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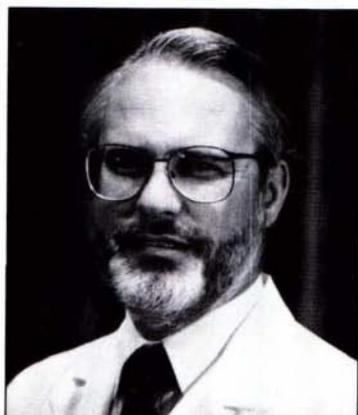
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Can A Catholic Be An Obstetrician- Gynecologist?

by

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The Catholic Church, over the years, has had a lot to say about issues related to the medical practice of an obstetrician-gynecologist. Perhaps more than any other single specialty, this group of physicians must deal with the Church's teachings in a variety of areas related to reproductive issues.

In 1968, for example, the papal encyclical *Humanae Vitae*¹, written by Pope Paul VI, reiterated the Church's traditional condemnation of contraception, sterilization and abortion. In 1987, the Vatican Congregation for the Doctrine of the Faith released *An Instruction on the Respect for Human Life in its Origin and on the Dignity of Procreation (Donum Vitae*²). This instruction examined such critical issues as in vitro fertilization (IVF), experimentation on human embryos, surrogate motherhood, prenatal diagnosis and therapeutic procedures for the human embryo, infertility in marriage and legislation related to procreation. A fundamental concern of this instruction was that human life be respected: the embryo must be treated as a person and defended in its integrity.

More recently, on March 25, 1995, Pope John Paul II released his comprehensive encyclical letter *The Gospel of Life (Evangelium Vitae*³). In this encyclical, Pope John Paul II reiterated the teachings of *Humanae Vitae* and *Donum Vitae*. In addition, he challenged us to recognize "the inescapable responsibility of **choosing to be unconditionally pro-life**"⁴ (emphasis in the original).

I have heard those involved in the education of young obstetrician-gynecologists say that "One can't be a complete obstetrician-gynecologist unless one also provides contraception, sterilization and abortion services." While abortion continues to be somewhat controversial within the profession it is clear that obstetrics and gynecology, as a speciality, has become monolithic in its

attitude towards contraception and sterilization. Thus, it is reasonable to ask whether or not a Catholic physician can become an obstetrician-gynecologist.

This paper will attempt to address this question and, as you will see, will reach the conclusion that the answer is strongly affirmative and not only can a Catholic be an obstetrician-gynecologist but a Catholic physician can be an outstanding obstetrician-gynecologist without resorting to what the believing Catholic would consider to be immoral or unethical.

The Practice of Suppression and Destruction

Since 1960, when oral contraceptives became widely available and a part of every obstetrician-gynecologist's medical armamentarium, a new ethic was introduced into medicine. For the first time in modern medical history, a **non-disease was treated as if it were a disease**. Normal human fertility was being treated with what everyone would consider to be "harsh" chemicals or devices to suppress it and, in some cases, destroy it. In other words, a condition of normal physiology (in this case reproductive physiology) became viewed as an abnormality or a disease. With this view, the often quoted edict "First do no harm" was abandoned and the suppressive and destructive actions of oral contraceptives and other devices took over.

Not too long after that, in 1968, the first legalization of abortion in the United States occurred. This continued over the next five years and culminated in the 1973 United States Supreme Court decision, *Roe v. Wade*. Here, it was not just fertility that was deemed a disease. Here, the human unborn child was thought of as a disease and destruction became the norm, the "Standard of Practice" for many.

In 1978, on the tenth anniversary of *Humanae Vitae* (July 25, 1978), baby Louise Brown was born. This was the first infant who was born as the result of in vitro fertilization, although experimentation with human embryos and IVF had begun as early as 1943. Now, what previously had been called "products of conception" in the abortion debate became "test-tube babies" in this new genre of reproductive biotechniques. Indeed, in the face of what was a lovely baby girl, it was difficult to see the enormous destruction of embryos that is now a part of the legacy of in vitro fertilization and other artificial reproductive technologies.

As could be predicted, following the development of in vitro fertilization, a whole host of alternate procedures were developed, many of them with varying degrees of ineffectiveness⁵, and all with a significant amount of embryocidal fall out. The brave new world was upon us as grandmothers gave birth to their daughter's infants, women without ovaries became biological mothers with adopted eggs and biological motherhood for some was the result of surrogacy.

