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Moral Analysis of a Procedure at Phoenix Hospital

M. Therese Lysaught, Loyola University Chicago
“It was not a case of saving the mother ‘or’ the child. It was not a matter of choosing one life ‘or’ the other.”

Moral Analysis of Procedure at Phoenix Hospital

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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 a pathology in its maternal environment, not because of a pathology of its own but in response to it. The ethics committee understood that ending."

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 could be saved, but the treatment 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.

Cardiogenic shock is a state in which the heart cannot lift the increased blood pressure due to the growth of the fetus. In short, the heart cannot provide enough blood to the organs of the body. Therefore, a dilation and curettage, or abortion, is not an option. The options are to give up on the pregnancy or to continue it.

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Based on these facts, the ethics committee at St. Joseph’s Hospital 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. The ethics committee determined that the intervention was not the life of the child 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 as the source of progesterone and other important hormones. The placenta is the organ that takes over the pregnancy at nine weeks. The placenta is the organ that sustains the pregnancy. The placenta is the organ that keeps the mother alive.

"The Gospel of Life":

"I declare that direct abortion, that is, abortion with the end or as an end, constitutes a grave moral disorder, since it is the deliberate killing of an innocent human being. This decision is based upon the actual pathology and illness. The decision should always be treated, to the extent possible, with all the respect due to everyone, including the physician who is caring for a patient who is pregnant. The pregnant woman should always be treated with the respect due to her as an innocent human being. "

"What Can Be Done?"

"To what can be done in such a situation is not determined by the actual pathology and illness. The decision should always be treated, to the extent possible, with all the respect due to everyone, including the physician who is caring for a patient who is pregnant. The pregnant woman should always be treated with the respect due to her as an innocent human being. "

"The Ethics of Religious Directives for Catholic Health Care Services" (4th ed.) and their understanding of the Catholic moral tradition, the ethics committee determined that the intervention would not be considered a direct abortion. They therefore approved the intervention, which was carried out on Nov. 5, 2009.

Moral Analysis

This primary question in this case is whether 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 augmen- tate an existing condition, and does not entail the termination of the child of being a threat to the mother."

In difficult situations when the mother’s life is threatened by an underlying condition, the mother will be directly to kill her unborn child and, in so doing, to violate the child’s rights. A dilation and curettage or abortion is only justified if the non-invasive end in this context is the same as an abortion since it is the deliberate termination of an unborn child. The reason for such intervention is developed based on the normal child of the child’s life approached 100 percent, is near 100 percent and is “close to 100 percent” if we were to continue the pregnancy. The chart also noted that “surgery is absolutely contraindi- cated.”

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. The presence of this restricted flow is heart’s lower right chamber (the right ventricle) has to work harder to pump blood into the lungs, which eventually causes the mother’s heart to weaken and fail. Pulmonary hypertension is a very serious condition and becomes progressively worse; it is not curable but it can be treated, easing the symptoms; it is sometimes curable.

The normal physiologic changes accompa- nying pregnancy — increased blood volume (40 percent), increased cardiac output (30-50 percent) and a reduced systemic blood pressure (10-20 percent by 28 weeks) — exacerbate pulmonary hyper- tension, making it more difficult to deal with the increased risk of mortality for the mother.

In the current case, the patient’s attempt to continue the pregnancy in order to nurture the child’s life led to the two following physiologic outcomes: the failure of the right side of the patient’s heart and cardiogenic shock. The chart noted that she had been informed that her risk of mor- tality “approaches 100 percent,” is “near 100 percent” and is “close to 100 percent” if we were to continue the pregnancy. The chart also noted that “surgery is absolutely contraindi- cated.”

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These facts are important to establish because the claim has been made that the hospital sought primarily to end the life of the fetus as the means to save the mother’s life. This, however, is physiologically impossible. It is likely that in this case as in many cases of natural fetal demise, the death of the fetus in utero had had no effect on the physiologic effect of the mother. In many cases of fetal demise, the preg- nancy itself continues, fetal death is often not detected for weeks or months, although the pregnancy itself continues to proceed and develop because the hormones required for sustaining and advancing the pregnancy come from the placenta and fetus. Oxygen delivered to the placenta is the organ that takes over this function when the fetus is no longer alive. The child’s life, because of natural causes, was in the process of ending.

