

Philippine Studies: Historical and Ethnographic Viewpoints

Volume 7 | Number 4

Article 5

12-31-1959

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Recommended Citation

Healy, S.J. (1959) "Medical Ethics: Some Current Doctrine," *Philippine Studies: Historical and Ethnographic Viewpoints*: Vol. 7: No. 4, Article 5.

DOI: <https://doi.org/10.13185/2244-1638.3161>

Available at: <https://archium.ateneo.edu/phstudies/vol7/iss4/5>

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philippine studies

Ateneo de Manila University · Loyola Heights, Quezon City · 1108 Philippines

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Philippine Studies vol. 7, no. 4 (1959): 461–479

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Fri June 30 13:30:20 2008

Medical Ethics: Some Current Doctrine

GERALD W. HEALY, S.J.

THE rapid advances in the field of medicine since the war have merited, by and large, lavish praise from Catholic as well non-Catholic sources. Occasionally Catholic writers or, more rarely, the Holy See itself has had to point out the limitations imposed on medicine by the moral law, or even to condemn some pseudo-scientific advances. We say "pseudo-scientific" advisedly because no true scientific advance or discovery will be immoral; no immoral doctrine or procedure could be scientific or to the best interest of man. This is obvious to the man who admits and believes that the same God who established the laws of nature also imprinted a moral law on the hearts of men. These two laws can never be opposed to one another; God could not be the author of disunity and strife.

When the Holy See has spoken officially or all the Catholic authors are in agreement on a given medico-ethical problem the Catholic doctor or layman has no moral difficulty; his course is clear. But when there is no official pronouncement and the moralists disagree among themselves the doctor or layman is rightly perplexed as to what is safe, if not certain, doctrine. This article will attempt to touch upon some of the main problems of our day in the medical world and to point out those solutions which are certain or at least solidly proba-

ble and may be put in practice without moral fault; some forbidden practices will also be indicated.

From these pages will also appear the debt we all owe to Pius XII, called, among his many titles, the Pope of Medicine. His more than thirty addresses in the decade before his death on medical-moral problems proved his ability and demonstrated his understanding eloquence when face to face with the myriad moral problems generated by the understandably human desire to advance the science of medicine by every possible means. Before the world had recovered from the shock of forced experimentations on prisoners of World War II, while the trappings of some totalitarian governments were being torn down and the rubble swept away, and as a new and worse menace was stretching its totalitarian tentacles out towards the same prostrate world, even then did Pius XII speak out boldly, fearlessly, serenely of the dignity of the individual and the inviolability of his personality. His applications of this sublime doctrine to medical science will leave the impress of his warm scholarly personality on medical ethics for decades, if not for centuries to come.

ORGANIC TRANSPLANTATION

There are few questions so much discussed today in Medical Ethics as the lawfulness of organic transplantation from one living person to another. The majority of writers seem to be against it but, as we shall try to show, the question has not been settled one way or the other.

Criminals offering the cornea of one of their eyes to blind people, the poor offering the cornea of one of their eyes for sale, the success of the Philippine Eye Bank for Sight Restoration Inc., the establishment of "eye banks" in various cities of the United States, all have contributed maximum publicity to this modern technique and practically forced the moralist to take a position pro or con. The rapid advance in surgical practice in recent years has made possible in our day the transplantation of organs that would have been considered impossible a century ago. The moralist has had to

apply his principles to a new set of facts and, at least up to the present, the Holy See has permitted free discussion and the variety of opinions that has resulted.

To date three varieties of homologous transplantation can be identified. The first is ovarian transplantation which is the transference of ovarian tissue from one woman to another. The second is the corneal transplant known as keratoplasty. Age difference or blood difference do not count; the essential thing is that the cornea be clear. Cornea removed from the dead may be used as well as those taken from the living. This operation has been performed successfully at least 175 times here in the Philippines with corneas from the dead.¹ The main example of the third has been the transfer of a kidney from one identical twin to the other from whom both diseased kidneys were removed.²

When it is a question of taking an organ from a dead person and using it for the living there is no dispute among the moralists. Pope Pius XII confirmed this doctrine in an address delivered on May 14, 1956.³ On this occasion the Pope was talking about cornea transplantation but for the same reasons we can conclude that no principle governing mutilation is violated when other organs are, with proper permission,⁴ removed from a corpse to benefit the living.⁵

Likewise there is no moral problem when it is a question of homografts that are for the benefit of both parties involved, i.e., when the purpose of the transplantation is to remedy contrary pathological conditions in both parties. The removal of the two pathological organs is a mutilation justified by the

¹ José A. Quirino, "They See Through Other People's Eyes", PHILIPPINES FREE PRESS, January 11, 1958.

