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## Problems Concerning Excessive Uterine Bleeding

Catholic Physicians' Guild

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### Conclusion

In view of the preceding discussion, the answer to the question proposed is that orchidectomy may be permitted in the treatment of carcinoma of the prostate gland provided that some simpler therapy such as the administration of

estrogens would not be equally effective. Whether estrogens should be tried first or whether the orchidectomy should be performed immediately (or whether X-rays should be applied to the testes) should be left to the judgment of competent physicians.



## PROBLEMS CONCERNING EXCESSIVE UTERINE BLEEDING

*Question: In your April Number (pp. 147-48) you allowed the suppression of ovarian function by irradiation or excision of the ovaries for the prevention of metastasis from carcinoma of the breast. Are these same procedures ever permissible for the cure of excessive uterine bleeding? And may hysterectomy ever be allowed as a remedy for such bleeding?*

The principles to be applied in answering these questions were explained in the April number of *Hospital Progress* (XXIX, 147-48). According to these principles, hysterectomy, oophorectomy, or suppression of ovarian function by irradiation may be allowed to cure uterine bleeding if these two conditions are fulfilled: (1) since each procedure results in sterility, there must be a sincere desire to remove pathology and not merely to induce sterility; and (2) there must be a proportionate reason for using the extreme measure.

It is not difficult for a moralist to judge the first condition when the case presented to him involves a physician whom he knows to be competent and conscientious. But he must be very careful when giving general answers or when solving particular cases that involve unknown physicians; for there are some doctors who have what I

might term a "sterilizing mentality." They believe that certain classes of patients should be sterilized. Yet they realize that a conscientious Catholic woman will not permit this, and they also know that they will not be permitted to perform a patently sterilizing operation in a Catholic hospital. Consequently, under the guise of attacking pathology, they recommend treatments or operations which produce the desired result of sterilization, though under another name. These doctors have what Father John Ford, S.J., referred to in *The Linacre Quarterly* (X, 4-5) as a "disguised contraceptive intent." I do not say that there are many such physicians; but there are enough to make any experienced moralist cautious in giving his answers.

### Proportionate Reason for Procedures

Granted that there is no contraceptive intent, the procedures suggested in our question may be allowed for a proportionate reason. To judge whether there is such a reason one must know how serious is the pathology involved and whether it can be conveniently and effectively cured by less severe remedies. Here again the moralist's problem is not extraordinarily difficult if the case is presented by a

physician who is known to be competent and conscientious. If such a man, especially after consultation, would judge that irradiation of the ovaries, or oophorectomy, or hysterectomy, is the proper remedy for excessive uterine bleeding, the moralist could hardly fail to approve the decision. The fact that good medical authority would recommend such procedures would ordinarily be a clear sign that there is a sufficient reason to justify them morally.

But when giving general answers or solving cases involving unknown physicians, the moralist must beware of a second danger which might be termed a "mutilating mentality." I refer to the fact that some doctors, though not precisely inclined to sterilize, are much too prone to resort to mutilations, especially through surgery. Within the past year many competent medical men, both Catholic and non-Catholic, have told me that one of the growing evils in our hospitals is unnecessary surgery. Because of their repeated statements to this effect, I believe that the moralist is justified—in fact, obliged — to be cautious when solving cases concerning drastic mutilations; for such mutilations, as was explained in the article on the prevention of metastasis, are morally justifiable only when it is not reasonably possible to produce the same benefit by less drastic means.

### Illustrative Cases

Just how serious must a condition be in order to allow a remedy which results in sterility? Must there be danger of death? or of permanent invalidism? Before giving a direct answer to this question, I should like to outline some cases of uterine bleeding that have been called to my attention in recent years.

One case concerned a young

woman whose menstrual period regularly lasted from ten to fifteen days, during which time she suffered great pain, and the bleeding was so excessive as to prevent her from doing her work. As I recall the matter, there was a possibility, but not a certainty, of curing her by means of a long and expensive treatment. On the other hand, a hysterectomy would definitely remove the trouble. The precise moral problem to be solved was this: could the girl licitly choose the hysterectomy in preference to the prolonged, expensive, and problematical treatment?