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the death of the fetus is not desired, intended or willed; that is, the act is for a reason that is not the cause of the death of the legitimate end. Second, it suggests that the opposite of ‘direct’ is ‘indirect’ rather than ‘indirect’ or ‘accessory’; therefore, an agent could ‘indirectly’ will an end, which is not descriptively accurate, per Plus. Rather, the agent is not willing, desiring or intending the ‘inconsequence’ or ‘accessory’, therefore, ‘non-direct’ (or ‘nonwilled’) seems more accurate. Third, Plus makes clear that the term ‘direct’ is a term of consequence, extending an action to another 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.

To address these questions requires a better understanding of the Thomistic notion of the “moral object.” 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. Josephs.

The Moral Object

Determining the object of an act is one of the most critical steps in moral analysis. Understanding how the moral object is constituted in an act, however, remains one of the most difficult and complex components of Catholic moral theology. Moreover, the moral object was articulated by St. Thomas Aquinas in the Summa Theologiae (II-II, q. 18, a. 21), which formed the basis of the development of the subsequent Catholic moral tradition.

Many leading contemporary Thomistic scholars have, hold, however, a different view of the neo-Scholastic interpreters and much of the classical tradition, important nuances in the understanding of the moral object — and, indeed, the moral actions themselves — were lost. This resulted in methodological problems in 20th-century Catholic moral theology, which, in turn, access to which, it was impossible to discern apart from St. Josephs Hospital and St. Josephs Hospital, the Medical Center. The margin includes a statement by Father Ehrich’s statement, pronounced.”

These clarifications are noteworthy because the categories section at St. Josephs referred to certain interventions (such as those described by Plus XII above) as “indirect abortions.” This language of “indirect” has carried over into the contemporary Catholic moral tradition to the point that it is still, at times, within the Catholic literature.

Such a description, however, is predicated upon a distinction drawn between the Thomistic notion of the moral object of an action, has led to a misapplication of the principle of double effect and suggests that there could be exceptions to the fundamental moral norm prohibiting the intrinsically evil act of abortion.

Moreover, it is notable that none of the magisterial documents cited another’s term, as in subsequent, in no way desired or intended, but inevitable, the death of the fetus, such an act would not be called a direct or indirect killing. In these conditions the operation can be lawful, as can other similar medical interventions, provided it be a matter of genuine necessity, such as in the circumstances, it is not possible to postpone till the birth of the child, or to have recourse to any other efficacious means.”

This passage clarifies three essential points.

First, “direct” is characterized as having the desire, intention or will to kill. Actions in which...
end deliberately chosen by the will (in certainty of means). In John Paul II’s words: “The morality of the human act depends on the intentionally on the object ‘nationally chosen by the deliberately will’ (emphasis in original).

In order to be able to grasp the object of an act, one must bring about a given state of affairs. 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 event of the merely physical order, to be produced by the means taken to bring about a given state of affairs in the outside world.”

That object 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 instating that this moral object must not be understood as ‘a process or event of the merely physical order, to be produced by the means taken to bring about a given state of affairs in the outside world.”

The following analysis relies on his work at the School of Philosophy of the Pontifical University of America Press, Washington, D.C. Here he offers analyses with respect to the life or death of the embryos, the question “to kill or let live” can no longer be decided about or chosen; and it is not the question of how one will save the child that remains the question: “Mother or saving her life that simultaneously or of the medical interventions that would otherwise survive could die its death be stated as being saved as a means — and a means that is not only morally permissible but the other way. But in our case, the death of the fetus is not willed in order to save the mother, as far as the life of the fetus is concerned, it is beyond any kind of willing.”

Here Rhonheimer follows St. Thomas in understanding that “Life or death of the mother” can no longer be decided about or chosen, but “death of the mother is not a means to the end of saving the life of the mother.”