² Edward H. Smith, "The Morality of Organic Transplantation," CONFERENCE BULLETIN OF THE ARCHDIOCESE OF NEW YORK 34 (September 1957) 65-66.

³ ACTA APOSTOLICAE SEDIS 48 (1956) 459-467.

⁴ John J. Lynch, S.J., "Recent Papal Addresses," LINACRE QUARTERLY 23 (August 1956) 79.

⁵ Edward H. Smith, *loc. cit.*

principle of totality; the transfer to another is subsequent to the justified mutilation.

Would it be allowed to remove from a donor a healthy organ when such removal is in no way beneficial to the donor but only to the recipient? If the removal of the organ should result in the complete suppression of a function, all the authors are agreed that such a removal would be illicit. It is only when the resulting suppression of a function is partial (e.g. of one eye, of one kidney), that moralists divide into at least two camps. Those who deny its lawfulness insist that they are supported by Papal documents; those who affirm it deny that the Holy See has spoken precisely on this matter and insist that this silence is deliberate to encourage further discussion of the matter.⁶

In the past mutilations were sometimes justified by the principle of totality but this principle, as Pius XII pointed out, can not be invoked to justify transplantation.⁷ Those who argue in favor of transplantation appeal not to the subordination of one member of the human race to another, but to the "ordination" of the *members* of the body of the individual to the bodily welfare of his neighbor. Given such an "ordination", the virtue of charity would then permit the sacrifice of some organ or its part for the physical good of one's neighbor.

Fr. Gerald Kelly, S.J., enunciates the thesis of those who defend transplantation thus: organic transplantation is licit provided it confers a proportionate benefit on the recipient, without exposing the donor to great risk of life or depriving him completely of an important function.⁸ The principal argument for the affirmative opinion is, according to Fr. Kelly, "the law of charity, which is based on the natural and supernatural unity of mankind, and according to which one's neigh-

⁶ *Ibid.* p. 76.

⁷ ACTA APOSTOLICAE SEDIS 48 (1956) 461-462.

⁸ Gerald Kelly, S.J., "Pope Pius XII and the Principle of Totality," THEOLOGICAL STUDIES, 16 (September 1955) 392.

bor is 'another self'. Thus arises the principle that 'we may do for the neighbor that which in similar circumstances we may do for ourselves'. Subsidiary arguments are drawn from the common teaching of theologians that one may, and sometimes must, risk one's life for one's neighbor, and that blood transfusions and skin grafts are permissible for the good of one's neighbor".⁹

Those who oppose the thesis are quick to point out flaws in this argument from charity claiming that there is an unwarranted illation from permissible indirect sacrifice of one's life for the sake of one's neighbor to unjustified direct mutilation for his sake. They claim that there is an attempt to justify an intrinsically evil mutilation by an appeal to the virtue of charity.¹⁰ But the strongest argument that they allege is that organic transplantation is against the papal teaching on the principle of totality.¹¹

The adversaries of the thesis declared that the allocution of Pius XII in May, 1956, on Corneal Transplantation¹² rejected the lawfulness of such transplantation *inter vivos*¹³. The proponents of the thesis insist that there is no such rejection since Pius XII stated explicitly that he was not going to discuss the problems of transplantation *inter vivos* but only from the dead to the living. The Pope did exclude the principle of totality as an argument to justify transplantation, but in so doing he did not necessarily deny that there were other arguments to justify it. After studying the allocution the following writers concluded that the Pope did not settle the moral question on that occasion: G. Kelly, S.J.,¹⁴ R. Carpentier, S.J.,¹⁵

⁹ *Ibid.*

¹⁰ Edward H. Smith, *op. cit.*, p. 72.

¹¹ Gerald Kelly, S.J., *op. cit.*, p. 393.

¹² ACTA APOSTOLICAE SEDIS 48 (1956) 459-467. Cf. THE POPE SPEAKS 3 (Autumn, 1956) 198-206.

¹³ J. J. Lynch, S.J. "Notes on Moral Theology," THEOLOGICAL STUDIES 18 (June, 1957) 229.

¹⁴ THEOLOGICAL STUDIES 17 (September, 1956) 333 and 343-44.

¹⁵ NOUVELLE REVUE THEOLOGIQUE 78 (November, 1956) 967.

