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Catholic Physicians' Guild

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DIRECT AND INDIRECT ABORTION

Question: Will you please explain the difference between "direct" and "indirect" abortion? Also, please explain why the former is never allowed, whereas the latter is sometimes licit?

The questions are timely, as the answers involve principles that are of frequent application in medico-moral problems. Moreover, those who fail to grasp these principles are apt to think that some distinctions made by Catholic moralists are mere words, subtleties that have no place in deciding issues that involve life or death.

Illustrative Problems

Our discussion of principles will be clearer if we first cite a number of simple illustrative problems.

1. A man who knows nothing about the effects of strong liquor takes a large quantity of whisky, with the result that he becomes intoxicated and severely injures himself and several others. Is he responsible before God for the effects of his drinking?

2. A doctor who has made all reasonable efforts to discover whether a woman is pregnant, and who has concluded that she is not pregnant, performs an operation which kills a living fetus. Is he morally responsible for the death of the fetus?

3. A married woman who has tried to prevent conception fails in this immoral effort and becomes pregnant. To avoid the burden of caring for children, she takes a drug which is supposed to induce an abortion. Is she morally justified in inducing the abortion?

4. A pregnant unmarried woman wishes to have an abortion in order to protect her good name. Is this permissible?

5. To check a severe hemorrhage in a threatened abortion, the doctor wishes to use a tampon. He realizes, however, that this may bring about the expulsion of the inviable fetus. Is he justified in resorting to this procedure?

6. Having fruitlessly tried all other means of removing the disastrous effect of hyperemesis gravidarum, the doctor wishes to empty the uterus, even though it contains a living inviable fetus. Is this procedure licit as a last resort?

7. An operable cancer of the cervix is discovered early in pregnancy. May the radical operation be performed at that time in order to save the life of the mother?

8. While driving his car at a reasonable speed, a man sees a pedestrian a short distance ahead of him. He puts on his brakes, but the brakes fail to hold, and the result is that he kills the pedestrian. Up to this time there had been no reason for suspecting faulty brakes. Is the driver morally responsible for the death of the pedestrian?

Principle of Imputability

All the problems just cited deal with an action or procedure that produces or is likely to produce a harmful effect. Concerning such problems, the first question that arises in the mind of the moralist is this: when is a person morally responsible (that is: responsible before God) for such harmful effects? To answer this question, Catholic moralists have formulated the following principle:

"A man is responsible for the evil effects of his actions, if these three conditions are verified: (1) he realizes that the evil effect may take place; (2) he is able to avoid the action that produces the evil effect; and (3) he is conscious of
an obligation to refrain from placing the action lest this effect follow. If any one of these conditions is not verified, a man is not guilty before God for causing the evil effect."

The first of the conditions is surely the plainest kind of common sense, and it explains why the man in problem 1 cannot be said to be morally guilty of drunkenness or morally responsible for the harm done while intoxicated. For in taking the whisky he did not even suspect its power. And the same is to be said of the doctor in problem 2. When he operated he was reasonably certain that the woman was not pregnant; the death of the fetus was merely an unfortunate accident, as far as he was concerned.

The second condition is also common sense; and it surely requires no proof for one who understands the meaning of moral responsibility. For the very basis of human responsibility is freedom; and one who cannot avoid a harmful action is not free. I do not know whether this condition can be aptly illustrated by any type of medical or surgical case; but problem 8 seems to be a clear example of inability to stop the harm-producing action. A driver with useless brakes is a very helpless person in a crisis.

The moralists' headache comes in explaining the third condition. Common sense, of course, tells us that we are not obliged to abstain from all actions that produce harmful results; otherwise life would be an almost intolerable burden. But common sense will not even suggest a practical rule for judging when such actions must be omitted and when they may be performed. This practical rule must be arrived at by a careful analysis of the third condition. The analysis can be expressed by the following series of questions:

a) Will the contemplated action produce some good effect? If the only effect of the action is evil, then one who foresees this cannot perform the action without at the same time willing the evil. For example, in problem 3, the only effect of the drug is to induce the abortion; hence the taking of the drug cannot be morally justifiable.

b) Is the person who places the action sincerely seeking the good effect, and not the evil effect? None of the problems explicitly illustrates this point; yet it is an important one in medico-moral problems. For example, it might happen that certain procedures such as that mentioned in problem 5 (using a tampon to stop hemorrhage) could be justifiable; yet even in these cases the doctor could render his action morally culpable by wishing to kill the child.

c) Is the good effect produced by means of the evil effect? Both sound reason and divine revelation teach us that we must not do evil in order to obtain good. This principle is violated in problems 4 and 6, for in both these cases the in vivo fetus is expelled as a means of obtaining the good results. The woman's reputation (problem 4) is saved only by getting rid of the fetus; and the vomiting (problem 6) is stopped only by the emptying of the uterus. On the other hand, in problems 5 and 7 we have examples of good effects caused by the procedures themselves. It is the packing, not the abortion, that stops the hemorrhage; and it is the removal of the cancer, not the death of the fetus, that saves the mother's life.

d) Is the good effect of sufficient value to compensate for the harmful effect? The general idea here is not difficult to grasp. But the actual estimate of relative values in concrete cases is often very difficult. For example, in problem 5
the justification for using the tampon and risking an abortion would depend on whether some other simpler treatment would produce the desired result of saving the mother. And in problem 7, the justification of performing the radical operation would depend on the possibility of waiting until the fetus reaches viability and still saving the mother.

