The Linacre Quarterly

Volume 38 | Number 2 Article 2

May 1971

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Guest Editorial . . .

Overpopulation: The False Culprit*

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The popularization of the notion of excessive population growth of the United States during the Sixties and the subsequent indictment of overpopulation as the chief culprit responsible for major problems confronting the United States as it enters the Seventies, is a tribute to the multiple talents of our nation.

The talents of American social crusaders can be seen in the singling out and the successful selling, in the best style of Madison Avenue advertising, of a simple-minded slogan of social salvation — that the fewer the people the fewer the human problems. Other, but ually shallow, talents are disp yed by mass media communicat s who, under the sonorous gui of an omnipotent, universally ncompassing intellect, parrot a l trumpet stylish and superfic l conclusions. And not o be overlooked are the oppo unistic talents of the business rld to seize upon, elevate and xploit hypotheses which have th aura of a social good to further ancial gain. Never in American istory, for instance, have we w nessed the seemingly single-p posed, resourceful devotion of money-making industry to a s called social good — populatio control — as has been seen w th the manufacturers of the d gerous but highly lucrative o al contraceptive, The Pill.

The American public's gullibility, both the lay- and professional man's enormous capacity to be captivated, mesmerized and seduced by the alluring echo and re-echo of simplistic propaganda — a capacity, incidentally, which makes each an instant authority on demography and ecology — provides a natural setting for the energetic application of these talents.

Americans are easily led to believe that by controlling and contracting populations the problems of slums, unemployment, deficient schooling, inadequate housing, urban living and urban transportation, environmental pollution, the sexual revolution, juvenile delinquency, drug abuse, psychiatric overload, subnormal nutrition and additional social and racial injustices can be solved — that, in general, high human quality can be achieved quantitatively by decreasing the number of people.

Americans, buffeted by ballyhoo, willingly buy the notion that the pervasive evil in our affluent nation is not what its culture is doing to people, but rather what people viewed as pollutants are doing to society. In answer to the great rallying cry of the late President John Kennedy — "Ask not what your country can do for you but what you can do for your country" — the social engineers in effect reply, "Drop dead!"

Population control-minded engineers prefer to do things *to* people rather than to do things *for* people; rather than direct public policy toward social well-being, they direct public policy against people. The unborn child, despite the century old development of his constitutional rights,[1] and despite the emergence of the new medical specialty of fetology,[2] is the first target. The labeling of categories of people as "unwanted" and the killing of those so labeled as a solution to the problem is already taking its toll of first childhood via fetal euthanasia. The identical concept is being insidiously extended to another unwanted group, those in their second childhood via euthanasia of the aged. Man's civilized belief that the road to social maturity is the conversion of the unwanted into the wanted is discarded by doomsday prophets who call for heartless and drastic measures[3] to curb their manufactured overpopulation crisis.

Here we should not be misled by the hue and cry of automatic liberals who fervently proclaim against the Vietnam War and capital punishment — against the killing of strangers. When it comes to the killing of our most intimate neighbors, these same automatic liberals fiercely plump for parricide in their espousal of abortion on demand. To seek liberty and happiness through the exclusion of life is a peculiar abridgment of the dictum for all, the right to life, liberty and the pursuit of happiness.

Inherent in the "population explosion" gambit is a several-fold danger. The gambit abets an already existing anti-other mentality that, at present, is one of our deep-seated contemporary problems. Men exploit women, and women, with hardened hearts, attack men as male chuavinists. Whites repress blacks and blacks gun for whites. Wasps can do

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Reprinted from Child & Family, Summer, 1969, P. 194-5.
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age of Catholic physicians who prescribe hormones specifically for purposes of birth control, but it would seem safe to assume that this number is not inconsiderable. It represents the major area of professional-Church conflict. Abortive acts by the Catholic physician at this time are undoubtedly relatively rare but in light of recently published theological material[1] the number may increase in frequency. Sterilization procedures while rare, are probably not uncommon. Here again, as a result of published theological opinion[2] these procedures have become more prevelant. This brief summary broadly outlines the nature and scope of the problem to be studied.