F. J. Connell, C.S.S.R.¹⁶, G. Bosio S.J.¹⁷, J. Connery, S.J.¹⁸
J. J. Lynch, S.J.¹⁹.

Among those who oppose the thesis we find T. Iorio, S.J., Noldin-Schmitt-Heinzel, L. Bender, O.P., T. Goffi, G. Borg, C. McFadden, O.S.A., J. Kenny, O.P., Msgr. Madden and others.²⁰

In the ranks of those who favor the thesis we find the following: B. Cunningham, C. M., whose doctorate thesis on organic transplantation at Catholic University in 1944 gave great impetus to the discussion, F. Connell, C.S.S.R., who directed the thesis, P. Tesson, S.J., L. Babbini, O.F.M., J. Paquin, S.J., J. Ford, S.J., G. Kelly, S.J., J. Connery, S.J., J. McCarthy, G. Dantine, O.P., D. Bongiovanni, S.D.B., D. Gennaro.²¹

Having faced the objections of the adversaries and considering the number of those who now support the liceity of transplantation Fr. Kelly, S.J. concluded that the thesis is solidly probable.²² Fr. Connery, S.J. in his semi-annual survey of Moral Theology seems to imply that he does not have any

¹⁶ "The Pope's Teaching on Organic Transplantation", AMERICAN ECCLESIASTICAL REVIEW 135 (September, 1956) 159-170. Two years later, writing in the same magazine, Father Connell explicitly defends the lawfulness of a kidney transplantation: *ibid.*, 138 (March, 1958) 205-207.

¹⁷ "Il problema dei trapianti sotto l'aspetto morale", CIVILTA CATTOLICA 107 (November 17, 1956) 382-394.

¹⁸ "Notes on Moral Theology," THEOLOGICAL STUDIES 17 (December, 1956) 56..

¹⁹ "Notes on Moral Theology," THEOLOGICAL STUDIES 19 (June, 1958) 179. In his discussion of the problem Father Lynch notes that Father Zalba, S.J. modified his opinion in the second edition of his THEOLOGIAE MORALIS SUMMA (1957, #162) and admits the probability of the opinion favoring transplantation and even shows an incipient inclination towards it and cites fourteen theologians who favor it.

²⁰ "Notes on Moral Theology," THEOLOGICAL STUDIES 18 (June, 1957) 229.

²¹ G. Kelly, S.J., *op. cit.*, p. 392, notes 33, 34. In this locus will be found nearly all the authors cited with appropriate references. Fr. E. Healy, S.J. can no longer be cited in favor of the thesis after the publication of his last book, MEDICAL ETHICS (1956).

²² *Ibid.*, p. 392.

clear-cut conviction regarding the morality of transplantation even though he holds that the Holy See has not settled the problem.²³

Everyone who holds the thesis as solidly probable would insist that there be no sterilization involved and no complete suppression of an important function. Also we would demand that there be no other way available; if an organ could be had from a cadaver there would be no justification for taking one from a living donor. Actually today practically all corneal transplants are done from cadavers.

As regards the taking of corneas from the dead, Pope XII insisted that permission must be had from the next of kin, if no permission had been granted by the dying person. Without this consent or against the will of the owner expressed before death it would usually not be permissible to remove the cornea even for a laudable purpose.²⁴ Granted this permission the Pope declares that it is beyond moral reproach and he even declares that it is a virtuous thing to specify before death that one's body be used for legitimate research and training. But the Pope warns against intemperate propaganda in this regard that would create any false sense of obligation. He also warns that the choice of the poor be respected in this matter as well as that of the rich and prominent. Even though, as in the case of blood donors also, it would be meritorious to refuse compensation, still there is not necessarily a fault in accepting it.²⁵

Since the transplantation which is most common, scil. corneal transplantation from cadavers to living persons, is expressly approved by the Holy See, the most common problem that could arise is already settled from the moral point of view. As regards the other type of transplantation, involving healthy organs from living persons, we may phrase the principle thus: Granted that there is a proportionate benefit to the recipient, and as long as there is neither risk of life

²³ John R. Connery, S.J., "Notes on Moral Theology," *THEOLOGICAL STUDIES* 18 (December, 1957) 572.

²⁴ *ACTA APOSTOLICAE SEDIS* 48 (1956) 466.

²⁵ *Ibid.*, p. 465.

nor complete suppression of an essential function on the donor's part, then the latter may in good conscience agree to the transplantation of an organ when there is no other way to accomplish the objective. The doctor may, therefore, licitly perform such an operation.

