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If there is a single book dealing with the issues of sexual ethics, legitimate conception regulation, marital intercourse and contraception which deserves the label "must reading," it is this one. This is suggested by its impressive array of authors, four of whom are distinguished lay scholars; the other an eminent Jesuit moralist.

Germain Grisez taught ethical theory at the graduate level at Georgetown University and now holds the endowed Flynn Chair in Christian ethics at Mount St. Mary's College, Emmitsburg, MD. He is an internationally respected author in both ethical theory and moral theology, and most recently of the monumental work, Way to the Lord Jesus, Vol. I, Christian Moral Principles.

John Finnis is professor of jurisprudence at Oxford University and a member of the Vatican's International Theological Commission.

Joseph Boyle is professor of philosophy at the University of Toronto. He specializes in ethical theory and moral theology. He is book review editor of this quarterly.

William May is professor of moral theology at Catholic University, a prolific author, and a member of the Vatican's International Theological Commission.

Father John Ford, S.J. (deceased), taught moral theology at Catholic University for many years and also was a member of the original commission established by Pope Paul VI to study the issues of population, family and conception regulation. He was surely one of the finest moral theologians America has produced.

Unfortunately, the title of the book is misleading, for it suggests that it is just an essay in Catholic ecclesiology. However, one of the two reprinted journal articles which comprise the book, deals primarily with the normative and ethical aspects of marital intercourse and contraceptive acts. The article entitled: "Every Marital Act Ought to be Open to New Life: Toward a Clearer Understanding," is basically a natural law argument in support of some uses of Natural Family Planning (NFP) and against any 1) action or 2) choice intended to impede "the beginning of the life of a possible person."(36)

I will not summarize the authors' main argument, even though I am convinced that it is sound, subtle, and the most convincing one I have seen. I will, instead, focus on the argument for a key premise in the main argument, namely that the marital act is sexual and the contraceptive act is essentially nonsexual. One of the reasons why that argument is important is that it neutralizes any argument which would employ the principle of double effect (e.g., choosing to drive one's Mercedes Benz and accepting, as an unintended side-effect, the result that the care will wear out) to justify "what is done in one act [contraception] by the good features of another distinct [marital] act."(42)

Anyone who fails to understand the authors' claim that there's an essential difference between an act of marital intercourse and an act of contraception cannot appreciate the full force of their assertion that "in and of itself, a contraceptive act is nothing but contralife" and, furthermore, why "the choice to contracept is contrary to reason and therefore is immoral."(53)
In support of their assertion that marital intercourse and contraception cannot be essential aspects of the same act, they point out that: “A young couple tempted to fornicate have two choices to make, not one: whether to fornicate or not, and whether to contracept or not. They may decide to fornicate and not to contracept, perhaps agreeing that if pregnancy occurs they will get married.”(42)

If a contraceptive act were an essential aspect of an act of marital intercourse, and not a distinct human act, then couples could not engage in an act of marital intercourse without engaging in a contraceptive act. But, the clause/statement (logicians call it a consequent) that follows the term then, is plainly false, for: “Many married couples who do choose marital intercourse never contracept . . . .”(42) So, when acts are essentially distinct, as marital intercourse and contraception are, it is impossible for one of them to be a mere component of the other.

In their main argument, the authors hold that contraceptive acts are in and of themselves contralife and, furthermore, that contralife acts are unreasonable and, therefore, immoral. This does not mean that people cannot have a reason to contracept. The point is that no such reason can remove the unreasonableness of contralife acts or choices.

They go on to argue that NFP need not be contralife. The argument here employs the principle of double effect in a subtle way. While this discussion seems sound as far as it goes, the reader will surely want further analysis. And, in the final section (VIII), they discuss “four pastoral approaches to the use of contraception that we believe to be disastrously mistaken.”(105)

In every section of the article — especially by way of notes — Grisez, Boyle, Finnis, and May make it clear that they have not only considered but met all the important challenges to the conclusions for which they have argued. That is one of the reasons why the article is a scholar’s trove.

