



*The National Catholic Bioethics Quarterly* provides a forum for debate on the most difficult questions facing Catholic and non-Catholic health care. In “Futile-Care Theory in Practice,” Ralph Capone, MD, and Julie Grimstad take a strongly negative view of the theory of futile care, especially as it is used in law as a means to limit treatment. These policies allow hospitals to withdraw a range of life-sustaining measures—including food and fluids—based on the physician’s perception of the quality of life of the patient. A medical futility law in Texas, cited by some as a model for other states, has had particularly negative consequences.

Of the three methods of resolving an ectopic pregnancy, the use of methotrexate remains the least settled in Catholic bioethics. Salpingectomy is almost universally recognized as a moral course of action, while salpingostomy is not. In “An Argument against the Use of Methotrexate in Ectopic Pregnancies,” Maria DeGoede, RN, critiques two arguments in favor: that of Rev. Albert Moraczewski, founder of The National Catholic Bioethics Center, and Christopher Kaczor, a regular contributor to our pages. She finds both wanting. Moraczewski, DeGoede argues, mistakenly identifies the trophoblast of the developing embryo as pathological, but it is healthy, though misplaced. Kaczor’s argument requires him to hold that the trophoblast is not a part of the embryo—a difficult position to defend.

Rev. James McTavish, FMVD, MD, in “Chastity and Homosexuality,” explores the continuing cognitive disconnect between the promotion of condoms in the homosexual community and the rampant increase in HIV/AIDS. The strategy is not working. The moral guidance of the Catholic Church, that men should not engage in sex with men, is often mocked by the wider culture, but risk-reduction strategies are clearly the most effective means for reducing the scourge of sexually transmitted diseases. Lung cancer has been greatly reduced by advising individuals to cease smoking, but the call to live a chaste life is not similarly received. The Church should continue to insist on the wisdom of its teaching as it reaches out to this devastated community.

Western culture has seen the rise of a new understanding of death as the solution to the problems of life. Manfred Spieker, in “The Legal Language of the Culture of

Death in Europe,” recounts a situation that is familiar to most observers of American culture. Language that appears to speak words of compassion is in fact designed to conceal advocacy for the killing of human beings. The culture of death attempts to conceal the malevolence of its mission, but it can only do so by using language that is ambiguous and even contradictory. Spieker shows how European law employs this linguistic deception by reviewing the standard areas of concern, namely, abortion, euthanasia, embryonic stem cell research, and the genetic testing of embryos.

Should physicians refuse to honor a do-not-resuscitate order in a case of suicide? This is the question that Michael Brian Humble, MD, raises in “Do-Not-Resuscitate Orders and Suicide Attempts.” His answer? Physicians should not honor them. Suicide rates are surprisingly high among the elderly, who are also more likely to be successful in their attempts. After a brief discussion of whether suicide can be a rational or competent act, Dr. Humble argues that implementing a DNR order on a patient who has attempted suicide involves the strong possibility of illicit material cooperation with the immoral intention. Catholic teaching holds suicide to be a grave assault against the love of self and neighbor. Therefore, in these cases, the principle of beneficence should take precedence over that of autonomy. The physician should assume that the patient is in need of psychological care or suffers from pain that has not been properly remedied.

*The National Catholic Bioethics Quarterly* tries to maintain a balance, pro and con, on the topic of embryo adoption. “A Thomistic Analysis of Embryo Adoption,” by Charles Robertson, argues against the practice. Although the question remains fundamentally unresolved, the Church has spoken clearly against using abandoned embryos as a remedy for infertility. That, at least, is settled. What remains is whether one may rescue these abandoned human beings for the sake of giving them a family and a home. Robertson examines the question from the perspective of the three fonts of moral action: intention, object, and circumstances. The author finds that the use of the wife’s uterus for the sake of gestating a child not one’s own constitutes a violation of the natural generative order. The woman does not engage in an act of sexual intercourse with her spouse to conceive this child and thus contravenes the exclusive right of her husband to gestate a child within marriage.

Jeri Gerding’s “Extraordinary Means and Depression at the End of Life” contains a wealth of practical information and resources for those who are trying to help others cope with the debilitating disease of depression. It is a well-recognized principle in Catholic bioethics that extraordinary means of treatment vary from patient to patient. Those who are near death or suffering from multiple health crises are subject to a less rigorous standard. Gerding asks whether those with untreatable depression might also fit this category. Obviously, judgment is impaired in patients who have serious depression, but in some cases the loss of the will to live is the result of unrelenting medical and psychological difficulties. This must be taken into account when assessing whether a treatment is ordinary or extraordinary means for a patient with major depression.

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