



Richard Stryker, an expert witness on improvised explosive devices, recounts his experience of fathering a child born with trisomy 13 (Patau syndrome) in “Poor Prenatal Diagnosis: A Father’s Journey.” In personal testimony, he takes the reader through the initial diagnosis, the anxiety of coping with the news, and the joy and sorrow of his daughter’s brief life. Along the way, he describes the many graces that resulted, discusses the importance of perinatal peer support, and gives witness to the beauty and sanctity of human life.

Some types of medical treatment are clearly futile, but the term may also be used to indicate procedures that offer some limited measure of benefit. This produces conflict between patients who have a clearly defined reason to pursue extraordinary means of treatment and physicians who do not deem certain procedures worthy of implementation. Grattan Brown explores these conflicts in “Clarifying the Concept of Medical Futility.” He suggests that the use of the category of “futility” be replaced in most instances with that of ordinary and extraordinary means.

The right of conscience is increasingly coming under pressure from the secularization of professional organizations and confusion over the meaning of the separation of church and state. Marie Hilliard, RN, in “Affordable Health Care: The Nurse, the Poor, and the Vulnerable,” examines how the Patient Affordable Care Act has added to these difficulties, especially in its insistence that health care workers must be ready to violate their right of conscience at the command of law. Public policy often redefines Catholic ministries as licensed agencies of the government, but nursing is a vocation. The use of public policy to compromise the work of nurses has the potential to seriously jeopardize the health of patients.

The National Catholic Bioethics Quarterly has published many articles on the topic of nutrition and hydration, especially as it applies to patients suffering from dementia. In “Challenging Common Practice in Advanced Dementia Care: A Fresh Look at Assisted Nutrition and Hydration,” John Howland, MD, and Deacon Peter Gummere point out that the medical profession is too quick to remove these life-preserving goods from patients who suffer with Alzheimer disease or other debilitating

diseases of the brain. The authors note the limited research that has been done on the benefits of nutrition and hydration for these patients, and lay out five key subjects for future investigation that would definitively settle the question.

The removal of an organ from the human body has typically been justified only when the organ shows clear evidence of disease and when there is no less radical means of eradicating the danger. This standard is reflected in the language of “a clear and present pathology” that is used, for example, in the *Ethical and Religious Directives for Catholic Health Care Services*. But what does one do when an organ is still healthy but poses an increased statistical risk of disease? Rachelle Barina examines this question in “Risk-Reducing Salpingectomy and Ovarian Cancer: Chasing Science, Changing Language, and Conserving Moral Content.” She argues that ovaries may be removed from women who are at a high risk of developing ovarian cancer even though no disease is present. Barina reminds us that Pope Pius XII had already indicated that the removal of a healthy organ would sometimes be permissible if its normal function might cause the spread of disease or if its continued presence threatens the general health of the patient. After criticizing authors who conflate risk with disease, Barina concludes that both risk-reducing salpingectomy and salpingo-oophorectomy are permissible under Catholic teaching.

David Albert Jones, in “Magisterial Teachings on Vital Conflicts: A Reply to Rev. Kevin Flannery, SJ,” returns to a subject much debated in these pages: medical cases in which the only means of saving the life of the mother is the removal of a child from the womb. Are these procedures direct abortions? Or are some of them justifiable because they only indirectly cause harm to the unborn? Jones argues that the question cannot be declared settled under the current magisterial teaching of the Catholic Church. Although strong condemnations have been issued by the Vatican in the past, these must be understood within the context of their time. The author gives a careful historical overview of these several magisterial interventions. Although the condemnation of abortion is clearly *de fide*, it remains unclear what constitutes a “direct killing.” For the present, the Church remains willing to accommodate a wide range of arguments on this divisive topic.

The final article in this issue is a translation of Urbano Cardinal Navarrete’s 1997 publication, “*Transexualismus et ordo canonicus*,” which originally appeared in *Periodica de re canonica*, a journal of the Pontifical Gregorian University in Rome. Three years later, the Congregation for the Doctrine of the Faith issued a confidential document on transsexualism to guide local ecclesiastical authorities. That document remains unpublished, but the present article, in its the first authorized English translation, was the basis for those guidelines. Navarrete distinguishes transsexualism from other sexual anomalies, such as hermaphroditism, and argues that individuals who have undergone mutilating sex-change operations are incapable of entering into marriage. The surgeries do not change the actual sex of the person: sex is determined by a person’s physical and genetic condition at birth. The same negative judgment governs the reception of these transsexual individuals into Holy Orders or the consecrated life.

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