The second essay, “Contraception and the Infallibility of the Ordinary Magisterium”, written by Grisez and Ford in 1978, is a detailed and, it seems, decisive defense of the thesis that the Catholic Church’s “traditional teaching concerning contraception cannot be mistaken and does pertain to faith, because even if the Church has never solemnly defined it, she has proposed it infallibly.”(11) They claim that a teaching does not need to be solemnly defined, i.e., declared ex cathedra by the Pope, as in a council, in order to be infallible. They support this position by a careful analysis of the teachings of Vatican I and II on the issue of infallible teaching by the ordinary magisterium, and show that the Church’s received teaching on contraception meets the conditions laid down by these Councils.

Their essay has generated a considerable amount of praise and negative criticism; and it seems fair to say that Grisez and Ford have effectively responded to the important criticisms (cf., esp., pgs. 10-16 in the General Introduction written by Grisez). Amendments to their argument have been restricted almost without exception to nuancing certain premises in their arguments and making certain implied premises explicit.

As a result of listening to their critics, Ford and Grisez have produced a more adequate argument. Unfortunately, some dissenting theologians appear unwilling even to consider Ford and Grisez’s argument.(17-18)

In the General Introduction, Grisez provides a brief statement of his and Ford’s amendments to their earlier argument and, in addition, a valuable analysis of some of the events surrounding the dispute over contraception.

If a second edition of the book is published, an adequate index should be included, for the authors refer to many figures who have been involved in the contraception controversy. Those references would be valuable for scholars who want to consider the issues in a more thorough fashion. That is especially important, since the authors hold that “The Church’s teaching on contraception is tightly interwoven with her entire moral teaching concerning sex, marriage, and innocent human life.”(10) So, they reject the claims of those who advocated a change in the Church’s teaching concerning contraception and simultaneously claimed that it “would leave the remainder of the Church’s moral teaching intact.”

Such an index would, therefore, enable an interested reader to locate quickly Ford
and Grisez's response to Joseph A. Komonchak, whose article appeared in the same issue of Theological Studies as theirs. Komonchak does not mention their article by name, but he asserts, according to Ford and Grisez, "that unless one engaged in a study similar to Noonan's [the reference is to John T. Noonan, Jr.'s important study: Contraception: A History of Its Treatment by the Catholic Theologians and Canonists], it would be simply dogmatic to disagree with Noonan's view, namely, that the approval of contraception could be a legitimate development of the tradition." An index would readily lead the reader to Ford and Grisez's rejection of Noonan's thesis.

Ford and Grisez's response appears in note 73 on page 182, where they point out that Noonan's — and Komonchak's — argument "would be sound only if Noonan's conclusion were entailed deductively by the premises. It is not; it follows as a hypothesis from an inductive argument."

This book is characterized by an uncommon scholarly integrity and by an equally admirable restraint in judging scholars who disagree with their conclusions. However, no one should misinterpret this restraint. True, the authors are not zealots, but they are steadfast in their opposition to unsound arguments and policies that produce or perpetuate "moral schism".

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Reasoning in Medicine: An Introduction to Clinical Inference
Daniel A. Albert, Ronald Munson, and Michael D. Resnik


Several years ago, Robert Veatch, addressing a group of physicians in Toronto, struggled to convince them that making a defensible ethical decision is a result of a reasoning process which involves appeal to rules and fundamental principles. Several in his audience insisted that rules were quite useless in medical ethics, and that ethical judgments were basically intuitive, "just like clinical judgments". It occurred to this reader that even apparently intuitive clinical judgments and diagnoses were likely also the conclusion of complicated reasoning processes, although carried out so quickly by the experienced clinician as to appear intuitive. Reasoning in Medicine thoroughly confirms the hunch that appeal to basic concepts, rules of inference and principles are common to both ethical and clinical decision-making, at least if the conclusions are challenged and justification of them is called for.

The authors (physician, philosopher of science and logician) begin with the clinical case of a Mrs. Halprin, who presents a number of symptoms defying quick diagnosis. A very detailed analysis of her case follows, resulting in the end in a diagnosis of systemic lupus erythematosus, and her eventual death from a related infection. The steps taken to arrive at this conclusion on the basis of the patient's history, clinical tests, and available knowledge are laid out painstakingly. There follow several chapters devoted to theoretical aspects of the reasoning used, with frequent illustrative references made back to the initial case.

They address the collection of data: the accuracy/precision distinction, the patient's own estimate, the nature of uncontrolled studies, randomized clinical trials, correlations, and causal connections. Next is a treatment of inductive inference: probability and statistics; logical, statistical, propensity and subjective concepts of probability, a "compromise view"