EXCESSIVE AMNIOTIC FLUID

The presence of excessive amniotic fluid may pose a serious problem for the obstetrician and the moralist. If the excessive amniotic fluid is drawn off it is almost certain that abortion will follow; if not drawn off the life of the mother is sometimes in serious danger. If the fetus is viable there is generally no moral problem since rupturing the membranes will hasten the birth. This premature delivery of a viable infant is justified when the doctor has a proportionately grave reason for permitting the inevitable danger to the child's life while he removes a grave threat to the life of the mother. In this procedure the doctor is providing as best he can for the life of both mother and child.

But if the fetus is not viable the problem is much more difficult. In such a case the surgeon may not directly empty the uterus. This would be a direct attack on the life of the fetus; it would be using an evil means, the death of the fetus to save the mother's life. Nothing will justify such a procedure. May the doctor drain off the excessive amniotic fluid? If this could be done in such a way that the amniotic sac would not be ruptured, the skilled surgeon may proceed; there is no moral problem. But if this can only be done in such a way that the amniotic sac will be ruptured and abortion will inevitably follow, a serious moral problem arises.

Most authors refuse to allow the doctor to proceed when the puncturing of the sac will cause a grave rupture with the inevitable release of the fluid and the abortion of the fetus that will almost certainly follow. These writers call such a procedure a direct attack on the fetus, an evil means to a good end which can not be justified.²⁶

²⁶ Charles J. McFadden, O.S.A., *MEDICAL ETHICS* (Philadelphia: Davis, 1956), p. 172.

But there are enough writers who allow the procedure to justify a doctor to use it when there is no other means available to save the life of the mother. It is an example of double effect. All the moralists agree on the principle but many hold that in this case the principle can not be invoked since the action itself, puncturing the amniotic membrane, is intrinsically evil and may not be allowed. Those who permit it say that the action is not intrinsically evil and may be permitted when no other means is available which will safeguard the life of both mother and child, claiming that the excess of amniotic fluid is a grave maternal pathology toward the relief of which membrane puncture is immediately directed. This opinion in favor of the lawfulness of the puncture of the membrane seems to be sufficiently probable to justify its use by the physician when no other way is available.²⁷ But this problem, as so many others which are solved by invoking the principle of double effect, remains as a challenge to the medical world to find a solution without such risk to the fetus.

ECTOPIC PREGNANCY

Any fertilized ovum developing outside the uterus is ectopic, "out of place". Such ectopic pregnancies may be tubal, ovarian or abdominal depending on the site of implantation. The tubal variety is the most common. It is commonly agreed upon among doctors that there are more tubal ectopic pregnancies today than ever before as an unfortunate by-product of the modern sulfa drugs and antibiotics which can cause an irritation of the fallopian tube. As far as can be learned ectopic pregnancy might also occur in the fallopian tube even though there is no pathological condition whatsoever.

The moral problem, as always, hinges on the medical facts. In 99% of the cases recorded, tubal ectopic pregnancy will terminate in either tubal abortion or tubal rupture. In either

²⁷ Francis J. Connell, C.S.S.R., *AMERICAN ECCLESIASTICAL REVIEW* 137 (December 1957) 423-425; Thomas J. O'Donnell, S.J., *MORALS IN MEDICINE* (Westminster: Newman, 1956) 138-144. Fr. O'Donnell made a thorough study of the problem and his arguments seriously weaken the position of those not permitting the operation. Cf. John J. Lynch, S.J., *THEOLOGICAL STUDIES* 19 (June, 1958) 181-182.

case the fetus will perish and there will be hemorrhaging which will be very serious for the mother; the loss of blood is considerable and may be fatal in a few hours. The danger is precisely in the hemorrhaging caused by the disintegration of the fallopian tube. The hemorrhage endangers the mother's life; not the fetus. Not all medical authorities hold that the tube is in a pathological condition from the first moment of tubal pregnancy.²⁸ Many do hold this to be a fact. But there is unanimous agreement on the point that long before rupture the tube is in a pathological condition.²⁹

Once the doctor is convinced that the tube is in a pathological condition which constitutes a present grave danger to the life of the mother he is morally justified in excising the tube. In so doing he is not attacking the fetus directly but a pathological organ. He is justified in permitting the resulting death of the fetus since there is no other way known to medical science to cure the pathological condition endangering the life of the mother. The doctor could not slit open the tube and remove the fetus. He could not use a drug nor X-ray to kill the fetus. These would be direct attacks on the life of the fetus which could never be justified. All Catholic writers agree on this solution today when the doctor can be sure that there is a present grave threat to the mother's life which will not permit expectant treatment.³⁰

But it is precisely "the lack of exact statistics and consequent ignorance of the true degree of danger to the life of the mother inherent in her ectopic pregnancy" which causes difficulty for the moralist.³¹ No rule of thumb can be laid down to solve each case; sweeping generalizations are not allowed. Each case must be judged on its merits: is there present a danger to the mother which is grave enough to justify the evil effect which the operation of excising the fallopian

²⁸ C. J. McFadden, O.S.A., *op. cit.*, p. 215.