A second case concerned a married woman who had had an operation for interposition of the uterus and, as a result of the operation, was experiencing prolonged and very painful menstrual periods. In her case, too, the bleeding was excessive, and her condition incapacitated her for a long period each month. Her physician wished to know whether he could be morally justified in suppressing the ovarian function by irradiation in order to put a stop to the excessive bleeding and pain.

In a third case the patient was approaching the menopause, but her periods were still regular every month, and during each period there was excessive bleeding lasting from five to fifteen days. The doctor wished to stop the bleeding by X-ray treatment of the ovaries, which would almost certainly result in sterility. Incidentally, I have heard this same problem presented under slightly different aspects: for example, I recall one case in which the doctor wished to stop the bleeding by oophorectomy, and another in which hysterectomy was suggested as the operation of choice.

One final case: A young married woman who had three children had tuberculosis and was also

afflicted by excessive menstrual bleeding over periods covering ten or twelve days. Several physicians consulted about the case were all of the opinion that the excessive bleeding was seriously harmful to one in her condition, and they wished to know whether it would be morally permissible to stop the uterine bleeding by hysterectomy.

### Solutions

Such are the cases, as I recall them. I have cited them here either from memory or from rough notes, and it may be that I have omitted certain details of medical significance; yet even in their present form they will help to clarify our discussion. In none of the cases, as far as I could judge from the discussions, was there any question of a contraceptive purpose; in all of them there seemed to be a sincere desire to remedy the pathological condition of excessive bleeding, with its accompanying harm and discomfort. The precise problem in each case, therefore, would be this: Is there a sufficient reason to justify the proposed drastic procedure?

In the first case, the bleeding is prolonged and heavy; the young woman is incapacitated for a long period each month. It seems to me that this is serious pathology, even though no malignancy or danger to life is involved. One suggested cure is hysterectomy, which, of course, would render the young woman permanently sterile. The alternative cure is a treatment which will leave the reproductive system intact, but which will extend over a long period of time, will be very expensive, and will leave the cure somewhat doubtful.

Granted that this outline of the case is substantially correct, I believe that the girl would be justified in asking for the hysterectomy and that the doctor would be

justified in performing the operation. For the treatment, which is the only alternative remedy, involves much greater inconvenience and offers less hope of success. Under these circumstances the drastic mutilation (hysterectomy) may be said to be the only reasonably available and efficacious remedy.

In the second case, we have a similar pathological condition; the menstrual period is lengthy, the bleeding excessive; the woman suffers great pain and is incapacitated for a long period each month. The only remedy suggested is suppression of ovarian function. If it is true that this is the only available and effective remedy, the solution to the case is comparatively simple: the doctor may suppress the ovarian function if the patient wishes it.

In the third case, too, there is similar pathology. The various remedies suggested are all drastic: namely, irradiation of the ovaries, oophorectomy, and hysterectomy. If simpler remedies are really lacking, the doctor is justified in choosing any of these three which would seem best from a medical point of view, and the patient could licitly submit to this remedy. The fact that this patient is nearing the menopause makes it easier to estimate the proportionate reason for the drastic procedure, since the resultant sterility is less harmful to her than to a younger woman; but it does not change the case substantially. Even a younger woman could submit to one of these extreme remedies if other cures were unavailable.

The fourth case introduces a new pathological factor: namely, that the bleeding is especially harmful because of the tubercular condition. This, as I understand it, was the judgment of all the doctors consulted on the case; and

they were definitely not interested in seeking an excuse for sterilizing the patient. Moreover, they seem to have agreed that hysterectomy was the best remedy. Under these circumstances the hysterectomy would be permissible, despite the fact that the woman was young and obviously quite fertile.

### Further Observations

In cases such as these, especially the second and fourth, there would sometimes be a danger of disguised contraceptive intent on the part of the doctor. But, as I mentioned, this danger seemed absent; hence in my solutions I stressed only the question: is there a sufficient reason for permitting the mutilating treatment or operation?

Would all theologians agree with the solutions I have given? I do not know; but I imagine there might be some differences of opinion. However, several moralists with whom I have discussed the cases agree with these solutions; hence I consider them safe applications of the principle of mutilation.

