# *In This Issue*

Edmund Haislmaier, in "The Complexities of Providing Health Insurance," gives an excellent overview of the perils facing Catholic agencies under the new Patient Protection and Affordable Care Act. The law transforms health care insurance into a public accommodation that enables the political order to advance its preferred policy agendas, some of which run contrary to the moral teachings of the Catholic Church. Under the law, the political order has the power to assert the supremacy of its moral judgments over those of religious believers. The well-publicized mandate to cover contraception, sterilization, and abortion-inducing drugs will be followed by other political mandates that may prove equally problematic.

Does living organ donation result in a mutilation of the donor's body? Given that mutilation is an intrinsically immoral act, the claim that it does would seem to make organ donation from living donors a moral impossibility. In "Organ Donation Is Not Mutilation," Rev. Anthony Stoeppel and Rev. Pablo Requena, MD, examine the efforts of theologians to understand the permissibility of organ donation in relation to the principle of totality and integrity. Some have held that not all acts of mutilation are intrinsically immoral; others have held that the removal of an organ is not a mutilation. The authors explain why the second view is correct in light of the teachings of *Veritatis splendor*.

New studies in the area of homosexual parenting have appeared in the literature. Thomas Finn examines some of them in "Social Science and Same-Sex Parenting." Although the claim is often made that homosexual parents raise children who are as well adjusted as those of heterosexual parents, the research in defense of this view is not rigorously scientific. Mark Regnerus, a researcher at the University of Texas at Austin, has laid out the flaws in the studies, and has also conducted a large and statistically significant study of his own. This research shows that children fare best when they are raised by a man and a woman committed to each other in the life-long bond of marriage.

Robert Kinney III, in "The Duty of the Homosexually Inclined Physician," speaks about the need of doctors who have same-sex attraction to make their

orientation known to their patients. Given the close physical contact and touching involved in medicine, there is a moral duty to convey this information. This duty must be reinforced by appropriate rules and regulations of professional organizations. Men and women regularly choose physicians of their own gender in an effort to avoid unpleasant sexual suggestions or incidents. Patients who then unknowingly choose a homosexual physician may thus find themselves the object of sexual attention despite their best efforts to avoid this complication.

The debate over the provision of assisted nutrition and hydration has essentially been settled. They are basic human necessities that should be provided to all patients, even by artificial means, except in exceptional cases. One of the main objections to this conclusion draws a parallel between providing nutrition and hydration and providing oxygen. If food and water are part of ordinary care, then why is oxygen not also ordinary care? John Skalko, in "If Food and Water Are Ordinary Means, Why Not Oxygen?" brings the question out into the open. He uses his expertise in the area of ventilatory support to show that, while certain analogies can be drawn between the two types of treatments, the differences are very significant. These differences cannot be clearly seen until one distinguishes among the various senses of the phrase "the artificial provision of oxygen."

*The National Catholic Bioethics Quarterly* has printed many articles over the years—pro and con—on the question of whether assisted nutrition and hydration is obligatory for those who suffer various types of dementia. In "Alzheimer's Disease, Tube Feeding, and Prudential Judgment," Vince Punzo argues against automatically assuming that patients in an advanced stage of Alzheimer's should be given assisted nutrition and hydration. He reviews past articles in this journal and recent magisterial teaching, and contends that there is room for prudential judgment on a case-by-case basis. The subjective standard of repugnance (*vehemens horror*) should be given appropriate emphasis in any judgment about whether tube feeding constitutes extraordinary means. Many patients and family members consider the insertion of a tube to be a violation of bodily integrity and so oppose the measure on subjective grounds.

The title of Matthew Heffron's article is self-explanatory: "Providing Health Care to Patients against Their Will." In some cases this is not only permissible but obligatory, even though it might appear to violate the rule of informed consent. All health care institutions are subject to this conclusion, not just those that are Catholic. The author traces the development of the principle of informed consent through ancient and modern history, locates its origin in the dignity of the human person, and then turns to the various exceptions. These include emergency situations in which a patient would presumably give consent if he or she were able, treatment decisions for children who are under the moral direction of their parents, and care for those who are mentally incompetent and represented by guardians or proxies. In exceptional cases, governments may also mandate certain medical procedures, such as immunizations, for the sake of the common good. Although the exercise of this power should be rare, the Catholic Church recognizes the priority of the common good over the individual.

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