²⁹ *Ibid.*

³⁰ Edwin F. Healy, S.J., *MEDICAL ETHICS* (Chicago: Loyola, 1956) p. 226.

³¹ P. Finney, C.M. and P. O'Brien, C.M., *MORAL PROBLEMS IN HOSPITAL PRACTICE*, (St. Louis: Herder, 1956) p. 160.

tube entails, scil. the shortening of the life of the fetus? Would putting off the operation involve grave danger to the mother? If expectant treatment can be used without grave danger to the mother then it must be used. But if expectant treatment would gravely jeopardize the life of the mother, the surgeon may excise the fallopian tube at once. If the ectopic pregnancy is discovered in the course of another operation the surgeon has this additional fact to consider: would the patient be strong enough to stand another major operation within a short time if expectant treatment were used? If the surgeon judges (and he is the one who makes the decision—not the moralist) that another operation would involve a great added danger for the mother, he may excise at once. If the surgeon is in doubt as to the gravity of the danger he should give the mother the benefit of the doubt.³²

The moral solution may change as medical science advances. More exact information on the true nature of the tube during ectopic pregnancy or the amount of danger to the mother could change the picture substantially. As of the present, the same conditional solution would apply to ovarian or abdominal ectopic pregnancies; the same individual judgment of each concrete case must be made by the conscientious surgeon.

The possibility of transplanting an ectopic tubal pregnancy to the uterine cavity without seriously adding to the mother's danger and with some real hope for fetal survival would seem to merit more investigation. The procedure is not looked upon with any great optimism by obstetricians today but it has been tried successfully at least on one occasion.³³

³² E. F. Healy, S.J., *op. cit.*, p. 224. Cf. also C. F. McFadden, O.S.A., *op. cit.*, p. 218.

³³ T. J. O'Donnell, S.J., *op. cit.*, p. 158. Cf. C. J. Wallace, M.D., "Transplantation of Ectopic Pregnancy from Fallopian Tube to Cavity of Uterus", *SURGERY, GYNECOLOGY, and OBSTETRICS* XXIV, 5 (May, 1917) 578-579. This operation was also referred to in *THEOLOGICAL STUDIES* 9 (March, 1948) 97; 10 (March, 1949) 83.

CAESAREANS AND HYSTERECTOMY

Whether or not Julius Caesar was delivered by the technique now carrying his name is academic and not germane to our paper; but the moral problems stemming from the technique are more than academic and very much apropos. We might state one of the main problems this way: How many caesarean deliveries are needed to justify a doctor in performing a hysterectomy? The answer is clear, simple, and categorical: There is no definite number of caesareans which automatically indicates the need of a hysterectomy. There is no rule of thumb; each case must be examined on its merits.

Hysterectomy is a major mutilation which can only be justified by the principle of totality "in virtue of which each organ is subordinated to the whole body and must yield to it in case of conflict. Consequently, he who has received the use of the entire organism has the right to sacrifice a particular organ if its preservation or its functioning causes to the whole a notable harm that cannot be avoided in some other way", to use the words of Pius XII.³⁴ If the woman is pregnant the principle of totality must be considered in conjunction with the principle of double effect. This is obvious since the fetus can not be considered as a part subordinate to the whole.

To invoke the principle of totality and declare that the uterus must now be removed for the good of the whole body the doctor should proceed on the basis of medical facts available. Attention was called by a Catholic moralist in 1956 to an article in the *JOURNAL of the AMERICAN MEDICAL ASSOCIATION* in the same year³⁵ reporting recent research which tended to destroy the alleged medical basis for the

³⁴ ACTA APOSTOLICAE SEDIS 45 (1953) 674. Cited in English from article by Gerald Kelly, S.J., *THEOLOGICAL STUDIES* 16 (September, 1955) 377.

