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Cover Page Footnote

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Medico-Moral Notes

Gerald Kelly, S. J.

THE PRESENT notes will include a brief survey of some recent publications that should be of special interest to physicians. Most of my references are to ecclesiastical publications. I think it would increase both the interest-value and the utility of these notes if physicians would send me references to articles appearing in medical journals which they would like to have evaluated from a moral point of view.¹

Vivisection

Father John McCarthy, an eminent Irish theologian, points out that the Catholic teaching on vivisection,² which he defines as "the practice of using living animals for surgical and medical experimentation," holds the middle way between two extremes. One extreme is the "excessive sentimentalism of those antivivisectionists who would ban *all* experimentation on living animals." The other extreme is the "sadistic view of those who apparently regard living animals as the fitting object of all kinds of unnecessary and cruel experimentation and exploitation." The Catholic view is that experimentation on living animals, even when accompanied by severe pain, is justifiable insofar as it is necessary for a genuinely scientific purpose which may benefit humanity. If the experiment can be accomplished without pain, it should be done in that way. The inflicting of unnecessary pain is wrong.

Catholic moralists justify experimentation on living animals on the principle that, according to God's plan in creation, animals exist for the good of man. All are agreed on this, I believe. All are agreed, too, that the causing of unnecessary pain to the animals is wrong; but they are not agreed on the reason for this. Father McCarthy cites one moralist who thinks that the sin consists in violating the general obligation of acting in accordance with rational principles. He also cites St. Thomas's opinion that cruelty to animals is wrong because it is apt to lead to cruelty to one's fellowmen. Father McCarthy's own opinion is that cruelty to

animals is contrary to the virtues of mildness and clemency, which are considered as parts of the more general virtue of temperance.

The "Truth Drug"

Readers of this periodical are no doubt familiar with the use of sodium pentothal to enable a patient to reveal the repressed source of a disturbing anxiety. Several years ago Father Francis J. Connell, C.S.S.R., of the Catholic University of America, discussed this procedure and concluded that it is permissible in the same sense and to the same extent as hypnotism.³ Later, a French priest-psychiatrist, Father Joseph Géraud, gave the same solution.⁴ Both these writers stressed two conditions: namely, proper regard for the consent of the patient and proper respect for professional secrecy.

The same problem was given a rather full treatment in HOSPITAL PROGRESS.⁵ The conclusion reached in that article was, of course, substantially the same as that of Fathers Connell and Géraud, and it is expressed as follows in the new hospital code:

*The use of narcosis (or hypnosis) for the cure of mental illness is permissible with the consent at least reasonably presumed of the patient, provided due precautions are taken to protect the patient and the hospital from harmful effects, and provided the patient's right to secrecy is duly safeguarded.*⁶

Father John McCarthy gives us a more recent and very thorough discussion of this topic.⁷ He points out that it is still too early to give any final estimate of pentothal as "an exploratory and curative agency in the field of psychiatry." Nevertheless, he believes that, with the information we have at hand, we can permit this form of psychiatric treatment provided certain definite precautions are taken.

"In particular," he writes, "it must be clear that this treatment is necessary and that the psychiatrist who performs it is skilled and morally above reproach. The treatment should be performed in the presence of a trustworthy witness. Normally, too, the consent of the patient should be obtained. These are the conditions usually demanded in order that a patient may lawfully be hypnotized."

When stating that it must be clear that this treatment is necessary, Father McCarthy can hardly mean an absolute necessity, for in explaining his remarks he quotes the words of Father Pujiula, a Spanish Jesuit, to this effect: there is no other way of curing the patient with equal facility.⁸ In other words, the "necessity" here is the same as that required for any medical procedure: the least drastic should be used, provided it is equally effective with others.

Also, it seems to me, the condition concerning the need of a trustworthy witness needs interpretation. In some psychiatric interviews the material might be of such an intimate nature that the patient himself would not want to communicate it to a witness. Moreover, though this necessity of a witness is generally emphasized by theologians in their discussions of hypnotism, I am of the opinion that today, in this clinic and record age of ours, there is greater need of stressing the patient's right to privacy. Hence, I am of the opinion that we cannot put this need of a witness down as an absolute condition. Much will depend on circumstances. In some cases, for instance, a witness might be necessary to safeguard the reputation of the doctor or the hospital. But, granted that the physician is known to be conscientious—and the presumption is that only such physicians are allowed to practice in Catholic hospitals—I see no special need of a witness to safeguard the patient.

