is comprised of the interior act of the will and the exterior act, but whose object/specific 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.

More specifically, it is clear within the Catholic tradition not all surgical or pharmaceutical interventions which are performed in the body of a living human being fall into the species of actions named “abortion.” As Pius XII noted, the Catholic tradition holds that certain types of non-surgical and surgical interventions in a mother or saving her life that simultaneously cause fetal death (at the level of viability or at its natural death) cannot be categorized as “abortions.”

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

Surgical removal of a fallopian tube containing a viable embryo.

Surgical removal of a cancerous uterus containing a fetus.

The treatment of chemotherapy or other pharmaceuticals required to treat maternal disease or conditions which may result in fetal death.

In these cases, precision of description and terminology is critically important. Such cases are not referred to — and must be treated — externally like vera abortion, even though in the first two cases, a living fetus is surgically removed from the mother’s body and in the third, the pharmaceuticals may effectively be abortifacient.

Rhonheimer argues that in cases where there is no chance for the child to survive, the principle of double effect is not applicable because there are not in fact two effects.

Given that no action can save the life of the child in death, its effective death puts into question the moral responsibility of the parents. In these cases, precision of description and terminology is critically important.

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Germain Grisez’s thesis is a Catholic moral theolo-

and an object of the action is morally equipara-
tive to the psychological act of killing unless the agent intended to be the object of the killing and the agent ‘sends it on the way to death (and only to death).’ Grisez concludes that this is the case whenever: (a) a harmful consequence is intended, or (b) the actor’s intention is that the harmful consequence will result.

In other words, Grisez argues that where the action is intended to result in the death of another human being, the action is morally equivalent to an act of murder, regardless of whether the actor intended to kill or not.

Therefore, Rhonheimer would claim (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 dilatation and curettage was to kill, morally, the death of the baby 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.

Thus, Rhonheimer argues that the dis-}

The only circumstance in which Grisez holds that it would be licit to abort the baby is when it is not an intentional killing.

As Grisez notes, in cases in which the baby could not be saved regardless of what was done (and perhaps in some others as well), they accepted the removal of a cancerous growth in the womb, knowing it could result in the death of the child. This moral norm plainly is sound, since the operation does not carry out a proposal to kill the child, serves a good purpose and vio-

Thus, the question of whether or not it is licit to abort a baby is not one of morality but of the law of God, and it is not a question of whether it is right or wrong to do so, but rather of whether the law of God permits it.

In conclusion, it can be said that although there are different perspectives on the moral permissibility of abortion, the question of its legality is not a matter of morality but of the law of God, and it is not a question of whether it is right or wrong to do so, but rather of whether the law of God permits it.
tion proposed in this case (dilation and curettage) is in order, and is analogous, and perhaps less grave, given that here the child was already in the process of dying.

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.”

Evaluation of Analyses and Statements

A strong majority of the opinion offered by the National Catholic Bioethics Center was requested. A comment on the application of the statement by the Committee on Doctrine of the USCCB was also requested. These follow below.

The National Catholic Bioethics Center

As noted in Part I above, it can be legitimately, medically argued that the pregnancy proposed in this case was characterized by serious changes that exacerbated an underlying pathology, resulting in two new critical pathologies (right heart failure and cardiac dysfunction) in the case at hand, a situation that is no longer sustain the fetus. It was not possible to perform a dilation and curettage in an 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 by the mother, 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.

c. The third group argued that the situation faced by St. Joseph’s Hospital where two lives were in peril and it was clear that the child was in the process of dying and would die shortly. As we have seen, in that situation, an intervention cannot effectively directly or indirectly result in the death of the child. Had the mother followed her physicians’ advice, the child would have found herself in the committee’s first scenario, undergone curettage, and the child would have died. It is my understanding that St. Joseph’s Catholic Hospital used its intervention to most closely resemble the second scenario in which they needed to dis-otherwise,...
rather entailed a different moral object. 17

Closing the discussion, Grisez noted that the mother's love for her child was a "natural, unalienable right," and that the Church's teaching about the value of human life was "verbal truth." He concluded that the Church's position was consistent with the natural law tradition.