³⁵ John Connery, S.J., "Notes on Moral Theology," *THEOLOGICAL STUDIES* 17 (December, 1956) 561. The article on which Fr. Connery commented was "Patients with Four or More Cesarean Sections", *JOURNAL of the AMERICAN MEDICAL ASSOCIATION* 160 (March 24, 1956) 1005-10.

practice of routine hysterectomy after any predetermined number of caesarean sections. A subsequent comment on the same article by Dr. N. J. Eastman, Professor of Obstetrics at Johns Hopkins Medical School and co-editor of the journal in which he writes, lays the axe to the root of the evil:

The main theme of the paper is that uteri containing four or more cesarean section scars are less likely to rupture in subsequent pregnancies than we have hitherto supposed. This thesis is convincingly supported by the following simple fact: Rupture through one of the old scars occurred in only two of these 130 cases or in only 1.5 per cent. To set a precise figure for the incidence of rupture in uteri which have been subjected to only one or two previous sections would be hazardous, but on the basis of recent reports the figure is probably not less than 1.0 per cent, in other words, not appreciably lower than the author's figure for those uteri containing four to ten scars. This is a new and important fact to have established—a fact, it may be noted, which pretty well annihilates any real obstetrical basis for routine sterilization after the third section. Those of us who have followed this widespread policy may not like this revelation, but the important thing is to know the truth whether we like it or not. Only fools and dead men never change their minds.³⁶

Such candor and honesty is most refreshing; it takes a great man to admit his error so openly. We can only hope that the authority of his words—non-Catholic though he be—will put an end to a practice that the Church has always condemned.

In passing we might note a newsworthy item mentioned in one of the Manila dailies in 1957³⁷: A mother in Rhode Island had her twelfth child by caesarean section. It was her twelfth by such section in seventeen years. All but one of the children are alive. After her twelfth the mother was reported as doing well.

Another important medical fact to be considered is the possibility of normal delivery after one or more caesarean sections. The dictum, "Once a caesarean always a caesarean" has led some clinics to use previous caesarean as the commonest indication for the repeated operation. But recent re-

³⁶ OBSTETRICAL & GYNECOLOGICAL SURVEY 11 (August, 1956) 521. Cited in THEOLOGICAL STUDIES 18 (June, 1957) 232-233.

³⁷ THE PHILIPPINES HERALD, June 4, 1957.

search has also proven the fallacy of the dictum—if indeed it needed proof. One author, after citing the record of a doctor using normal delivery for 35.8% of 500 mothers who had a previous caesarean section stresses the need for greater caution in evaluating the available data on the frequency of rupture of previous scars and the inherent risks to both mother and child. “Furthermore, it should stimulate curiosity as to the mechanism of healing of these scars and the means, if any, of determining the integrity of a given scar.”³⁸

THE USELESS UTERUS?

Another question much discussed in medical ethics today also stems from caesarean deliveries. We might frame it this way: When a conscientious doctor judges that a uterus, scarred beyond repair by caesarean deliveries, is no longer able to perform its function in pregnancy and, in addition, a future pregnancy will entail the loss of the fetus and grave danger to the life of the mother, may he perform a hysterectomy? His purpose will not be direct sterilization but the removal of a useless and dangerous organ; the indirect sterilization will be permitted for a proportionate reason.

This opinion has been attacked as approving of direct sterilization³⁹, and as lacking in intrinsic probability.⁴⁰ But with great caution and with emphasis on all the conditions laid down by the leading proponent of the thesis we must admit that today it is acknowledged to be a solidly probable opinion that may be safely followed in practice.⁴¹

Verifying the conditions is a serious problem for the conscientious doctor. New research shows that the uterus is much less likely to rupture after repeated caesareans than was

³⁸ Nicholson J. Eastman, *WILLIAM'S OBSTETRICS*, 11th ed. (Appleton-Century-Croft: New York, 1956) p. 943.

³⁹ L. Bender, O.P., “Organorum humanorum transplantatio,” *ANGELICUM* 31 (1954) 160.

⁴⁰ E. F. Healy, S.J., *op. cit.*, p. 175.

⁴¹ J. J. Lynch, S.J., “Notes on Moral Theology,” *THEOLOGICAL STUDIES* 18 (June, 1957) 232.

heretofore believed.⁴² We must also insist on the importance of considering the possibility of normal delivery after previous caesareans.⁴³ Nature is a hardy old mother and a wonderful provider; she should not be sold short with a presumption against her power to recuperate or to provide for such an essential function as the propagation of the race.

But even granted that a doctor can conscientiously judge that this uterus is scarred beyond repair our moral problem is not yet solved. The difficulty arises from the fact that the uterus in itself, independently of a future pregnancy, does not constitute a danger to the life of the mother; the danger arises only if the woman should become pregnant again. Some who have written on the problem say that the only solution is to prevent future pregnancy by perpetual abstinence, or at least by periodic continence; for them removal of the uterus to prevent the danger that will come from a future pregnancy is direct sterilization.