Father McCarthy calls attention to the fact that the psychiatrist should be "morally above reproach." Moralists usually stress this condition when speaking of hypnotism and of psychiatric treatments in general. In my own article on narcotherapy, I tried to explain this matter:

"Why this insistent demand that the psychiatrist be conscientious? As I understand it, there is no intention here of discriminating against the psychiatrist. As a matter of fact, it is dangerous to consult other physicians, especially obstetricians, who are not conscientious. Nevertheless, there seems to be a special need of such emphasis with regard to psychiatrists, because not infrequently psychiatric help must include the influencing of the patient's conscience: for example, in case of scrupulosity. Where such influence is called for, the psychiatrist can hardly avoid applying his own standards of morality to the case—at least, so it seems to me."

Such are the main points of Father McCarthy's discussion of

narcosis for psychiatric treatment. Substantially his conclusion is the same as all the others to which I have referred.

He also considers the use of "truth drugs" for obtaining evidence from the accused in a judicial trial; and, like all other moralists who have discussed the matter, he brands it as unjust. "This procedure," he says, "would involve the denial to the accused of a fundamental right—the right to retain his freedom of will, the right, within limits, to preserve his secrets, the right to plead 'not guilty.' It is a well-recognized principle that one accused and guilty of a crime is neither morally nor legally bound to confess his guilt."

It is worth mentioning here that European moralists see in pentothal and such drugs one of the greatest menaces of modern "civilization." For example, Father Géraud says that it is worse than the atomic bomb because, by threatening man's liberty to preserve his secrets, it strikes deeper at the roots of human dignity. And some writers on this subject clearly indicate their suspicion that such things as pentothal are being used with disastrous results by some of our modern tyrants.

Lobotomy

Modern psychiatry presents us with another moral problem in its use of prefrontal lobotomy (and other brain operations) in the treatment of mental illness. In the December, 1948, number of *HOSPITAL PROGRESS*,⁹ I discussed this topic; and in my article I made extensive reference to articles written respectively by Father Hugh Bihler, a Jesuit psychologist, and Father Patrick O'Brien, C.M. In another survey I referred to an article by Father Joseph Géraud.¹⁰ The conclusions reached by all these men, working individually on the same problem, were substantially the same as the following provision of the new hospital code:

*Lobotomy is morally justifiable as a last resort in attempting to cure those who suffer from serious mental illness. It is not allowed when less extreme measures are reasonably available or in cases in which the probability of harm outweighs the probability of benefit.*¹¹

I said that all the writers would substantially agree with that statement. It is only fair to mention, however, that Father O'Brien's opinion includes conditions that are much more specific. He thinks the operation should be limited to the case of a true psychosis that is effective in character and truly disabling, and he insists that there be assurance of competent care for a long period after the operation. I believe that everyone would agree on the necessity of the last-mentioned condition; but there might be legitimate debate over the necessity of limiting the operation to affective psychoses.

Since writing the above-mentioned survey, I have come across three other excellent articles on lobotomy. One of these was published in England by Dr. Ronan O'Rahilly; a second in Ireland, by Father John McCarthy; and the third in our own country by Dr. C. Charles Burlingame. I reviewed these three articles in the August, 1949, number of *HOSPITAL PROGRESS*,¹² with special reference to what the authors had to say on these four points: indications for lobotomy; its effects; its prognosis; and the moral evaluation of the operation.

Two of the writers mention schizophrenia, depressive psychoses, and obsessional neuroses as indications for the operation. Dr. Burlingame's much more specific statement runs as follows:

"Today most observers see the best outlook for prefrontal lobotomy in long-standing depressive illnesses, particularly the involuntal type, and in incapacitating obsessive-compulsive neuroses. Also, certain schizophrenic patients, especially the catatonic subgroup, have benefited from the operation. Contraindications for lobotomy are present when the emotional tone has become chronically flattened (the operation would only 'flatten' it all the more); and the advisability of operation is also questionable in those cases where antisocial traits were evident in the previous personality."

This last remark reminds me of a question often asked: does the lobotomized patient lose his moral code? The answer seems to be similar to the case of immorality under hypnotism. A hypnotized patient will not, according to data given to me by experts, act against his *true* moral code; but if his code is merely an external thing, merely a matter of fear of convention and consequences, then he may readily alter his behavior when hypnotized.