**Principle of Double Effect**

I have gone to some length in explaining and analysing the general principle of moral imputability for evil effects, because this explanation and analysis contain all the raw materials for another, and slightly different, principle which is often used by moralists, especially in their solution of medico-moral problems. I refer to the so-called "principle of the double effect." In formulating this particular principle, the moralists put in capsule form all the points that I explained in my analysis of the third condition referred to in the principle of imputability. In brief form, the principle of the double effect may be stated as follows:

"It is licit to perform an action which has good and bad effects provided: (a) that the action itself is not morally bad; (b) that the evil effect is sincerely not desired, but merely tolerated; (c) that the evil is not the means of obtaining the good effect; and (d) that the good effect is sufficiently important to balance or outweigh the harmful effect."

I might add here that, though it is often necessary to test the licitness of medical and surgical procedures by applying the principle of the double effect, this is not always the case. For example, in ordinary mutilations such as the removal of the appendix or gall bladder or the amputation of an infected limb, there is no need of resorting to this principle; for these organs have a natural subordination to the entire body, and man has a natural right to mutilate or remove them when this is necessary for the good of the whole body. In such cases, therefore, the principle that evil may not be done in order to obtain some good result does not apply. The evil may be desired and caused in order to obtain some proportionate benefit for the whole body.

But when there is question of procedures which cause evil effects that are outside the scope of man's direct rights, the principle of the double effect must be applied. For example, the generative function, as such, is a social function and is not directly subordinated to the good of the individual; hence procedures that induce sterility must be tested by the principle of the double effect.

Similarly, the principle of the double effect must be applied to all procedures that are designed to benefit the mother but which also involve the danger of abortion or of some other harm to the child; for the life and well-being of the child are not subordinated to the life and well-being of the mother. This point brings us to the questions asked at the beginning of our discussion.

**Direct and Indirect Abortion**

By abortion I mean the interruption of a pregnancy before the fetus is viable. The supposition is that the fetus is still alive and that the placenta is still attached to the mother. To expel a dead fetus is not an abortion; nor is it an abortion to remove from the uterus a fetus which is already completely detached from the mother.

An abortion is said to be direct when the interruption of the pregnancy is intended either as an end in itself (as in problem 3) or as
a means to some other end (as in problems 4 and 6). In such cases the procedure is precisely directed to the interruption of the pregnancy; hence the life of the fetus is directly attacked. Such procedures, even when euphemistically labeled "therapeutic," are never licit. Note the following strong words of Pius XI on this point:

"As to the 'medical and therapeutic indication' to which, using their own words, We have made reference, Venerable Brethren, however much We may pity the mother whose health and even life is gravely imperiled in the performance of the duty allotted to her by nature, nevertheless what could ever be a sufficient reason for excusing in any way the direct murder of the innocent? This is precisely what we are dealing with here. Whether inflicted upon the mother or upon the child it is against the precept of God and the law of nature: 'Thou shalt not kill.' The life of each is equally sacred, and no one has the power, not even the public authority, to destroy it."

An abortion is said to be indirect when the interruption of the pregnancy is the undesired but unavoidable effect of a procedure which is immediately directed to some other good purpose (e.g. the stopping of hemorrhage, as in problem 5, or the removal of cancer, as in problem 7). Granted that an abortion is merely indirect, it may be permitted for a sufficiently serious reason (e.g. when the procedure is really necessary to save the life of the mother), because in this case all the conditions of the principle of the double effect are applicable.

References

For a good discussion of direct and indirect abortion and of the use of the principle of the double effect, see Cronin, *The Science of Ethics*, II (ed. 1939), 687-90. This volume of the 1939 edition contains a brief, but excellent, appendix on medico-moral problems. The publishers would do us a great service if they would publish this appendix in pamphlet form.

On the same topics, it will also be profitable to consult Bouscaren, *Ethics of Ectopic Operations* (2nd ed., Bruce, Milwaukee, 1944), 3-64. Father Bouscaren is dealing primarily with ectopic operations, but he incorporates into his discussion many points about abortion and the principle of the double effect.

A brief, illuminating statement and explanation of the principle of the double effect may also be found in the booklet edition of the *Catholic Moral Medical Code of the Diocese of Toledo*, prepared by Msgr. Robert A. Maher, pp. 17-18.

Several of the articles already published in this section of Hospital Progress have dealt with mutilations of the reproductive organs. See "Suppression of Ovarian Function to Prevent Metastasis," April, 1948, pp. 147-48; "Problems Concerning Excessive Uterine Bleeding," June, 1948, pp. 221-24; and "Orchidectomy for Carcinoma of Prostate," August, 1948, pp. 296-97. In these articles I did not explicitly refer to the principle of the double effect, but I repeatedly insisted that the sterility induced by the various procedures must always be a merely tolerated result. It should not be the express object of the procedure, nor should it be the precise cause of the good effect aimed at by the procedure. This is the same as saying that the principle of the double effect must be applied to any operation or treatment that induces sterility.