Until recent years this problem had not been treated explicitly by the moralists. The classical writers had limited themselves to discussing the morality of the removal of a healthy uterus to prevent the danger that would be concomitant to a future pregnancy because of other bodily ailments, such as heart disease; or else they had considered the case of the pathological uterus that had to be removed for the good of the whole. But the case we are discussing is different: it is neither a healthy organ nor is there danger to life independently of its function.

Today there are two schools of thought in the matter: one denying the lawfulness of the removal since there is no pathology evident in the present condition of the uterus; the other opinion which is solidly probable permits it, maintaining "that since an organ is essentially functional rather than static, there is a certain ineptitude in speaking of an

⁴² *Ibid.* Cf. Also Drs. C. L. Sullivan and E. M. Campbell, "One Thousand Cesarean Sections", *LINACRE QUARTERLY* 22 (November, 1955) 122, insisting on increased danger of rupture if classical section is used.

⁴³ N. J. Eastman, M.D., *loc. cit.*

organ as dangerously pathologic or non-pathologic, except in terms of its function".⁴⁴

Those who permit the removal hold that the danger lies within the damaged uterus itself and the fact of pregnancy is rather the occasion, or at most a partial cause, of the danger to life. They conclude that the uterus, even in its non-pregnant state, is properly considered as a functionally dangerously pathological organ.⁴⁵

We may summarize this solidly probable opinion thus: "...when a uterus is so badly damaged that competent and conscientious obstetricians judge that it has been traumatized beyond a stage where it can be repaired to function safely, they are not obliged to repair it but may remove it, with the consent of the patient."⁴⁶

ARTIFICIAL LIFE IN THE TEST TUBE

Granting the extraordinary fascination that such an experiment holds for many moderns, and the deceptive appearance of a scientific "break through" into a "new world", the Catholic Church has not hesitated to declare herself absolutely and irrevocably opposed to experiments of such a nature as uniting human ova with human spermatazoa outside a woman's body. Pope Pius XII speaking on this subject could hardly have been clearer or stronger:

On the subject of the experiments in artificial human fecundation "in vitro" let it suffice for Us to observe that they must be rejected as immoral and absolutely illicit.⁴⁷

Allowing for the speculative controversy on the mediate or immediate animation of the fetus with a rational soul, still once a human ovum is fertilized by a human sperm we have human life either actually present—as most hold—or soon to be present according to the plan of nature. If it can not

⁴⁴ T. F. O'Donnell, S.J., *op. cit.*, p. 110.

⁴⁵ *Ibid.*

⁴⁶ *Ibid.* Cited with approval by J. J. Lynch, S.J., THEOLOGICAL STUDIES 18 (June, 1957) 231-232.

⁴⁷ ACTA APOSTOLICAE SEDIS 48 (1956) 467-474. Cf. THE POPE SPEAKS 3 (Autumn, 1956) 194.

reach viability the embryo is being brought to life in unnatural circumstances which will be fatal to it; if it can reach viability the experimenter has exceeded his rights: to bring an embryo to life outside a woman's body is opposed to nature's designs.⁴⁸ Hence, it is gravely illicit to perform such an experiment regardless of the life expectancy of the fetus generated *in vitro*. The right to cooperate with God in bringing human life into the world is reserved only to married couples, using natural actions. We are dealing with human beings, not brute beasts.

STERILITY TESTS

In an address to the Second World Congress of Fertility and Sterility, Pope Pius XII repeated the condemnation of direct masturbation even for the purpose of obtaining seminal specimens for fertility studies.⁴⁹ But in so speaking the Pope did not condemn other methods of obtaining semen which have been considered as certainly licit or probably licit by Catholic theologians writing on the matter.⁵⁰

The following methods are *certainly licit* from the moral point of view even though they may not appeal to the doctor as being medically practical: a) extraction of seminal remnants from the vagina of the wife about an hour after normal conjugal intercourse; b) expression from the male urethra of semen remaining there after the completion of normal conjugal intercourse; c) the use of a vaginal cup—a rubber cup which is inserted into the vagina after coitus and which will catch semen that would otherwise be lost.⁵¹ In addition it is certainly licit to use semen obtained as the result of an involuntary emission. Testicular biopsy offers no moral difficulty.⁵²

In connection with the first method mentioned a detailed account of the use of a concave lucite spoon during coitus was

⁴⁸ E. F. Healy, S.J., *op cit.*, p. 274; cf. HOMILETIC AND PASTORAL REVIEW 57 (May, 1957) 947-948.

