The Linacre Quarterly

Volume 63 | Number 2 Article 5

May 1996

Insights on the Theory and Practice of Proscribing Sterilization

Michael Moloney

Theodore Rebard

Insights on the Theory and Practice of Proscribing Sterilization

by

Michael Moloney, M.D.

and

Theodore Rebard, Ph.D.

Dr. Moloney, a member of the Irish College of General Practitioners, has been in general/family practice for 17 years.

Dr. Rebard is on the faculty of the Center for Thomistic Studies, University of St. Thomas, Houston, TX

Physicians are often regarded and treated in modern American society as nearly all-powerful technocrats, speaking their own arcane language of the relevant sciences, and suited to dispense cures for the bodily machine. Physic remains, however, at its best, the art and science of patient-care.

In a somewhat similar way, while philosophy at its best remains precisely what common sense stubbornly expects it to be, namely wisdom, it is nevertheless often the case that philosophers speak more to one another more than they speak to the real needs of the world. Nevertheless, in our time as in all times, the larger public stands in serious need of the wisdom that is philosophy. The questions of the thoughtful person remain perennially the same: who am I? Where did I come from? Where am I going? The issues also remain the same which draw attention: the meaning of life, of death, of love. The physician (among others) cannot give what he does not have, and the need for wise physicians is deeply real.

Dr. Moloney and I have attempted in a series of occasional conversations over the past two years to address one important and practical juncture between philosophy and medicine. We would now like to share some of the contents of that conversation with this audience.

Often the physician in general or family practice is asked to prescribe contraceptives and/or sterilization, both to men and to women.[1] We might well add that this is taken to be a mere matter of course by many patients, and that *prima facie* the physician might feel foolish if he declines to act according to the patient's wishes.

Yet it is the requirement of the teaching of the Church and indeed of natural law that this action is wrongful.[2] Two questions suggest themselves: how have we come as a society to such a pass and, what genuinely kind, clear and firm reply can the physician give to such a patient, which may not only create the opportunity to help the patient by means of a medical explanation, but perhaps even lead the way to more than merely medical assistance?

We dwellers in the 1990s are heirs in the three-dimensional seven-day-a-week, flesh-and-blood real world of affairs to the ideas generated by the era of modernity, which had its beginnings in a self-conscious and deliberate rejection of Aristotle and of Catholicism effected by the earliest and most influential of modern thinkers, and carried its convictions and policies forward with a noteworthy steadfastness and even unto nearly the present day.[3] Of signal importance among the doctrines of the new world-view are the conviction that society and its laws are artificial, that knowledge is power, that all things are exclusively material, and that all purpose in life is earthly (Underlying these convictions is an increasingly deep-seated and even overt act of despair, which professes that nothing has meaning, and that all apparent meaning is the product of self-deception.[4]). These are the revolutionary replacements for the earlier doctrines that society is natural, that its laws ought to conform to nature, that the highest goal of knowledge is wisdom, that there is a spiritual world, in which man dwells by virtue of his soul, and that the grave is not the end of life but a passage to life eternal according to one's just desserts.

Nevertheless, the loss of understanding of the importance of nature, the blindness to the spiritual world, and the insistence on morality as artificial have contributed to the well-known state of affairs of today, in which medicine in some instances has been stood on its head as it were, and acts in diametric opposition to nature rather than in cooperation with it. In the language of natural law, these are the reasons why the present culture has become incapable of giving an intelligent reply to the questions of young persons, such as 'Why not steal, cheat, lie, use drugs, regard sex as recreational?'[5] The most carefully reasoned, truthful answers to these questions are defensible only from the foundation of principles no longer accepted — in fact which have been deliberately rejected, by the thinkers whose ideas have made the modern world modern (and even post-modern).[6] This alienation from foundational principles of self-understanding and morality also explains the abandonment of the ancient oath of Hippocrates, which indicts our contemporaries with an accusation from an earlier age:

> I will prescribe regimen for the good of my patients, according to my judgment and ability, and never do harm to anyone. To please no one will I prescribe a deadly drug, nor give advice which may cause his death. Nor will I give a woman a pessary to procure abortion. But I will preserve the purity of my life and my art . . . .

Against this pre-modern doctrine, the medical administration of 1.6 million abortions per year in the United States alone, and the real practice, pressing for legal approval, of physician-assisted suicide, and the rendering of coitus not merely *interruptus,* by especially *non-facundus* present a stark contradiction,

which is eliminated when the oath and its ideals are eliminated. The agents of this logical consistency have been, among others, medical doctors, pharmacists, and others.