Etiology of Conflict:

The apparent reasons which underly the Catholic physician's position and which brings him into conflict with the Magisterial teaching of the Church are many and are of variable importance and legitimacy. Among these one may consider, (1) explosive medical - technological advances which convey the impression to some physicians that medical knowledge has surpassed what they consider to be a rigid philosophical - theological Church structure; (2) recent requests on the part of Pontiff's and Bishop's for expert lay opinion and information, (e.g., Pope John XXIII and Paul VI with regard the birth control commission; lay diocesan council's, etc.) lead some physicians to believe that the scientific s utions to problems are the last ord in establishing a value judgen nt; (3) the availability to interes d and educated laymen of the gical journals, books, lectures, ., particularly those of a spec lative nature; and finally,) the atheistic secularism wh per-vades modern scientism.

The first two of the af emen-tioned factors have relativ y little influence on the disc ning physician's conceptualiz ion of the problem and havi men-tioned them, I will not r urn to any further expostulation f their influence. The third reas cited, has more importance an will be considered subsequently.

It is item four howeve which bears the most careful an sis. In an era of world-wide cular humanism (as distinguish l from sacral humanism[4]) it s the physician who represe ts the prototype par excellenc of the ideal individual secular h manist. He more than any oth is in-volved daily in the perso o per-son relationships and p blems which offer a living oppor nity to be such a humanist; he m e than any other is subject and therefore susceptible t he in-fluences of the physi l and emotional trauma that c stitute the authentic pathos and j which in turn form the woop and warf of human life; he more th n any other is positioned o do something to relieve the t rifying pain, physical and/or sp ritual, with which he is confronte by his fellow man.

On the other hand, the modern prototype of human pain, anguish and distress, which incidentally symbolizes and embodies all the socio-economic ills of the world today is depicted characteristically as an economically deprived, pregnant (or non-pregnant) mother of a family with which she cannot physically and/or emotionally cope. In a technological world which has assumed erroneously that secular humanism is the value of paramount importance if not the only existing value, the physician as "secular humanist par excellence" feels driven by forces almost insurmountable to provide his patient with "the pill", or an abortion, or a sterilization procedure, whichever the secular situation and the patient seem to demand of him in order to fulfill precisely this role of humanist.

To be conscientiously Catholic, i.e., to follow the teaching of the Magisterium in a professional approach thus is seen by some physicians as the equivalent of counseling a patient that anxiety and wretchedness were ordained by God and therefore are to be accepted. This situation becomes more poignant as the physician recognizes that he has at his command the tools to remove that physical, emotional and societal wretchedness caused by the possibility of another pregnancy or of the current pregnancy. Not to use these tools again is conceptualized as an abandonment of his role as "secular humanist par excellence" within the community. The physician is confronted continously on a practical level with a medical variation of the eternal philosophical problem of God and the permission of evil.

Drawn therefore, by the internal force of his self-identification with the humanistic role he has chosen in a professional career and by the external force of a community which also has identified him as the "archtype humanist" and finally by the currents of scientism, he succumbs to a solution of the medical-ethical problem as though the problem had a reality only within the material (phenomenological) order and not in the ideal and spiritual order as well. To resist that temptation is certainly most difficult for anyone, priest and theologian as well as for physician.

As an aside to the physician's problem, I would submit that some nuns, priests and some theologians have fallen prey to precisely the same type of identity crisis with humanism. Jacques Maritain[5] in his pithy commentary on this modern problem has elaborated upon the consequences which follow the failure to use the legitimate, necessary and real (not merely "ideal") tools of philosophy in the processes of speculative as well as pastoral theologizing.

In a very relevant article Pohier[6] comes down hard on the absolute necessity for the man of God (the Christian) to recognize the spiritual (intellect and will) dimension as well as the phenomenological dimension of the problem. He points out that science and technology derive wholly from phenomena of nature but theology recognizes that God made a covenant with man and "that this act on God's part is the most important event in the history of man and of humanity and that the reference of human action and existence to this covenant becomes THE MOST IMPORTANT REFERENCE

in itself it is always and everywhere evil and therefore forbidden.

Theologians have traditionally invoked the "Principle of Double Effect" for a situation in which an evil effect results, (e.g., temporary or permanent sterilization or abortion) but where that effect (end) is not intended regardless of whether or not the evil consequence is forseen.[15] An example current in medical practice is the treatment of endometriosis with a birth control pill. In the treatment of this clinical entity the evil consequence of temporary sterilization is not primarily intended since the purpose of the medication is relief of symptoms and pathology caused by the endometriosis.