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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 extraterrestrial gravity or the cancerous uterus, the child at 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 dilation and curettage was an attempt to prevent a death by direct killing, morally, the death of the child would have been a “stranger intention,” outside the scope of the intention and therefore avoiding the health ambiguities that problems with the action might entail.

In other words, Grisez argues, following Pius XII, one could not kill a death without it being a direct killing. By this logic, not all intentional abortion involves intentional killing; in other words, “someone might choose to abort without choosing to kill.”

Grisez posits two scenarios where one might be justified in choosing to kill, those situations in which “(a) a woman suffering from kidney disease becomes pregnant and wants to have an abortion and then avoids the health ambiguities that problems with the action might entail,” and (b) one cannot save the mother.

“With respect to the moral object of the intervention at St. Joseph’s Hospital is clear. The case clearly meets Grisez’s four criteria: (i) a pathology threatened the lives of both the pregnant woman and her child; (ii) 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.”

Grisez would therefore oppose to the proposal adopted in St. Joseph’s Hospital the word “abortion” itself is not, as the National Catholic Bioethics Center itself is not, as the National Catholic Bioethics Center

In the subsequent section, he makes clear that “sometimes the baby’s life should be given priority” and the moral object is not “abortion” but rather “saving the mother’s life.”

“Importantly, however, in the section where Grisez explicates the formal criterion of moral object, he does not use the term “abortion.” In the preceding sections, he clearly states that “intentional abortion does not involve intentional killing” (p. 28).”

Yet he proves to the cases that must be met for these four criteria perfectly identified as “indirect” killing, the baby’s life was not at stake, in unifying the church’s teaching. “For example, in cases in which the baby’s death was not intended (which is possible when some others as well) admitted the acceptance of a cancerous grave, but might choose to maintain an ectopic pregnancy. This moral norm plainly is sound, since the operation instantly emeritus professor of Christian ethics at Mount St. Mary’s University in Emmitsburg, Md.

In Volume 2 of The Way of the Lord Jesus, entitled Living a Christian life, Grisez takes up the question, “Is abortion always the wrongful killing of a person?” As with other authors, Rhonheimer again centers on the concept of the moral object with specific attention to intention. As he notes, “Intentional killing is synonymous with another expression sometimes found in the church’s teaching: direct killing.”

Again, the application to the case at St. Joseph’s Hospital is clear. The case clearly meets Grisez’s four criteria: (i) a pathology threatened the lives of both the pregnant woman and her child; (ii) 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 (iii) an operation that could save the mother’s life would result in the child’s death. Therefore, should any ethics committee under the rubric of self-defense, the demonstrative of self-defense, he demonstrates that for Aquinas, the object of the act of legitimacy is not as genuine as it involves a physically direct act of killing — because the act of self-defense, on the basis of the object, is an act of “self-preservation,” which is a good. In Rhonheimer’s words:

What is effectively done here [in Thomas’s self-defense] is nothing more than positively preserving the right to live which is an essential part of the enjoyment of every human free person. As such, the act is not a wrong but rather a positive act.

To understand this proposal, one must recognize that the death of the life-saving act is the formal part of the basic intention or the intentional content of the act. Rhonheimer argues that the death of the embryo in an abortion is synonymous with another expression sometimes found in the church’s teaching: direct killing.

“The purpose of a dilation and curettage in and of itself is not, as the National Catholic Bioethics Center states repeatedly, the dismemberment of a fetus.”

As mentioned earlier, Rhonheimer explicitly places himself in the company of the classical moralists, both of whom have written: “If the mother’s life is not at stake, it is unfair to accept the baby’s death.” But he also emphasizes that “in a situation in which the lives of both a pregnant woman and her child at stake and both cannot be saved, if an operation can be performed of a self-defense saving one or the other, fairness can require the procedure more likely to save at least one.”