Grisez's analysis was based on the idea that the moral object of an action could be described as the end to which an act is ordered.

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the nature of those devices (some of which have abortifacient properties) and also provides for procedures (some of which remain unknown. However, one factor which certainly appears to come to light as a result of the bishop procedures were apparently never subject to ethical review by ecclesiastical authority.

Catholic Owned “Community Hospitals”

There was another disputed issue between Catholic Healthcare West and the bishop of Phoenix. Chandler Medical Center in the Diocese of Phoenix is a “community hospital” which is part of the Catholic Healthcare West system. The bishop insisted that Chandler Medical Center be removed from the list of Catholic health care facilities that are, in the bishop’s opinion, to assure the public that pregnant women were safe in St. Joseph’s Hospital.

But what of their unborn children? And what of mothers who desperately want to be able to bring their children to term? Do they have the assurance that physicians will not only not refuse to perform but will 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 dif-

cult situations.

Women in the United States have known since 1873 that they can go into most hospitals without the risk of an abortion if they desire. Yet expectant mothers have still chosen Catholic hospitals. Perhaps the explanation is that Catholic hospitals have publicly committed themselves to the Ethical and Religious Directives which prom- ise compassionate and sound medical care and a commitment never to violate human dignity through surgically mutilating the child even in the case of prolonged suffering. The refusal of Catholic Healthcare West to have Chandler Medical Center comply with the directives would have been sufficient grounds for the bishop of Phoenix to deny Catholic Healthcare West the privilege of operating in his diocese.

The refusal of Catholic Healthcare West to have Chandler Medical Center comply with the directives would have been sufficient grounds for the bishop of Phoenix to deny Catholic Healthcare West the privilege of operating in his diocese. The bishops are the authoritative interpreters of this document. One of the directives makes provision for addressing conflict situations where it would appear that one person must take precedence over another in order to save another in the course of a difficult pregnancy.

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

The Principle of Double Effect

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

The classic case of a difficult preg-
nancy to which this principle can be applied is the pregnant woman who has advanced uterine cancer. The removal of the cancerous uterus will result in the death of the baby but it would be per-

formed under the principle of double effect.

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

The principle, however, cannot be applied to the following case in order to perform an action that will result in the death of a child. A mother is suffering from hypertension which is not caused by any pathology of the reproductive system but aggravated by the preg-

nancy. Almost always these pregnancies can be carefully managed and the child born alive and healthy. The hypertension, if unchecked, however, may become a danger to the mother. The principle would not be done.

The decision to be made is whether the physician can act to prevent the foreseen evil even though it is foreseen that the child will die. The U.S. Conference of Catholic Bishops is not a body that is used to crossing a clear, bright line: It may indeed still arise, even though rarely. As the U.S. Conference of Catholic Bishops to pro-

Advance health care dignity in the context of Catholic health care.

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formed under the principle of double effect.

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

The principle, however, cannot be applied to the following case in order to perform an action that will result in the death of a child. A mother is suffering from hypertension which is not caused by any pathology of the reproductive system but aggravated by the preg-

nancy. Almost always these pregnancies can be carefully managed and the child born alive and healthy. The hypertension, if unchecked, however, may become a danger to the mother. The principle would not be done.

The decision to be made is whether the physician can act to prevent the foreseen evil even though it is foreseen that the child will die. The U.S. Conference of Catholic Bishops is not a body that is used to crossing a clear, bright line: It may indeed still arise, even though rarely. As the U.S. Conference of Catholic Bishops to pro-

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The bishops are the authoritative interpreters of this document. One of the directives makes provision for addressing conflict situations where it would appear that one person must take precedence over another in order to save another in the course of a difficult pregnancy.

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

The Principle of Double Effect

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

The classic case of a difficult preg-
nancy to which this principle can be applied is the pregnant woman who has advanced uterine cancer. The removal of the cancerous uterus will result in the death of the baby but it would be per-

formed under the principle of double effect.

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

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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.