⁴⁹ ACTA APOSTOLICAE SEDIS, 48 (1956) 467-474. Cf. THE POPE SPEAKS 3 (Autumn, 1956) 191-197.

⁵⁰ J. J. Lynch, S.J., *art. cit.*, p. 230.

⁵¹ G. Kelly, S.J., MEDICO-MORAL PROBLEMS (St. Louis: Catholic Hospital Association, 1958) 225.

⁵² E. F. Healy, S.J., *op. cit.*, p. 149.

given by Dr. Joseph B. Boyle, M.D., (Director of the Sterility Clinic, St. Elizabeth's Hospital, Boston) writing in the BULLETIN of the NEW ENGLAND MEDICAL CENTER⁵³: "The method described furnishes the optimum conditions for sperm migration through the *os cervicis*; and once this is accomplished the contents of the spoon provide a good testing specimen.⁵⁴ The spoon was inserted before coitus close to and directly beneath the cervix. It is withdrawn about an hour after coitus thus allowing the natural act to be substantially completed first."⁵⁵

The following methods are *probably licit* and hence may be used without moral fault until proven certainly wrong by irrefutable theological argument or by an official ecclesiastical statement: a) removal of semen, immediately after or very soon after normal coitus, from the vagina of the wife; b) direct removal of semen, by aspiration from testicles or epididymes; c) expression of seminal fluid, by massage, from seminal vesicles; d) intercourse with a condom so perforated that it allows the semen to be deposited in the vagina of the wife and also retains some semen for examination.⁵⁶

This last method involving the use of the perforated condom has aroused much opposition for many reasons, with Fr. Vermeersch as the formidable leader of the opposition. Today it must be admitted to be probably licit even though all writers who approve show great reluctance to do so and urge that it be used only as a last resort.⁵⁷ The perforation must be large enough to guarantee that the natural act is substantially unimpeded.⁵⁸

The dispute of the theologians about the time interval to be observed before extracting any post-coital semen is based on the uncertainty concerning the time needed for the sperm

⁵³ Vol. X (October, 1948) 225-231.

⁵⁴ G. Kelly, S.J., *loc. cit.*

⁵⁵ E. F. Healy, S.J., *op. cit.*, p. 149.

⁵⁶ G. Kelly, S.J., *op. cit.*, p. 15.

⁵⁷ *Ibid.*, p. 224; cf. HOMILETIC AND PASTORAL REVIEW 58 (November, 1957) 138, 140.

⁵⁸ C. J. McFadden, O.S.A., *op. cit.*, p. 96.

to achieve its purpose. The trend in medicine today is to assign a very short time to this process. Dr. John R. Cavanagh says that it may now be stated as a medical fact that the sperm which are deposited in the vagina play no role in fertilization and that direct insemination of the cervix is the normal mechanism.⁵⁹ However he admits that there is still little or no literature on the subject to support the thesis and so the moralists will not allow the opinion to be rated as certain.

Dr. Cavanagh also holds that of all the methods of collecting sperm for examination the best, both morally and medically, would be either testicular biopsy or the use of the cervical spoon. This latter method is also the best for collecting sperm after natural coitus for artificial assistance to insemination by the husband.⁶⁰

It might be noted here that this problem of obtaining sperm for analysis is one of the touchstones of morality in modern medical practice. Fr. McFadden notes that masturbation is the technique commonly employed to procure specimens of semen.⁶¹ It is a method that is clearly against the natural law and condemned by the Church as such. Even if there were no other method it could never be used. But when there are other methods approved and taught by recognized doctors⁶² there is not even the semblance of an excuse for such immorality.

CONCLUSION

These few pages will show us how the Church keeps abreast of the rapid advances in medicine. She has the prudence to speak officially only when there is a moral problem involved and the issues are clear. She has the fearlessness, and the supernatural fortitude to speak out even when her doctrine is unpopular. Withal she is ever mindful of that supernatural charity which is the characteristic of the Church of Christ, the Son of the one true God.

⁵⁹ FUNDAMENTAL MARRIAGE COUNSELING, (Milwaukee: Bruce, 1956) p. 335.

⁶⁰ *Ibid.*, p. 338.

⁶¹ C.J. McFadden, O.S.A., *op. cit.*, p. 94.

⁶² Another simple and successful post-coital examination of the wife was described by Dr. Max Huhner in his book: SEXUAL DISORDERS IN THE MALE AND FEMALE INCLUDING STERILITY AND IMPOTENCE (Philadelphia: Davis Co., 1937) p. 7.