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John H. Cavanagh

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A Rejoinder to the Critique by Vitale H. Paganelli, M.D. of My Paper "Psychiatric Indications for the Use of Contraceptives"

John R. Cavanagh, M.D.

The critique of my position by Dr. Paganelli revolves around two major points: (1) the psychiatric problem itself and (2) the application of the principle of double effect.

On the first point, it is argued that "fear of pregnancy" is not a well-defined syndrome, that if it is frequent it can hardly be called abnormal, that it makes a big difference if it is cause or consequence or superimposed on a normal rather than a pathological personality, and that if it is but one of a number of symptoms, the means would seem to be disproportionate to the end.

I carefully limited my paper to cases of psychosis and excluded both neuroses and normal apprehension. In passing, one might note that high frequency might bespeak statistical normalcy, but it is otherwise in both medicine and morals. The incidence of the common cold is very high, but I would not argue that it is the normal state for man. So is the incidence of fornication high!

If, in the professional judgment of a competent psychiatrist, removal of the fear of pregnancy is a crucial part of the therapy necessary to restore a human being's mental health, the end sought would seem to me to be a very

great good and the question of whether the fear is cause, occasion, consequence, or symptom is secondary to the pragmatics of the situation. Etiology is one thing and therapy another. If present diagnosis and past experience of successful therapy dictate that effective removal of the fear will bring about a cure, both professional ethics and Christian charity dictate the course of action to be pursued.

The other arguments revolve around the principle of the double effect, a guide to moral decisions when the same act produces two effects, one good and one bad. The principle, developed by theologians of the 16th and 17th centuries, calls for four conditions to be met before action can be taken. I will cite them as put forth by the late Father F. J. Connell in the *New Catholic Encyclopedia* (v. 4, p. 1021). (1) "The act itself must be morally good or at least indifferent." In the present case, the physical act of taking the pill is morally indifferent. Its use is universally approved for regulating the cycle and promoting fertility, for example. (2) "The agent may not positively will the bad effect but may merely permit it. If he could attain the good effect without the bad effect, he should do so. The bad effect is sometimes said to be indirectly

voluntary." It is this second condition that presents my critic with his greatest difficulty and I submit that this difficulty is simply a semantic one. He quotes as his source on the meaning of the principle of the double effect the brief paragraph devoted to it in the one-volume Rahner-Vorgrimler *Theological Dictionary*. From one sentence in that paragraph — "the problem for moral theology then arises where the unintended evil consequence of such an act is in fact unavoidably connected with it and foreseen, though not fore-willed as such" — he concludes that "foreseeing" excludes "indirect willing." In point of fact, many theologians use the two terms interchangeably, along with others like "indirect voluntary" or "voluntary in cause" or calling the means to an end *voluntarium in se sed non propter se* in contradistinction to the end itself which is *voluntarius in se et propter se*. Father Connell above does not use the term "foresee" in connection with the bad effect but prefers "merely permit it" which he then equates with the indirectly voluntary. The key words in the Rahner-Vorgrimler definition are "as such."

The two conditions just enumerated have a binding force of their own and are general principles of moral theology. One may never commit an evil act and one may never directly will an evil effect. They are the two that *Humanae Vitae* concerns itself with in discussing illicit ways of regulating birth and the licitness of therapeutic means, such as those under discussion now. The other two conditions pertain to the principle of double effect.

I continue with Connell: (3) "The good effect must flow from the action at least as immediately (in the order of causality, though not necessarily in the order of time) as the bad effect." My thesis also meets this test. The physical act of taking the pill, as we have seen, is morally indifferent. The fact of sterility is in itself morally indifferent. That a woman cannot conceive because of age or time of the month is not a bar to intercourse. The inducement of temporary sterility through the pill is not, of itself, an evil effect. The evil condemned in *Humanae Vitae* is in directly willing to separate, in any particular act of intercourse, the unitive meaning and the procreative meaning. (*Humanae Vitae*, par. 12). The ultimate objective sought is first in the will; the means to the accomplishment of the objective is the taking of a pill which induces sterility. In the typical case I have discussed, the ultimate end sought and directly willed is the cure of the patient. If this cannot be accomplished through total or periodic abstinence, then the pill and the resultant sterility become the means to attain that good.

The argument was well developed by St. Thomas (II II, q. 8, a. 2) where he says that the means to the end are not good in themselves nor are they willed for their own sake, but in relation to the end. The will is directed to them only insofar as it is directed to the end. Therefore, what the will seeks in them is the end. Finally, from Father Haring, "what is ultimately decisive beyond the value of the act is precisely the objective rectitude of the motive. . . . The motive imparts the ultimate form for the moral value of the action . . ." (*The Law of Christ*, v. 1, p. 309).