The story of our new era, however, is not merely flawed by its logical incompatibility with an ancient oath: It has been necessary also to suppress other data - among which are clear empirical evidences of the medical deficiencies of contraception/sterilization. Thus, medicine itself, even in its modern and flawed self-understanding, offers an opening to the physician who genuinely wishes to help the patient, by indicating some good reasons to reject contraception/sterilization which everyone can understand. It then (perhaps only then) may become possible to pursue the matter with a patient, at least sometimes, to its deeper roots.

What I Tell My Patients Who Request Contraception/Sterilization[7]

In the 1980s I used to tell my patients that I was a "conscientious objector" to the prescribing of contraceptives/sterilization. This was very effective in protecting me,[8] but was often ineffective as a means of inviting and leading my patients to the good alternative, and to the truth. Having reflected upon this in the early 1990s I now tell my patients also:

- That I will be glad to help them with their family planning but I have genuine and insurmountable difficulties[9] with prescribing contraceptives/sterilization on physical,[10] psychological,[11] anthropological,[12] sociological,[13] not to mention moral grounds.[14]

- That I am not opposed to family planning per se but my first obligation is to do my patients no harm, and that contraceptives do harm[15] the patient's health and well-being.

- That I will gladly introduce them to the best modern method of family planning, by far. This method is called the ovulation method of Natural Family Planning.[16]

- That this method is not the antiquated "Rhythm " method.[17]

- That the ovulation method of Natural Family Planning stacks up very favorably against the contraceptive pill/sterilization in all categories of comparison. For example, compared to the pill, Natural Family Planning has:

  Higher user effectiveness[18]
  Lower cost[19]
  Greater safety[20]
  Ease of compliance[21]
  Much lower discontinuation rates[22]
  More positive personal relational effects.[23]

- Yes, NFP has some apparent drawbacks in that it requires periodic abstinence and the fostering of self-control. I always add that after all, though, everyone must practice restraint in all other areas of life.

- That this method has been affirmed in the *British Medical Journal,* [24] which is the equivalent of our *New England Journal of Medicine,* and is being practiced by over 1% of those couples in the procreative age category in England.[25]

- That there is growing evidence that NFP fosters better relationships as it requires communication.

- That it is known to foster a recurring "honeymoon effect" in marriages.

- That NFP is ethically and morally acceptable to all religions and in all cultures.

As you can see, the difference between my approach in the 1980s and now is the difference between "I object to the prescribing of contraceptives and sterilization," to "I am prescribing and positively recommending the best method of family planning."

The order in which these elements are presented to any particular patient is based on the history and physical examination, one's personal knowledge of the patient (culture, religion, level of education, prejudices), including his or her personal concerns, questions, and the natural flow of the dialogue. There is no set formula, as each patient is a unique individual, but all of the above pieces of information need to be relayed if we are to give a satisfactory and comprehensive answer.

Note also that this is not only a matter of truth but a matter of prudence, practicing the art of medicine and extending mercy. We physicians need to have the attitude of Christ: "Father, forgive them for they know not what they do."[26] What we are about here is conversion, giving our patients the data to make the healthy choice, for personal growth through celebrating and living the values of love and life in marriage.

It is true, then, that the pill is not only bad "medicine." It harms more than the body. The patient, as we have already implied, is not merely a body but a person. One need not expect the patient to be a technical philosopher to understand a relevant explanation. Here in fact, it is important not to beat a retreat into the recondite language of academia, but to take seriously the universal need for wisdom. We now turn from medical practice to underlying principles.[27]

The differences between eating, learning, and loving reveal a great deal about human nature, and constitute at least prima facie evidence that man is more than merely material. When food is shared out, the amount on the platter is reduced; but when knowledge is shared out, the supply is not diminished (as with the material food); and when love is shared out, the supply is even increased. Knowing and loving, then, while intimately human, and vitally important ways of being involved and in contact with reality, are not subject to the exigencies of matter; rather, they go beyond the limits of matter, that is to say, they are non-material or, in a word, spiritual features of human persons, who are beings of spirit as well as flesh.

Because knowledge is spiritual, so must at least one kind of desire be spiritual, for the ability to desire follows upon knowledge. To honor one's own humanity entails honoring the spirit as well as the body. Now just as the body inherently hungers after food and thirsts after drink, so the soul has its inherent dynamisms:

the intellect craves truth and the will craves the genuine good.[28] So, as the body requires food and drink for thirst, also in the soul the intellect requires truth and the will requires good. Because these drives are elementary in man, just as the life of the body becomes subject to atrophy and even death when food and drink are withheld, so there is a corresponding and analogous spiritual atrophy and death when truth and good are withheld.[29] The symptoms of this spiritual illness are alienation from reality and malaise. It is not surprising (rather, only tragic) that in the modern world it is so difficult to diagnose correctly from these symptoms, nor is this surprising, its cause and cure being lost almost beyond recollection or recovery.

