

2012). Clearly, the results of such testing may be abnormal. If the patient chooses abortion for an abnormal result from a test that the physician facilitated or performed, then have they cooperated in an evil? Some might think they have. Others would contend that the testing itself is not the evil, the decision to abort is the evil and one need not participate in that. In fact, if one remains engaged in the patient's care one retains the opportunity to counsel and guide her from a Catholic perspective. Her ultimate choice must be hers. Universal consensus in this discussion is unlikely. If one is a prenatal care provider, however, who does not perform these diagnostic tests, it is not precisely the case that one "orders" them. The screening by itself is ethical, even though there is the possibility that it could lead to a decision or an intervention that is immoral, such as in the case of intended abortion on the basis of finding a genetic abnormality.

REFERENCES

ACOG (American College of Obstetricians and Gynecologists). 2012. Committee opinion no. 545: Noninvasive prenatal

testing for fetal aneuploidy. *Obstet Gynecol* 120: 1532–4.

- Egan, J.F., P. Benn, A.F. Borgida, J.F. Rodis, W.A. Campbell, and A.M. Vintzileos. 2000. Efficacy of screening for fetal Down syndrome in the United States from 1974 to 1997. *Obstet Gynecol* 96: 979–85.
- Hook, E.B. 1981. Rates of chromosome abnormalities at different maternal ages. *Obstet Gynecol* 58: 282–5.
- Hook, E.B., P.K. Cross, and D.M. Schreinemachers. 1983. Chromosomal abnormality rates at amniocentesis and in live-born infants. *JAMA* 249: 2034–8.
- Odibo, A.O., D.L. Gray, J.M. Dicke, D.M. Stamilio, G.A. Macones, and J.P. Crane. 2008. Revisiting the fetal loss rate after second trimester genetic amniocentesis: A single center's 16 year experience. *Obstet Gynecol* 111: 589–95.
- Seeds, J.W. 2004. Diagnostic mid trimester amniocentesis: How safe? *Am J Obstet Gynecol* 191: 607–15.

BIOGRAPHICAL NOTE

John W. Seeds, M.D., Professor of Obstetrics and Gynecology, Maternal-Fetal Medicine, Virginia Commonwealth University, Richmond, Virginia.

#6 Are there any measures that keep a Catholic physician accountable to the ethical beliefs of the Church?

JOHN M. TRAVALINE

Temple University School of Medicine, Philadelphia, Pennsylvania

Yes, there are measures to keep a Catholic physician, indeed all physicians, accountable to the ethical beliefs of the Church. I qualify the response to include all physicians in order to call to mind that ethical behavior

is objectively true and good, and not ordered to relativistic beliefs of one particular faith tradition or another, or to some other code of ethics. Further, to answer this question fully, it is first important to

examine the matter of moral accountability before considering ways of ensuring such accountability. Accountability does not make sense unless there is some guidepost by which an accounting is made. There must be a standard in order to judge one's level or degree of accountability. Without such standard, there is no way to make a determination of accountability.

So to begin examining the basis of accountability, we take as a starting point, man as created in the image and likeness of God. Created in this way, and with regard to the moral life, man, endowed with human reason, is made to recognize the voice of God which urges him "to do what is good and avoid what is evil." (Vatican Council II, *Gaudium et spes*, n. 9). Further, there is an obligation to follow this law "which makes itself heard in conscience and is fulfilled in the love of God and of neighbor" (*Catechism of the Catholic Church* [CCC], n. 1706). So we see that moral accountability essentially involves one's moral conscience. One's moral conscience, which is at the heart of every person, urges him to do good and to avoid evil. In addition, it provides him with capacity to judge choices, "approving those that are good, and denouncing those that are evil" (CCC, n. 1777).

In effect, one's moral conscience is what keeps one accountable to moral goodness, and, in the practice of medicine, acting ethically and in accord with the Church's teachings.

Having identified moral conscience as the locus for accountability, a corollary question arises: how is one's moral conscience kept in accord with the Church's teachings in the various issues encountered in clinical practice of medicine?

That the ways of ensuring moral accountability have to do with acting in accord with one's moral conscience presupposes that one's conscience is well formed and itself accords with moral truth. This of

course begins early in childhood and matures as we develop. For the physician in day-to-day clinical practice of medicine, who may many times be confronted with decisions and circumstances which are morally perilous, it is critical that prayer be habitual and nurtured. Prayer especially needs to be open to receiving knowledge, wisdom, and understanding, but also other gifts of the Holy Spirit in order to help sustain a moral life (CCC, n. 1830). Catholic physicians also do well to dispose themselves of the Church's liturgical and sacramental life as, in particular, the Eucharist, as the source and summit of the Christian life (CCC, n. 1324), is important in maintaining one on a path toward achieving good and avoiding evil. Sacramental confession, among its many fruits, provides the Catholic physician with the opportunity to take inventory of his or her actions in a serious way which in effect ensures moral accountability.

There is no moral police on duty to enforce the moral law, or to be dispatched to ensure that Catholic physicians are held accountable to moral principles. Physicians rely on their moral formation which of necessity includes a well-formed conscience, ordered to what is true and good. Using the many gifts we have received through sacraments and ongoing gifts through our full, conscious, and active participation in the Mass (Vatican Council II, *Sacrosanctum concilium*, n. 14), striving to live virtuously, with a humble disposition, we maintain a steadfastness with respect to our practice of medicine which accords with the teachings of the Church.

BIOGRAPHICAL NOTE

John M. Travaline, M.D., F.A.C.P., Professor of Medicine, Temple University School of Medicine, Philadelphia, Pennsylvania.