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Letters to the Editor ...

Catholic Physicians' Guild

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To the Editor:

Worthy of discussion in the pages of *Linacre Quarterly* I believe, is the astounding determination by the National Conference of Catholic Bishops (abstract: Reese. *America* 10 Dec 1994) regarding cooperation by Catholic hospitals with entities which provide medical services that are not consonant with Catholic teaching:

The bishops note that cooperating with such entities could be licit under certain circumstances: if the services are not performed in the Catholic hospital or if the services are performed under duress. Duress, for example, could be applied to a Catholic clinic in a poor neighborhood that is dependent on interns unless a full range of birth control services were offered. If the clinic refused, it might be forced to close and the poor would not be served.

Note that "a full range of birth control services" is usually considered to include abortion. Am I missing something here? Are moral principles to be followed only if there is no duress? Tell that to Thomas More, Franz Jägerstätter, and the myriad other Catholics — amous and obscure — who have tried through the ages to live moral lives both professionally and personally. In this context it is ironic that, writing in the current *Linacre Quarterly*, Msgr. Lorenzo Albacete says "...I warn you of St. Luke's Guild becoming a circle for ethical... discussions". It seems to me that the bishops need the Guild for just this purpose, to provide an ethical framework for such pronouncements as noted above. Also ironic is the fact that, in the current *Linacre Quarterly*, there is an excellent and scholarly article entitled "Cooperation with evil: its contemporary relevance".

— Eugene Laforet, M.D.

To the Editor:

I wish to clarify several facts as requested by Dr. Alan Shewmon regarding my previous publication, "Philosophical and Moral Issues of Organ Transplantation at the Close of the Twentieth Century."

It is due to the lack of unanimity especially in the last several decades that causes me to want to address this issue. It is alarming that there has been a gradual shifting of moral values toward utilitarianism especially among physicians. As Dr. Shewmon points out, it is most appropriate that I address from a philosophical perspective whether or not whole-brain death is identical with the death of the individual.

The matter of defining death is complex since it involves not only biological medicine but also philosophy and theology. For instance, theology defines death as the process of the soul — which is the substantial form of the body — irreversibly leaving the body such that the body is no longer animated. Classical philosophy maintains that we know the presence of the soul through its operations: vegetative, sensitive, and rational. If there is total and irreversible death of both the higher and lower brain, we must assume that the person likewise is dead. The reason for this is that the soul's powers of the intellect and will as well as the senses and memory and imagination could not possibly be functioning; also, the concupiscible and irascible appetites — the emotions — could not possibly be present since the higher brain is needed for the soul's operations to be expressed. The vegetative powers of reproduction, growth, and nutrition could not be present if the lower brain is irreversibly dead.

Total and irreversible death of the higher and lower brain results in the absence of the rational, vegetative, and sensitive powers of the individual; hence, it is not possible that the soul's operations could be performed. The complete and irreversible death of the higher and lower brain is the death of the individual.

— Fr. Joseph C. Howard, Jr.
Loyola College Prep