

Can the Catholic Church agree to condom use by HIV-discordant couples?

In the paper with this title, Luc Bovens argues that the Catholic Church ought to allow HIV-discordant couples to use condoms (*see page 743*). According to Catholic moral theology, intercourse is only permissible if it respects the natural purposes of sex, ie, the so-called “procreative” and “unitive” functions of sex. Condoms clearly thwart the procreative functions of sex and are therefore seen as morally illicit by the Church.

However, Bovens argues that there are special features of the situation faced by HIV-discordant couples that entail that their condom use is morally licit under the doctrine of double effect (DDE) as accepted by the Church. If a HIV-discordant couple pursues the unitive function of sex without using condoms, they run a significant risk that the unaffected partner will become infected. Condom use can diminish that risk significantly, and, if that is what the couple intends, they can invoke the DDE.

The main strand of Bovens’ argument is thus that “The DDE can condone the usage of condoms by HIV-discordant couples in a marital relation when the intended outcome is to prevent the transmission of the HIV virus and not to thwart procreation.”

JME invites responses to this well-argued, but undoubtedly provocative, paper.

What do hearing children of deaf parents think about genetic selection for deafness?

The issue of whether genetic selection for deafness should be allowed has generated quite heated debate in the ethics literature,

with strong positions being taken both for and against. In this issue, we publish an Australian questionnaire study by Mand *et al* analysing the views of hearing children of deaf adults (*see page 722*). Such children are, as the authors argue, “ideally placed to add to the academic discourse concerning the use of genetic selection for or against deafness”. The paper reports many interesting findings, so let me just draw out one. For those respondents who did not disapprove totally of genetic technologies to select for or against deafness, a very important factor for the permissibility of use of such technologies was whether they were used to create a match between the hearing status of parent and child. This may reflect their own experiences of being betwixt and between the hearing and the deaf world.

The responsibilities of scientists

Scientists can plausibly be claimed to have obligations to both the scientific community and society in general; and they have to be accountable for both how they do science and why they do science.

In an interview and focus group study, Ladd *et al* have studied both the “how” and “why” as perceived by scientists themselves (*see page 762*). They found that all their respondents recognised both categories of accountability, but that they balanced them in different ways according to where they were in the career trajectory. Younger scientists focus more on accountability related to the internal practices of science, whereas those later in their careers focus more on the societal implications. They also found that the understanding of the obligations was probably linked to a range of external drivers, such as the need to show societal impact in grant applications. Their conclusion is that: “To encourage accountability to society, we

advocate that academic institutions increase awareness of societal considerations from the very start of life scientists’ careers and increase the robustness of the peer review process to evaluate the value of research projects to the public”. Most are likely to agree with the first part of this conclusion, but the second part is likely to be more hotly contested.

Thinking through cases: dementia and competence

One of the most powerful tools in the ethicist’s armoury is the well thought out hypothetical case. This tool is used to good effect in the paper by Hope *et al* analysing decision-making for people with severe dementia under the UK Mental Capacity Act (2005) and the role of “best interest” considerations in such decisions (*see page 733*). Hope *et al* conclude that the law is flawed in various ways, and part of their argument relies on a series of interesting hypothetical cases. Consider for instance the following case:

“Case 4: The vegetarian with dementia

Mr N has been a committed vegetarian for most of his adult life. He develops Alzheimer’s disease. He lives with his daughter who is not vegetarian. She provides him with vegetarian food, but it becomes clear that Mr N is raiding her fridge and eating the processed meats and when his daughter catches him eating meat he is doing so with obvious pleasure.”

What should Mr N’s daughter do? Does it matter whether Mr N was vegetarian on moral or health grounds? Do moral values that a person held before becoming incompetent have greater weight in determining “best interest” than other kinds of values?

Decide for yourself or read the illuminating discussion in the paper.