Speaking of adolescent menorrhagia, Father Charles J. McFadden, O.S.A., insists that rest, change of environment, hormone therapy, and curettage must all be tried before submitting the patient to irradiation. He allows mild irradiation of the ovaries, with some risk of sterility, only as a last resort. Concluding this section, he writes:

"Assuming, therefore, that all of the preliminary treatments have been tried and proved ineffective, and that the continuance of the bleeding represents a *danger to life* [italics mine], it would certainly appear morally permissible to run the above-mentioned risk of sterilization imposed by mild irradiation."

(*Medical Ethics for Nurses*, pp. 222-23.)

As regards menorrhagia at the menopause, he allows the suppression of ovarian function, "if it is necessary to take such steps in order to *save the life of the woman or to prevent permanent invalidism* [italics mine]." (p. 223)

I would certainly agree with Father McFadden that all reasonable efforts should be made to cure the adolescent without exposing her to the danger of sterility, but I do not think that the bleeding must actually endanger life in order to justify the risk of sterility. And I would hold a similar position with regard to drastic procedures at the menopause; other cures should be tried if reasonably available, but it is not necessary to have danger of death or of permanent invalidism in order to justify extreme measures such as hysterectomy, oophorectomy, or irradiation of ovaries. Perhaps I am here reading too much into the expression, "permanent invalidism"; but I think Father Patrick Finney, C.M., puts the matter more accurately when he says that such mutilations are permissible to remove the cause of "serious detriment" to the woman's general health. (See *Moral Problems in Hospital Practice*, p. 18, q. 47.) In all the illustrative cases I cited in this article the uterine bleeding was certainly a serious detriment to general health, even though it did not endanger life.

### Summary

We can summarize the principal points of this discussion by briefly restating the answer to the questions proposed at the beginning. Hysterectomy, oophorectomy, or suppression of ovarian function by irradiation may be allowed to remedy uterine bleeding when such bleeding is a source of serious

detriment to health and when less extreme remedies are not reasonably available. The patient's consent should be had; and both pa-

tient and doctor should sincerely wish to remove the pathology and not merely seek an excuse for a contraceptive measure.



## INCIDENTAL APPENDECTOMY

*Question: In many places it seems to be routine procedure to remove even an apparently healthy appendix during the course of an abdominal operation for some other purpose. Is this practice morally justifiable?*

In order to be sure of the medical aspects of this question, I consulted a number of doctors who had been trained in different medical schools and whose internships and residencies represented a wide variety of places and hospitals. All these doctors seemed to think that the practice referred to is rather general; and all believed it to be in accord with sound medical principles. As one of them expressed it in writing to me:

"To the best of our knowledge the appendix serves no worthwhile purpose in the human digestive system and, as at any time it may flare up and cause serious trouble, even to the death of the individual, it is considered good practice to remove the appendix when other operations are in process, provided it does not add to the risk for the patient. If a patient was in an unsatisfactory condition it would not be advisable to prolong the operation to remove the appendix. However, in pelvic or gall bladder operations in which the patient is getting along very satisfactorily, it is considered here a routine process and is looked upon as an incidental appendectomy."

That, I think, very aptly expresses the view of all the doctors I consulted. In fact, all seemed to be surprised that the procedure might present a moral problem.

There may be some doctors who question the practice of incidental appendectomy, even on medical grounds; but the information thus far presented to me certainly indicates that most medical men would approve of the procedure. And surely the ordinary layman who reads the statement quoted above would be apt to form a spontaneous judgment of approval. Like the doctors, the layman would be surprised at even the suggestion that the procedure presents a moral problem.

But there is a moral problem. And I believe that the problem may fairly be stated in this manner: can the spontaneous approval of incidental appendectomy be formulated in terms of sound moral principles?

### Mutilation

The moral principle to be applied to this case is that which concerns justifiable mutilation. By mutilation I mean any procedure which interferes with the natural integrity of the human body, for example, by removing a part, or by suppressing a function, or even by disfiguring the body. Obviously, there are degrees of mutilation; some are of graver import than others. Some theologians express this idea by dividing mutilations into *major* and *minor*; others speak of mutilations *in the strict sense* and *in the wide sense*; and still others distinguish *real mutilations* (by which they mean the removal of a part or the suppression of a function) from *mere woundings* (by which they refer