It seems probable that something like this happens to the lobotomized. If, before the operation he was good merely through fear, then after the operation, since the fear has been removed, he will not be good. This seems to square with the following words of Dr. O'Rahilly:

"It would appear that well-formed and integrated systems of reaction subserving moral and conventional control of behavior are usually preserved after leucotomy, and are of the greatest assistance in the right ordering of the patient's post-operative conduct. There is some evidence that the ability to acquire such habit-systems, or the motivation for doing so, is impaired by leucotomy. The prognosis for the patient whose pre-operative history has been one of marked instability and lack of control leading to actual behavior-disorders, is unfavorable, and the operation may indeed render the condition more intractable than ever."

Regarding the effects of the operation, all writers agree that the beneficial effect is relief from disabling emotion; whereas the unfavorable effects consist in a number of personality changes that are aptly described by Dr. O'Rahilly as a sort of dehumanization. All of these points, except one, were included in my first survey in *HOSPITAL PROGRESS*. The one exception is a point made by Dr. O'Rahilly to the effect that in some instances the operation seems to have had a deleterious effect on the patient's regard for religious values. Perhaps this comes from the fact that before the operation the patient's religion was largely fear? The point is certainly deserving of consideration and study.

The question of prognosis is a complicated one. Statistically, Dr. O'Rahilly quotes Freeman and Watts as saying, "In round figures, one-third recover, one-third improve, and one-third fail to improve." Father McCarthy cites lengthier figures which reduce themselves to pretty much the same percentages. Dr. Burlingame gives this rather optimistic picture:

"In the tabulation of results from psychosurgery, it is seen that a group of patients who had been previously regarded as hopeless and destined to spend their lives in a mental hospital, between 30-50 per cent have been re-established outside the hospital on a self-sustaining basis; a percentage of the remainder have been established outside the hospital on a semi-independent basis;

and, with a few exceptions, the rest have been materially improved over what would have been their destiny without the operation. It is evident that in skilled hands, the danger to life and of aggravating conditions is negligible."

This is a hopeful report. But it should be remembered that it concerns carefully selected cases, and an extremely detailed plan of post-operative care. Everyone seems agreed that without post-operative care the operation cannot be expected to succeed.

Father McCarthy is the only one of the three writers who attempts a definitely-formulated statement on the morality of the operation. On this point he writes: "It seems to us that the operation of prefrontal leucotomy is lawful provided it be performed, with due permission, by an expert brain surgeon, as a last resort, for the relief of serious mental disorders of a type which seems likely to benefit therefrom and provided post-operative guidance and treatment are available."

With regard to this ethical evaluation, I should like to repeat here two observations that I made in HOSPITAL PROGRESS. The first concerns the requisite permission for the operation. If the patient is *sui compos*, it is he, and only he who has the moral right to consent to the operation; if he is not *sui compos*, his legitimate guardians have this right. According to Dr. O'Rahilly there are some public institutions in which these rights are not respected, but patients, parents, or guardians are practically forced to give consent. He suggests that there be a sort of jury to decide these cases and thus protect the rights of the weak.

The second observation concerns the provision that the operation is allowed only as a last resort. The reasons for insisting on this, as moralists invariably do, are that the operation produces irreparable effects and it is still in an experimental stage. This does not mean, however, that the psychiatrist must delay until it is too late for the operation to produce good results. For instance, if further developments should show that lobotomy is most successful when performed in the early stages of certain diseases, and if there would be a reasonable assurance that it could be performed with comparative safety at that time, it might be morally defensible even in preference to other available treatments. But such

facts would have to be well-established before it would be wise to remove the phrase, "as a last resort."

Before I leave the subject of lobotomy, I should mention the recently-published report of the Research Committee of the Group for the Advancement of Psychiatry.¹³ This report is extremely conservative, if not pessimistic, in its attitude on lobotomy (as well as lobectomy, topectomy, and thalamectomy). It questions the beneficial results of these operations in many cases; and particularly it wonders whether many of the benefits sought by the operation might not be more safely and sanely produced by psychological methods. It proposes, therefore, a very thorough study of this question. The paragraph of the report leading up to this proposal is worth quoting here: -

"When we ask ourselves, why are we so interested in lobotomy and allied procedures and why is there so much emotional conflict about it, we must realize that it is more than an experimental procedure to determine the function of the deep white bands of fibers which course to and from the frontal lobes. It is an operation, performed in the name of therapy, steadily advised with greater frequency not only for intractable psychoses, but also for a wide variety of psychological disturbances. It is now being used for neuroses and in some clinics even for the treatment of war neuroses. It is often done hastily, without adequate previous study, without the previous use of rational therapeutic measures and it is performed before an opportunity is afforded for possibility of spontaneous remissions. It represents a mechanistic attitude toward psychiatry which is a throwback to our pre-psychodynamic days, which in itself would not be of great concern if it were successful and did not harm the patient. It is a man-made self-destructive procedure that specifically destroys several human functions which have been slowly evolved and that especially separate us from other animals. If the operation is of importance as a therapeutic procedure in certain selected cases, it becomes all the more important for us to establish definite clinical indications and controls so that its usefulness will not be diluted by utilization in situations where it can do little good and much harm."

