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Current Medical-Moral Comment

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As the widespread and not always sufficiently sophisticated discussion of the so-called contraceptive pill in the Catholic context of Medical Ethics continues, the issue has become at once more involved in theory and more simplified in practice.

The theory has been clouded by would-be contributors to the development of thought who have been, too, often theologians interpreting poorly understood medical facts or physicians applying medical knowledge to the question from an insufficient theological background.

Aside from the fact that the concepts of "regulating the menstrual cycle" and "inducing regular ovulation" have been misunderstood by many from the beginning, the discussion has often presupposed that fertility control is achieved by the anovulatory effectiveness of the progestational compounds. While the theological difficulties inherent in this concept have not yet been adequately handled, other equally and even more serious moral problems have been scarcely touched. The supposed thickening and hostility of the cervical mucosa resulting from the drugs presents a moral situation very similar to the contraceptive diaphragm, and the steroid-induced non-receptive condition of the endometrium for implantation, if ovulation and conception should occur, carries with it the moral difficulties of abortion. Neither of these problems has been faced by the avant-gardé thinkers although they have been appearing in the medical literature for at least two years (Taymor, M.D., Melvin, L. and Klibanoff, B.S., Patricia, "Laboratory and clinical effects of nortestosterone," *Am. J. of Ob. and Gyn.*, 84, 11, Dec. 1, 1962, pp. 1470-1473).

At the same time, the practical moral question has been simplified for the Catholic physician because at the present moment there is not the slightest doubt about the stand of the Catholic Church on this matter. While the use of the progestational compounds as a therapeutic tool in the treatment of a variety of menstrual disorders and endometriosis is recognized as perfectly acceptable, Pope Pius XII condemned the directly contraceptive use of the progestational steroids as early as 1958. Pope Paul VI made it clear in June 1964 that his predecessor's teaching is still to be

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followed, and that any future valid conclusions in the theology of progestational fertility control will be included in the teaching of the Catholic Church, if and when they are solidly grounded. In the meantime it is the official teaching of the Catholic Church that what is known and understood about the progestational compounds at the present time forbids any use of them for contraceptive purposes. This does not exclude reasonable and well-founded attempts to induce regular ovulation for the more secure practice of periodic continence, provided danger to a possible conceptus is precluded.

Meanwhile the current medical literature reflects another seldom considered danger inherent in the artificial contraceptive suppression of the generative system. Dr. M. H. Johnson, of the University of Washington, reports on the significant psychiatric disturbances of many men following contraceptive vasectomy and comments that: "Vasectomy often was intended to preserve a marriage or to promote better sexual adjustment by relieving fears of pregnancy but did not appear to do so. The operation seemed to aggravate rather than improve bad relationships between husband and wife." (*Modern Medicine*, June 8, 1964, p. 71.)

Likewise Dr. Theodore Adams, of Portland, Oregon, presents a nine year survey of post-partum female sterilizations at Wilcox Memorial Hospital (*Amer. J. of Ob. and Gyn.*, 89, 3 June 1, 1964, pp. 395-401) and shows that the emotionally unhappy results of contraceptive sterilization for socioeconomic reasons are significantly high (Table XIII). And last year Bernard Kaye, M.D. (a psychiatrist from Highland Park, Illinois) after consultation with many of his colleagues, sounded a warning in the *Journal of the American Medical Association* with regard to the severe depression noted in some patients taking oral contraceptives; he said: "I would, however, recommend that extreme caution be used in prescribing the oral contraceptives to patients in whom depression is already a problem." (*J.A.M.A.*, 186, 5, Nov. 2, 1963, p. 522.)

All this seems to indicate that the present contraceptive pill, aside from being morally unsound, is only a crude and halting step in the pharmacological approach to fertility control. It can be expected that, as research continues on the identification of ovulation time, newer approaches will open that will not only be medically acceptable, but will likewise not involve the physiologically and psychiatrically dangerous suppression of a normal human function. I suspect that then physicians will be appalled at these early fumbling attempts. As E. J. DeCosta, M.D., of Northwestern University, has already pointed out: "But we must not forget that not only are we interfering with a normal process, but we propose to do this during most of the married life of the woman—a far cry from any physiological process. If one must have a name for it, let us substitute 'steroid' for 'physiological' control of conception, for there is nothing physiological about it unless we change the definition of physiological." (*J.A.M.A.*, 181, 2, July 14, 1962, pp. 123-124.)