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# Letter to the Editor

Catholic Physicians' Guild

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### "Prophylactic" Sterilization

"Surgical Prophylactics for Ovarian Cancer (SPOC): An Ethical Inquiry" by the Rev. John F. Tuohey, Ph.D. does fine on the statement of principles, but becomes unfocussed when recommending application (*Linacre Quarterly*, August, 1998). Licit utilization of the principle demands a sharp focus. If indeed SPOC will be found to be a medically indicated procedure for some women, it is licit for the few, not the many.

The author states that "approximately 2% of all women will be diagnosed with ovarian cancer in their lifetime" (p, 78). That leaves 98% who will not be so diagnosed. This is a minority, and it appears to be concentrated within a specific and identifiable group. Those specially at risk may be "female carriers of *BRAC1* and *BRAC2* germ-line mutation" (Tuohey, p. 77). A footnote refers to a study made among Ashkenazi Jews, and to other studies about breast cancer or cancer in general.

The therapy is tentative, not yet established as recommended procedure by medical science. "Both research and strong anecdotal evidence suggest that a tubal ligation may significantly reduce the risk of ovarian cancer by preventing exposure of the epithelium to steroid-rich follicular fluid and reducing circulating levels of pituitary gonadotrophins" (p. 78; underlining added). Note the tentative nature of the *suspected* connection.

The author's use of statistics appears biased: "There are approximately 120,000 deaths related to ovarian cancer per year" (p. 78). If true, that would indeed be a formidable number. From this he concludes: "Clearly, ovarian cancer poses a serious health risk to all women..." (p. 78). I searched to find verification of the 120,000 deaths. Footnote 4 states that "Ovarian cancer accounts for 4% of all cancers in women" (p. 92). But only 250,100 deaths from all cancer among all women were reported, for example, in 1993 (*Statistical Abstract USA, 1996,* table 130). That would tally, at most to 10,004 deaths, not 120,000. The latter number needs clarification. We should note that 15,100 deaths (1993) are attributed to "certain conditions arising in the perinatal period" but we do not, therefore, advocate that woman should abandon motherhood.

If I read correctly, the author states that Catholic hospitals may perform tubal ligations on women indiscriminately: "In the meantime, it seems reasonable to conclude that SPOC is a generally permissible prophylactic procedure for ovarian cancer." (p. 91) "Generally permissible," he states. This appears to be a new and broadside contestation against the statement in *Humanae Vitae*: "Furthermore, as the Magisterium of the Church has taught repeatedly, direct sterilization of the male or female, whether permanent or temporary, is equally to be

condemned" (No. 14).

A licit application of the principle of totality to justify tubal ligation for prevention of ovarian cancer requires precise qualifications: 1) Is it an effective preventive measure, and if so, is the anticipated effect commensurate to the damage foreseen? That is not yet established by medical science. 2) Is application medically suggested for only carriers of *BRAC1* and *BRAC2* germ-line mutation women? If so, narrow the discussion to these groups only. SPOC for women in general would be contraindicated. As President Truman used to say: "If it ain't broke, don't fix it." 3) Is the risk increased significantly by waiting with tubal ligation until after menopause? Over 90% of deaths from any kind of cancer by all women occur after age 55 (*Statistical Abstract USA*, Table 130). If danger is not increased significantly by waiting until after menopause, wait.

As a layman, I have trouble with credibility that tubal ligation alone reduces "exposure of the epithelium to steroid-rich follicular fluid and...circulating levels of pituitary gonadotrophins." The mechanism by which mere tubal ligation would reduce the flow of these hormones from the adrenal glands, the pituitary gland, and the ovaries, is a mystery to me. Therapy, by way of suppressing hormone production at the source, or by way of oophorectomy, appear plausible. But tubal ligation? What would be the mechanism?

Finally, tubal ligation may be a minor *surgical procedure* as the author notes repeatedly, but the *psychological* effect on the woman and on the marriage is by no means minor. The author fails to note this. Surgical sterilization creates a major problem, a huge and formidable problem, not for hundreds but for millions of married couples. It is associated with ballooning and out-of-control divorce rates. A proportionate reason to justify the ligation must be weighed against anticipated damage to subsequent marital relations, not against the comparatively simple surgical procedure.

Today a *majority* of couples in the USA resort to surgical sterilization after the wife reaches the mid-thirties. "In 1988, one-half (50 percent) of all married couples with one child or more were surgically sterilized; among couples with one child or more in which the wife was 35-44 years of age, the proportion of sterilized was about two-thirds (68 percent)" (*NCH*, Dec. 4, 1990). The problems women have with the Pill are the main reason. The temptation to sterilize women en masse at Catholic hospitals is momentarily awesome, overwhelming, intimidating, like a destructive tidal wave poised to strike — a *tsunami*. It is imperative to save our moral selves by fleeing to higher ground, and to discern tubal ligation with indicated caution.

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