Sexual Inversion

Many years ago I was fortunate enough to procure a small book entitled *The Invert*, written by "Anomaly." The author, an invert himself, and apparently a Catholic who had staunchly held to the sound Catholic principles of sex morality, wrote the book to give some practical aid to other inverts and to their spiritual directors, especially priests. I was impressed from the beginning with the wholesome tone of the book. The author brings out the fact—which we too often overlook—that the homosexual is not necessarily a sinner. He may, like the heterosexual, be a saint, a man who desires to serve God wholeheartedly and who tries to avoid all deliberate sin; yet he does have a profound psychological problem. The book attempts to give the invert himself and his spiritual guides an understanding of this problem.

Some psychiatrists might question certain theoretical aspects of the book; but they could hardly question its practical value for the invert himself, for a priest, and for physicians who may have occasion to deal with inverts. I used to recommend it regularly to priests and physicians, but of late years the recommendation was useless as the book was out of print. From some recent book reviews, I notice that it is now reprinted (by Bailliere, Tindall & Cox: London); hence I renew my recommendation. And to confirm my suggestion, let me quote a few sentences from the review by P. M. Healy, in *Linacre*,¹⁴ the Quarterly Journal of the United Hospitals Catholic Society (London):

"It is fitting now, when so many of our newspapers delight in constant and sensational references to homosexuality, and when the whole problem is engrossing the psychiatrists, that this book, written by one of these unfortunates who has succeeded in surmounting his handicaps, should be reprinted. Moreover, in these days of dramatized psychiatry, it is refreshing to come upon a book devoted to practical therapeutics: here we have an essay in the art of medicine; an author concerned not with the niceties of diagnosis, but with the habilitation of the mentally abnormal and with the social problems arising from it. . . . The book is intended to help the male invert and his advisers. The author points out that the 'law-court' homosexual is no more truly representative of inverts than any other criminal is of heterosexual humanity. . . . Through-

out, the outlook is essentially Catholic, and I can confidently recommend this book to all whose calling brings them into contact with the social, medical, and moral problems of others."

FOOTNOTES FOR "MEDICO-MORAL NOTES"

- 1 Suggestions can be sent to me at St. Mary's College, St. Marys, Kansas.
- 2 "The Morality of Vivisection," in *The Irish Ecclesiastical Record*, LXXI (March, 1949), 266-68.
- 3 "The Morality of Narcotherapy," in *The American Ecclesiastical Review*, CXIII (December, 1945), 448-49.
- 4 "Procédés actuels d'investigation de la conscience," in *L'Ami du Clergé*, (Aug. 12, 1948), pp. 513-18.
- 5 XXIX (March, 1948), 107-108. This article, "Narcotherapy in Catholic Hospitals," is reprinted in *Medico-Moral Problems, 1948*, published by the Catholic Hospital Association, pp. 44-47.
- 6 See *Ethical and Religious Directives for Catholic Hospitals*, published by the Catholic Hospital Association, p. 7.
- 7 "The Morality of the Use of the 'Truth-Drug'," in *The Irish Ecclesiastical Record*, LXXI (April, 1949), 361-65.
- 8 *De Medicina Pastoralis*, by J. Pujiula, S.J., p. 243. This is one of the most recent (1948) contributions to pastoral theology. The author makes many references to medical questions, and I shall probably refer to these at various times in subsequent notes.
- 9 XXIX, 427-28. See also the reprint booklet, *Medico-Moral Problems, 1948*, pp. 40-48.
- 10 See *Theological Studies*, X (March, 1949), p. 88.
- 11 See *Ethical and Religious Directives for Catholic Hospitals*, p. 7.
- 12 XXX, pp. 254-256. See the references given in that article. The article of Dr. O'Rahilly's that I used at that time was taken from *The Catholic Nurse*. I have since procured a somewhat longer statement of the same matter which was printed in *The Catholic Medical Quarterly* for (April, 1948).
- 13 "Research on Prefrontal Lobotomy," which is Report No. 6 of the Group for the Advancement of Psychiatry (3617 West Sixth Street, Topeka, Kansas).
- 14 No. 7, (July, 1949), pp. 19-20.