The sterilization procedure is another case in point where an effort is being made by both the theologian and the Catholic physician to subsume the problem under the broad agesis of double effect.

The argument proceeds primarily along the line that certain uteri are in a pathological (diseased) state and can no longer perform the biological function of containing a pregnancy to term (date of delivery) which is the primary function for which these same uteri are intended. Such uteri, may include those which have been subjected to four or more cesarean sections, those which contain benign or malignant tumors, those which respond irresponsibly to normal hormonal secretion, etc.

When, in the opinion of a competent surgeon such a uterus anatomically speaking is judged to be pathological, he may remove the organ not primarily in order to sterilize the patient, but primarily in order to improve the health of the patient by removing diseased tissue or to put it another way by separating the patient from the diseased tissue.

It is well at this point in considering the reasons for hysterectomy to take note of the fact that there is not unanimity of medical opinion regarding when a uterus which has been subjected to four or more cesarean sections is to be considered empirically as "pathological", since there have been recorded as many as eight cesarean sections in the same patient without dire consequence. Each uterus at cesarean section therefore must be judged individually by the operating surgeon as to its continued viability. The burden for making this judgement rests immediately on the shoulders of the surgeon and is not in any way a theological problem.[16]

Let a clinical situation in respect to repeated cesarean section be assumed, to wit: the woman now on the operating table is undergoing a fourth cesarean section. In the considered clinical judgement of the surgeon her uterus is indeed in a pathological state. The surgeon's next clinical problem is to determine the propitious moment to remove that uterus. In the clinical judgement of some surgeons removal of the uterus at the time of cesarean section may result in certain additional complications of the surgery to the patient. These complications in their turn may be of such a grave nature as to result in the loss of the life of the patient. A more simple and safe method of disengaging (physiologically (i.e., functionally) but not anatomically) the pathological uterus from the patient and thereby preventing it from exercising its primary function of carrying a pregnancy, is to perform a tubal ligation. This procedure precludes any further malfunction of the allegedly pathological uterus in connection with a subsequent pregnancy.

It is to be noted that the uterus to which I have referred throughout in this situation of repeated cesarean sections is considered pathological only as regards a potential function in a subsequent pregnancy. I have assumed that it is otherwise anatomically normal and that it will function normally in all other respects of its usual activities, e.g., menses, etc. The criteria for pathology in this instance is based by the surgeon on a hypothetical situation, i.e., if this patient again becomes pregnant this uterus may rupture and result in her death.

Some objections are in order. First, the pathology for which the uterus is being removed or isolated is not de facto objectively demonstrable in two senses; (a) the pathology is anticipated, i.e., this organ *may* rupture with another pregnancy. It is not now ruptured. (b) The opinion of reputable gynecologists is divided regarding whether an objective state of pathology exists following one, two, four, or eight or more cesarean sections. Unless some other associated pathology is evident (uterine fibromyomata) there is no clinically objective manner by which a uterus subjected to previous cesarean section (one or eight) can be said to be in a pathological state.

The second objection which follows immediately on the first is that the criteria for application of the principle of double effect therefore have not been satisfied, i.e., the uterus is not at the time of surgery actually in a pathological state. No disease exists. The removal of the uterus cannot be seen to constitute an attack primarily on a diseased organ. It is in fact, a direct attack on normal healthy tissue, viz, the fallopian tubes. What is intended primarily then is the prevention of pregnancy which pregnancy could result conceivably (but certainly not necessarily) in a pathological uterus, viz, a ruptured uterus. The direct purpose of the surgery therefore is to sterilize the patient in order that she MAY NOT conceive a pregnancy which pregnancy in turn will cause a pathological uterus. If the primary end of the surgery is in itself morally evil, i.e., to sterilize the female, then the requirement for application of Double Effect is not satisfied since the primary end may not itself be intrinsically evil.*

*The argument from the "Principle of Family Good" by Father Farrelly for contraceptive intercourse and for temporary sterilization appears to me to be equally applicable in this situation of permanent sterilization although Father Farrelly denies its applicability in the latter. I disagree with him on both counts.