The coda and resolution of the foregoing is this: just as the intellect knows universally (that is, in an abstract way), so also the will desires universally. Just as the truth of all being is the object of the intellect, so goodness without limit is the object of the will, which is the corresponding appetite. Yet the fulfillment of these is not to be found in this life, nor in any finite thing. The infinite desires of the intellect and the will are subject to fulfillment only by an infinitely good, true and spiritual person (for no one can genuinely love a mere thing[30]), that is, God. As the great scientist Blaise Pascal recognized in the 17th century when he was a sign of contraditcion against the trend of his time, the only thing infinite about man is his desire, and to desire, in the end, anything less than God is therefore unworthy of man. There is an abyss in the human heart which can be filled only by the infinite good.

We are not pretending that every or even most patients can be taught lessons in the examining room about the history of philosophy and theological dimensions of culture and man, but we do dare to suggest that as our times are wrong, the patient can only be fully served by a gentle inducement to return to medicine in this area as cooperative with nature and the rediscovery of their spiritual dimension. In short, in this case, medicine provides a door of entry to a more human, meaningful life.

Some may choose to call this a traditional and holistic approach to the practice of medicine, and, in the meaning we have suggested, we have no quarrel with this label.

REFERENCES

1. The Church considers contraception, sterilization, and abortion all under the category of sterilization. Of course, abortion being, in addition, the taking of an innocent life.

2. Only the most willful dissident can fail to read the history reflected in *Humane Vitae,* paragraph 14: "Equally to be excluded [from licit ways of regulating birth] as the teaching authority of the Church has frequently declared, is direct sterilization whether perpetual or temporary, whether of the man or the woman."

3. Early on, Niccolo Machiavelli, Thomas Hobbes, Rene Descartes, and John Locke each gave special impetus to this new era. The story of this sequence of thought and its impact is necessarily left to other places, but it is important to note that the United States is the only purely post-enlightenment culture, and therefore the impact of modern ideas is especially felt here. By "culture," we mean a complex of habits of thought, belief, and action. As Christopher Dawson put it in the 1947 Gifford Lectures, "A social culture is an organized way of life which is based on a common tradition and conditioned by a common environment... It is clear that a common way of

life involves a common view of life, common standards of behavior and common standards of value." Cited in Wm. Bennett's *The De-Valuing of America,* p. 25.

4. Helen Alvare has suggested that the most common "rationale" upon which abortion is justified is nihilism, that it is simply unimportant (even though undeniable) that a baby in the womb is human, because human life has no value anyway. What has no value may be eliminated without moral failing, like erasing a pencilled mistake in arithmetic. Note that on this ground alone it is tolerable to say, as society does collectively, that babies in the womb have rights, and are objects of maternal responsibility, unless they are by a mere act of will, no longer wanted, in which case they may be killed.

5. See Pat Buchanan's *Right from the Beginning* (Regency Gateway, 1990) p. 352.

6. See George Rutler's *Beyond Modernity: Reflections of a Post-Modern Catholic.* Much of so-called "post-modernity" is the result of calling the bluff of the sham of certainty owed to the likes of Immanuel Kant.

7. Most patients coming to family practitioners request the pill. Sterilization includes vasectomy, bilateral tubal ligation or BTL, and hysterectomy for contraceptive purposes.

8. American are generally very respectful and accepting of a person's right to plead "conscientous objection." They do not question it.

9. For me, the difficulties are both medical and moral. I am assuming that the readers of *Linacre Quarterly* know that all of today's contraceptives are potentially abortifacients and that it is bad medical practice to give any medication to a well person — never mind that the drugs are used to prevent that which is not a disease. It is always wrong to mutilate a normal, functioning organ, as happens in the case of sterilization. These go against the first principle of medical ethics "First, do no harm."

10. I attempt to educate my patients to the common side effects, short-term and long-term risks of contraceptives/sterilization.

11. I tell my patients that failure to integrate their sexuality into their whole being leads to the stunting of their personal growth. Contraception/sterilization leads to a negative attitude towards children, who are now seen as an impediment to personal happiness and as a burden rather than gift.

12. The rejection of the identity of wife and mother is a rejection of what it means to be a married woman.

13. I inform my patients of the growing evidence that there is a much lower divorce rate (approximately 2%) among those who practice NFP versus those who use contraception or sterilization (approximately 50%).

14. I explain that the failure to integrate their sexuality into their whole being impedes the integration of the fundamental values of life and love into their person, and stunts their moral formation and fulfillment which is evidenced in a general sense of malaise.