There was an interesting medical trend occurring as all of this was developing. More and more, the field of obstetrics and gynecology developed an attitude which was almost anti-diagnostic and nihilistic with regard to providing treatment for **real and underlying** disease conditions. The oral contraceptive became a treatment for everything from irregular menstrual cycles to endometriosis, from premenstrual syndrome to abnormal bleeding, from ovarian

cysts to pelvic pain, etc. In fact, the oral contraceptive has been really nothing but a hormonal coverup for all of these conditions and because the attitude in obstetrics and gynecology is so monolithic with regard to contraception, the attitude of establishing a definitive diagnosis has been undermined and the health care of women has been harmed.

An excellent example of this would be in the field of reproductive medicine. It is not common practice, anymore, for the gynecologist to look seriously for the underlying causes of problems that lead to reproductive disorders such as infertility, spontaneous abortion, ectopic pregnancy, etc. The common practice has become "3 months of Clomid and then, if not pregnant, refer to the IVF program". And yet, these conditions represent what are the most common gynecologic disorders in reproductive age women with literally millions of women involved every year. This has cultivated a very discriminatory attitude amongst third party payers, who, for example routinely will not reimburse for the investigation of infertility, or premenstrual syndrome or other common problems.

The Separation of Love and Life and Family Violence

With the introduction of contraception, abortion and sterilization, the action of lovemaking and lifemaking were vigorously separated. It has become increasingly difficult for adults to accept responsibility for their actions and as a result, it can be perfectly well argued, many of the social ills that are currently confronting the family can be, at least in part, attributed to the increase in "adult adolescence" which has been cultivated by the contraceptive and abortion culture.

Many people wonder why there are so many problems in our families. Why is the divorce rate so high: why do out-of-wedlock pregnancies continue to increase in spite of widespread contraception and abortion; why is sexual and physical child abuse so common; why are teenagers addicted to drugs and alcohol; why is teenage suicide the second leading cause of death in that age group, and in general, why is domestic violence epidemic in American society?

"Sex" is sort of a "sacred cow" . . . by that, I mean, it is almost "untouchable" as one attempts to look at these issues objectively. For example, to suggest that the flagrant separation of lovemaking from lifemaking may very well have a significant impact on the human relationship between spouses, which may subsequently lead to poor communication and an increase in the divorce rate which in turn may have a devastating effect on the children in the family, may be almost heretical under the circumstances of modern culture. And yet, the argument is rational and carries with it significant potential which will only be uncovered as people ask critical questions.

Naprotechnology

Let us presuppose, now, for a moment that the Catholic Church is completely correct in its teachings related to reproductive issues (which this Catholic

happens to believe). Then the Catholic physician cannot be involved in contraception, sterilization, abortion, in vitro fertilization, prenatal diagnosis for eugenic reasons, etc. The way the profession has developed over the last 35 years, one would think that would leave Catholics out of the possibility of becoming obstetrician-gynecologists.

And yet, **obstetrics and gynecology can be 100 percent practiced** without being involved in any of that. In fact, a Catholic can be an outstanding obstetrician-gynecologist without being involved in these things. If one thinks philosophically, for a moment, the adoption of techniques and technologies which are fundamentally suppressive and destructive really isn't very good medical practice any way. Thus, the Catholic physicians have in front of them the opportunity to actually be a better physician as a result of his or her Catholic background.

Much of this can be accomplished with a better understanding of the new reproductive science called **NaPro Technology**⁶. NaPro Technology is a new reproductive science which harnesses our allied health, medical and surgical energies in such a way as to be **cooperative** with the natural procreative systems and functions. Instead of suppressing everything and being destructive, this approach allows for a better understanding of the underlying anatomy and physiology and pathophysiology of conditions so that treatment can be initiated which is ultimately more effective, reaches to conclusive diagnosis, allows to project subsequent outcomes, respects the dignity of women, and allows the physician to become a part of a health care strategy that recognizes fertility and pregnancy as a normal physiologic event.

The very foundation of NaPro Technology is a better understanding of the natural methods for the regulation of fertility. This is specific to the **Creighton Model Natural Family Planning System**, a model with specific medical application which was originally developed in 1980 in the Department of Obstetrics and Gynecology at the Creighton University School of Medicine and has continued to progress in its use and application. This system is a standardized modification of the Billings Ovulation Method and has been built on the **Creighton Model NaProEducation Technologies (CrM NET)**⁷. The service that the couples obtain is a service which meets the demands of an allied health profession and certification of teachers and accreditation of educational programs all occur through the meeting of national standards established through the American Academy of Natural Family Planning. These programs have met with flying colors the demands of hospital accreditation when reviewed by the Joint Commission on Accreditation of Hospitals (JCAH).