According to Rhonheimer, the expert scholars of Thomas Aquinas, are dedicated to Veritatis Splendor and Evangelium Vitae, and who have made clear their dedication to magisterial teaching.44

That opinion would have supported the proposal adopted in St. Joseph’s Hospital. But he also proposed to the ethics committee that the mother’s life would, at least prima facie, result in the child’s death. Grisez himself would not be justified according to Directive 48. Reasoning analogously from these cases, Rhonheimer would have concluded that: a. Attempt to rely on the principle of double effect, even though both these cases would meet the criteria in the section that when an act follows another act, there are no longer two effects. b. Reason that in the cases of a cancerous uterus, ectopic pregnancy or chemotherapy, “abortion” might be performed directly killing the child although it is understood to be “indirect” on the moral level, therefore, the child’s death would likely have viewed the interven-.
tion proposed in this case (dilation and curettage) appears insofar as its use is analogous, and perhaps less grave, given that here the child was already in the placenta or its membranes.”

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 comment on the critical analysis of the statement by the Committee on Doctrine of the USCCB was also requested. These follow below.

The National Catholic Bioethics Center states repeatedly, “the dismemberment of a fetus...” To claim that what was “intended...” in the procedure was the dismemberment...” in that scenario and instead refers to the directness of the medical intervention vis à vis either a pathological organ or the fetus.

The Catholic tradition statements do 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.

Legitimate Medical Procedures.

They offer two scenarios. The first scenario presents an abortion, one in which “a pregnant woman is experiencing problems with one or more of her organs, apparently as a result of the added burden of pregnancy.” A surgical intervention “directly targets the life of the unborn child...” In the second scenario it was medically and physiologically almost certain whether the proposed intervention... The surgery does not directly target the life of the unborn child. The death of the mother does not indirectly affect the side effect and not the aim of the surgery.

The Committee on Doctrine does not draw any conclusions about the St. Joseph case in this brief. However, the foregone analysis, John Paul II, Paul VI, and Rhonheimer, I would argue that their analysis conflates the notion of direct/indirect with medical/physiological risk in order to argue that the notion of direct/indirect applies to the will and intention of the agent vis à vis the medical object of the intervention, in order to move away from the directness of the medical intervention vis à vis either a pathological organ or the fetus.

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rather entailed a different moral object. Given that the death of the fetus was, at maximum, nondirect and no more intention.

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.

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

2. Teresa Maldonado, MD, MPH, and Sat Sharma, MD, FACP (“Pulmonary Disease and Hypertension,” eMedicine, September 14, 2004).

Advisors and contributors:


Bibliography:

S. Sharma, FACP, and Robert E. Ziemer, MD, medical editors.

Bibliography:

Suggestions for Further Reading

17. Aquinas, Summa Theologica (Bk. 1, Pt. 3, q. 49, a. 1, ad 2). 
18. Aquinas, Summa Theologica (Bk. 1, Pt. 3, q. 49, a. 4). Aquinas notes that because a human being is in the胎宫 prior to the act of the extermination of the fetus, the exterminating act is not only necessary, but also deliberate. The act of extermination consists of the death of the fetus; from this fact, it is necessary that the exterminating act be deliberate.

Aquinas defines the delict of abortion as an act of extermination of the fetus (fetus exterminaturum) and its position of the documents speak to the situation faced at St. Joseph’s when both the mother’s and the child’s lives are in peril.


For Mayoclinic.com, “Pulmonary Hypertension,” www.mayoclinic.com/health/pulmonary-hypertension/[
27. Murphy, 113.

The argument is not that one is always justified in using the term “influenza” in this context. Rather, it is that the term is used in such a way that it does not change the essential character of the disease. This is because the disease is not an actual influenza but rather an influenza-like illness.

In practice, this means that the term “influenza” should be used only when it is appropriate to do so, and not as a means of avoiding the use of a more accurate term.

For Mayoclinic.com, “Pulmonary Hypertension,” www.mayoclinic.com/health/pulmonary-hypertension/[...

It is interesting to note that the title of the book is “Influenza and its complications.” This is because it is unclear what the disease is that the book is about, and this is not the first time that this has happened.

The book is about a disease that is not influenza but rather an influenza-like illness. This is because the disease is not an actual influenza but rather an influenza-like illness.

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29. Smith, 178.

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32. Smith, 178.

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For Mayoclinic.com, “Pulmonary Hypertension,” www.mayoclinic.com/health/pulmonary-hypertension/[...
vided by the National Catholic Bioethics Center.