15. Explicitly, these physical harms are the following risks and side-effects: A) For the hormonal contraceptives: the common side-effects are vascular headaches, increased appetite, steady weight gain, swelling and bloating, skin rashes (facial cholasma), acne, spotting, break-through bleeding, amenorrhea, depression (mood changes), loss of libido, hirsutism. The common risks are abnormalities in carbohydrate metabolism which lead to the development of asymptomatic hypertension, deep venous thrombosis, pulmonary embolism, strokes, benign liver tumors, cancer of the cervix, and breast cancer. B) In the case of sterilization: a) For tubal ligation side-effects are pelvic pain (many will require a hysterectomy), and hypermenorrhea, very heavy menstrual periods. Tubal ligation risks are the risks of any surgery (bleeding, infection, pulmonary embolism, and the risks of any general anaesthetic) damaged bowel, and a significant percentage of patients are regretful (8%), but this cannot be identified by any preoperative characteristic. b) For vascectomy, side effects are impotence (inability to perform sexually), the development of granulomas and of sperm antibodies. The effect of sperm antibodies on men's health is not clear, but is the subject of some concern. Risks are congestive epidydimitis-orchitis and the testicular changes of interstitial fibrosis. An increased risk of prostate cancer is described in two studies and another study reports an increased risk of same, if the surgery was over twenty years previously.

16. The ovulation method of Natural Family Planning was discovered by the Drs. John & Evelyn Billings, promoted world-wide by the latter, Mercedes Wilson and Dr. Thomas and Susan

Hilgers. The method is being researched by the Billings, Dr. Eric Oderblad, and the Hilgers. It is being further developed as naprotechnology by Thomas Hilgers, M.D. I have been trained by the latter in the Creighton model ovulation method of natural family planning, but can affirm the symptom-thermal methods as taught by John Kippley's Couple to Couple League, but the latter is in need of more documented research.

17. Just about every patient asks with an attitude of skepticism and jest, "Isn't this rhythm?" I am very quick to reply, "No, this is not rhythm." I get on the patient's side by affirming their skepticism, saying, "Rhythm was pretty useless except for those who had perfectly regular cycles." I proceed to teach the patients that this is a day to day method whereby a woman learns to recognize by physical signs whether she is fertile or not fertile on that particular day. I teach patients that a woman only ovulates in one 24-hour time-span per cycle, noting how unwise it is to put their health at risk through the daily ingestion of steroid hormones for something that only happens once per month.

18. All patients want to know, "Is this effective?" and I inform them that four large studies with over five thousand couples have yielded an effectiveness rate of 96.4% when used with the intention to avoid or postpone a pregnancy.

19. Once learned, there is no cost.

20. There are absolutely no medical side-effects.

21. I tell the patient it becomes a matter of habit and that the use of the method becomes increasingly easier because we are creatures of habit.

22. I tell the patient that 80% of the women using the pill are reported to discontinue its use within two to three years because of bothersome side effects.

23. NFP couples report that NFP improved their communication and mutual appreciation of one another. This data is supported by the much lower divorce rate among couples practicing this method.

24. *British Medical Journal,* September 18, 1993.

25. I am frequently asked, "Why haven't I heard of this before?" My reply is, at the cost of being somewhat cynical, for physicians, NFP it is not profitable. It takes time to teach, and it is best taught by trained couples who practice it. The physician is not in control.

26. The contraceptive culture has blinded married couples to the positive and true values of love, life and marriage.

27. Only about a generation ago it was common for general readers aged from adolescent to adult to read representative works of authors such as G.K. Chesterton, Frank Sheed, and Ronald Knox, who provided serious and profound theological and philosophical wisdom in a popularly-accesible format. Works such as these, and also those of C.S. Lewis and Peter Kreeft are rewarding reading for the Catholic physician not only for their content, but also for their stylistic success, which can be a model for delivering serious ideas in a non-technical and readily understandable way.

28. Note that where the will aims at defective goods or at merely apparent goods the person is never happy. This accounts for the fruitlessness of efforts to become happy by means of the acquisition and use of material things — how the materially wealthiest society in the history of the world is also the most spiritually impoverished, and unhappy. What is worse is that, absent a successful break through and beyond the limits of matter, the citizen of such a world cannot become happy, for the "therapy" of acquisition renders the disease of unhappiness more acute, and the victim less able to recognize or to respond to the corrective. To borrow a phrase from Daniel Boorstin, we have still not "discovered the poverty of our abundance." *The Image* (Vintage, 1987), p. 259.

29. Janet Smith has referred to the living victims of the sexual revolution as "walking wounded," i.e., wounded in spirit, even dead in spirit, but still bodily alive. See her magisterial work, *Humanae Vitae, a Generation Later* (CUA Press, 1992). This is an enormously important book and should on no account be missed by Catholic physicians, philosophers, and theologians.

30. Recall how Silas Marner's appearance represented the physical manifestation of his shrivelled miserly soul until he learned to love the foundling child, whereupon he became a new man.