The last of the four conditions required for the full operation of the principle of the double effect is that the good effect must outweigh the bad. I shall not dwell on it. To restore a person to sanity is to make that person human again. It is to put him back in communication with the real world — a communication of heart and mind with himself, his family, his fellow men, and, most of all, with God. That good is a very great good and not easily outweighed by abstract considerations that are not always well thought out.

Since some of those who have commented on my article have implied that I do not understand the principle of double effect, I asked Father Warren Reich, S.T., Assistant Professor, School of Sacred Theology, The Catholic University of America, Washington, D.C., to make some comments on this discussion on the psychiatric indications for the use of anovulant drugs.

FATHER REICH'S COMMENTS

Dr. Cavanagh's original article ("Psychiatric Indications for the Use of Contraceptives," *Linacre Quarterly*, May, 1969) employs the principle of the double effect in determining the licitness of the pill. He speaks within those terms because Pius XII said that the anovulants could be employed only when this principle applies: i.e., only when this medication is "for the good of the organism." Writing as a specialist who is concerned with total human health, Dr. Cavanagh has legitimately challenged the theological language which consistently speaks of health as though it were only a question of the physical well-being of the body, to the neglect of the concept of total organism. It is indeed

strange that neither papal teaching nor the commonly proposed conclusions of the moral theologians allow for "psychological indications" in the therapeutic use of the pill.

On the other hand, I can fully comprehend Dr. Paganelli's consternation over treating "fear of pregnancy" simply by insuring that pregnancy cannot occur. ("A Commentary on 'Psychiatric Indications for the Use of Contraceptives,'" *Linacre Quarterly* August, 1969). But this would not seem to be a more far-fetched application of the principle of the double effect than the common conclusion of the moralists who have said it in conformity with Pius XII's use of the principle of the double effect to "intend" and effect a post-partum repose of the ovaries (as a good of nature probably intended by nature at this period) while the temporary sterility (seen as a "sexual disorder") is only permitted but not intended. In other words, it becomes obvious from both the case of the "fear of pregnancy" and the case of post-partum sterility (as well as a number of other cases) that the principle of the double effect can be *used*, but that it carries with it some great *inadequacies* (as the Cavanagh-Paganelli debate brings out very well).

There are some further difficulties with Dr. Paganelli's reply. His insistence that the "cure must not be worse than the treatment" is a begging of the question, which becomes evident in the ensuing discussion. Dr. Paganelli's comparison of the use of the pill in cases of pathological fear of pregnancy (resulting in sterilization) to treatment of cancer of the cervix with radium (resulting in the death of the fetus) is misleading, in that it implies that the cases are *morally*, and not just

mechanically, parallel. How can one possibly consider the termination of the life of an unborn child to be no more unfortunate than temporary suppression of fertility?

Now Dr. Paganelli may not have intended such a *moral* comparison. He may have had in mind only the "mechanics" of the two cases. But this is precisely the fault in some of our Catholic moral thinking: that all cases are considered equal in moral importance if they can be "handled" with the same principle, and particularly if the "evil to be avoided" has been called (with only a tentative certitude) "intrinsically evil." The point being made is that there is a great variety of moral values and disvalues which we have not always carefully distinguished and admitted; that *some* evil and unfortunate effects are *inextricably* interwoven in human situations; and that a "physical dissection" (in the mind of the moralist) of a unified course of action does not always correspond to reality. Therefore it is legitimate to ask (and this goes beyond the point made by Dr. Cavanagh): How can one prove rationally that the *temporary* suppression of ovulation for a *very good purpose* (such as that indicated by Dr. Cavanagh) is any-

where near being comparable to the disvalue of the death of a fetus, and hence disallowed?

As we all know, the principle of the double effect is not divinely revealed. It has no special claim on infallible truth. It has been a device for understanding on grounds of *reason* what a reasonable approach to morality might be. Now, however, an increasingly large number of moral theologians is finding that the principle itself has some great and disappointing shortcomings, or at least that the principle is abused in its rational use. For instance, it is a formalism of the most subtle and deplorable sort to say there is an *essential difference* between intending the excision of an ectopic pregnancy in that tube, when the "pathological condition" of the tube is explainable only by the unfortunate location of the pregnancy.

It is for this reason that contemporary theologians such as Bernard Haring (cited by Dr. Cavanagh in his reply), who also has some impressive support in Thomas Aquinas, are placing more emphasis on the rectitude of the moral motive as determinative of the morality of a chosen action.