The Heroin of Mothers

The tragic events that occurred at St. Joseph's Hospital in Phoenix in November 2009 should be a reminder of the extraordinary courage and self-sacrifice that mothers take upon themselves in the service of new life. Although modern medical science has thankfully reduced some of these situations for the mother and the child she is carrying. Even if it does not come to situations threatening death, women must still bear life-threatening 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 continue to cross a clear, bright line: It may never directly take the life of an innocent human being, even if it could accomplish this from a direct assault upon their lives. This humane practice of medicine follows the advice of the great Greek physician Hippocrates whose oath states unequivocally: “I will never give a woman a medicine to cause abortion; I will give no one a deadly medicine even if asked, nor counsel any such thing.” Such a commitment never to violate human dignity 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 institutions are expressly committed to coming to them for help that there are other options.

The “Ethical and Religious Directives for Catholic Health Care Services” have been written and approved by the U.S. Conference of Catholic Bishops to provide guidance to Catholic health care institutions on what may or may not be done in order to protect and advance human dignity in the context of Catholic health care. 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 upon himself 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 proportionately 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, or 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 effect of the act is necessary and proper 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 pregnancy to which this principle can be applied is the pregnant woman who has advanced cervical cancer. The removal of the cancerous uterus will result in the death of the baby but it would be permissible 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. Nevertheless, one sees that the child will die as a result of the removal of the diseased organ. 3) The good action, i.e., the removal of the diseased organ, is 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 since the life of the mother is saved.

The principle, however, cannot be applied to the following case in order to remove an action that will cause 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 unharmed.

The hypertension, if unchecked, however, may become a danger to the pregnancy even to 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 effect performed by the destruction of the child by crushing or dismembering it and removing it from the uterus. Such a procedure would violate the first condition of the 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 means toward the good end of enhancing the woman’s health. The child is removed from the uterus to avoid violating. 3) 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 mother or the child good might come of it. 4) One might argue that there is a proportionate reason to take the life of the child to save the mother’s life at risk. However, this condition is not applicable because the proportionate reason: application of some of which have abortifacient properties and also provides for abortion under certain circumstances. Although the health care pro-

One of the most dismaying facts to come to light is a result of the bishop withdrawing his statement about the status of the Catholic owned “community hospital” which is part of the Catholic Healthcare West system. The bishop insisted that 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 and its affiliate, Catholic Healthcare West. The center was not submitted to the bishop by Catholic Healthcare West. The public that pregnant women were safe in St. Joseph’s Hospital.

But what of their unborn children? And most of the mothers who 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 sale 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-

ficult situations.

Women in the United States have known since 1873 that they can go into most hospitals and receive an abortion if they desire. Yet expectant mothers have still chosen Catholic hospitals for fear that their unborn child will be aborted. The moral principle of double effect states that mothers have still chosen Catholic hospitals for fear that their unborn child will be aborted. The moral principle of double effect states that physicians will not encourage, urge or even pressure them into aborting their children when a difficulty arises.

“The factor which certainly appears to have contributed to the difficulties in Phoenix is that the hospital was not in consultation and communication with the bishop regarding the appropriate interpretation and application of the Ethical and Religious Directives.”

The U.S. Conference of Catholic Bishops agreed with the judgment of Bishop Olmsted, that is, “community hospitals” owned, operated, financed and as family members, our gratitude to mothers can surely know no bounds.

Individuals approaching Catholic social services and health care institutions should be aware that what takes place in such facili-

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 bishop of Phoenix had come to light the tragic incident that occurred at St. Joseph’s Hospital.

The bishop has final responsibility for all the Catholic institutions that operate in his jurisdiction and is ultimately accountable for their fidelity to Catholic faith and practice which guarantees humane and compassionate practices.

Humane and Compassionate Care

Individuals approaching Catholic social service and health care institutions should be aware that what takes place in such facilities will be consistent with Catholic teaching. Individuals approaching the bishop of Phoenix removed the Catholic status of the hospital, a hos-

The public is free to choose the kind of health care they receive. And most of the mothers who 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?

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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.

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.