NaPro Technology allows the physician to treat ovarian cysts without surgery, to reduce the likelihood of a patient having unnecessary hysterectomies, to recognize and subsequently treat the various causes of infertility, repetitive miscarriage and ectopic pregnancy, to date the beginning of pregnancy from its "true beginning" (estimated time of conception) as opposed to its "false beginning" (the first day of the last menstrual period), identify various types of stress as it impacts the reproductive cycle, target the evaluation of various hormones as they are produced during the course of the reproductive menstrual

cycle and develop techniques in which interpretation of those hormones can be made more accurate, etc.

In *Evangelium Vitae*, Pope John Paul II calls in four different locations⁸ for the need to develop centers for the provision of services in the natural methods for the regulation of fertility and related services. The role of the Catholic physician is, thus, a very positive one. The new testament is, actually, a challenge to positive action and is no longer the "Thou Shalt Not" culture. In fact, as Pope John Paul II points out "To proclaim Jesus is itself to proclaim life."⁸

Can a Catholic be an obstetrician-gynecologist? The answer is a resounding yes! However, they will need to study, read and develop new skills which they will not be exposed to in medical school or residency training. They will need to be willing to obtain further training in areas related to natural family planning. They must be willing to establish natural family planning services in their community. And they must be willing and somewhat eager to challenge the status quo.

Natural family planning, incidentally, is extremely effective. It is not the old Rhythm system that we are talking about anymore but rather **modern methods** of identifying, with precision, the times of fertility and the times of infertility. This, ultimately, becomes an educational service as opposed to a truly technological service. This has enormous advantages because it reaches out to people as real persons as opposed to just things or objects. As one gets more and more into this, one will see that patients respond very positively to it as opposed to the thoughts in the past that the experience would be very negative.

It should be pointed out that there are any number of women, both Catholic and not Catholic, who simply are morally opposed to the current artificial reproductive culture. And others who do not like it for a whole variety of other reasons. These patients have a right, it seems to me, to be able to choose a physician who agrees with their basic philosophy and this is an extraordinary underserved group of people at the present time.

Can an Obstetrician-Gynecologist Be Catholic?

The above question takes a slightly different twist to the question of this paper. But if the answer to the first question is yes then the answer to this is yes also. However, the thrust of this paper is not a question of how often does the Catholic physician go to Mass, how often does he go to Communion, is he a Eucharistic Minister, etc. The question has much more to do with whether or not that physician has brought him or herself up to date with the modern approaches to Catholic reproductive health services which now can become available in their own community.

In *Evangelium Vitae*, Pope John Paul II comes to the following conclusion: "We are asked to love and honour the life of every man and woman and to work with perseverance and courage so that our time, marked by all too many signs of death, may at last witness the establishment of a new culture of life, the fruit of the culture of truth and of love."¹⁰ It seems to me, that perhaps the question we must now ask ourselves as obstetrician-gynecologists is: **Have we, over these many**

years, become a part of the culture of death? Can we in the future be a part of building a new culture of life? I happen to think that the answer to both questions is yes. But we must be truly challenged, out of faith, perhaps out of some frustration that contraception and sterilization have not produced the positive benefits that so many people speak of, out of concern that abortion has become so widespread in America that it has truly devalued the very sacredness of human life, out of concern that our families and our children are now being impacted significantly by these **biotechnically devalued social policies**.

Indeed, if you have reached any of these, then the world needs Catholic obstetrician-gynecologists more than ever before. There is an enormous need for fulfilling Catholic renewal in the field of obstetrics and gynecology. And if you are a young medical student considering going into this profession do it fully with the idea of "embracing Catholicism" and I will guarantee you, while it may be difficult and I don't want to paint a rose colored picture, it will also be extraordinarily and rewarding. If you are an "old" obstetrician-gynecologist, like myself, then I would simply suggest that you reexamine what the years have brought you and whether or not there are any good years ahead where re-converting to the Catholic way of looking at reproductive issues might provide for you a very positive impact for the rest of your professional practice.

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