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THE MORALITY OF ECTOPIC OPERATIONS

Among the many problems moral theologians are called upon to solve, perhaps none are of more frequent occurrence than medical problems. This is not surprising, for, though medicine as a science is not directly concerned with morality, yet the practice of medicine is inevitably bound up with such things as the right and duty to preserve life and bodily integrity, and these are definitely moral problems. In many cases, of course, the correct moral procedure is so obvious that the matter need not be referred to experts, but often enough intricate moral problems are encountered which call for expert discussion and even for official declarations of the Holy See.

It might be of considerable interest to hold a sort of "Gallup poll" among moral theologians to determine what precise type of medico-moral problem is most frequently submitted to them. Judging from my own experience, I should say that questions concerning ectopic operations would stand rather high in the list. Despite the fact that much has been written on this subject within the last two decades, it seems to remain a vexing problem; and for this reason I believe that a discussion of it here may be of some utility.

Within the past year I have received the following set of three questions which outline rather clearly the points to be explained in discussing the morality of ectopic operations:

Q. 1. In an ectopic pregnancy with an inviable fetus, must the doctor wait till the rupture of the tube before ligating the maternal arteries and removing the tube?

Q. 2. If he need not wait till the tube ruptures, must he at least

wait till such rupture is proximately imminent; and, if so, what would constitute the maximum time of "proximate imminence" measured in terms of days or weeks?

Q. 3. If he need not wait till either actual or imminent rupture, then what practical rule might be given for judging when the operation mentioned in question No. 1, may be performed?

Preliminary Remarks

Before answering these individual questions, it seems advisable to call attention to certain points that readers must keep in mind in order to understand the force of the answers.

1. In my answers I am considering only the case of *tubal* pregnancy. I believe that what is said here would also apply to other forms of ectopic pregnancy, yet circumstances and facts might differ greatly; hence I do not wish to generalize from one type of case to another.

2. In all pregnancies, whether normal or ectopic, it is illicit to kill the mother in order to save the child, or to kill the child in order to save the mother. Any direct attack on either life is morally unjustifiable. Hence, direct abortion (even "therapeutic"), the shelling out of an inviable living ectopic fetus, the killing of the fetus by means of an electric current, and so forth, are always illicit. But illicit, too, is any operation which amounts to a direct killing of the mother in order to save the infant. It is important to keep this in mind: both lives are equally inviolable; neither can be directly sacrificed in order to save the other.

3. The indirect loss of one life, resulting from an attempt to save the other, is morally justifiable provided the doctor does what he can to save both lives. For instance, if cancer develops in a pregnant uterus and an operation cannot be safely postponed until the child is viable, the excision of the uterus is justifiable, even though this inevitably means the death of the fetus. The mother is saved, not by the death or removal of the fetus, but by the removal of the malignancy. Hence, the death of the fetus is called an indirect result of the life-saving operation. On the other hand, a mother may sometimes submit to an operation which gravely endangers her own life in order to allow for the successful delivery of a viable fetus. In such a case, the mother's death is indirect: the fetus is saved, not because the mother dies, but in spite of her death.

Note that I said that a mother "may sometimes submit." Catholics are sometimes rashly calumniated in this matter; for the Church is not infrequently represented as demanding that the mother always risk her life for the sake of the infant. It is certainly not universally true that a mother is *obliged* to take this risk; and I doubt if it may be said that she is always permitted to take the risk. Many factors have to be considered before answers are given; and sweeping universal statements can hardly be correct, even when there is merely question of *allowing* the mother to take the risk.

4. With regard to tubal pregnancies, all moralists would undoubtedly agree that the ligation of the maternal arteries and removal of the tube and its contents is justifiable in order to check hemorrhage resulting from *rupture* of the tube.

5. There is disagreement, not only among theologians, but also among medical men themselves, concerning the proper treatment in the case of an inviable ectopic fetus before such rupture occurs. In general, the divergent opinions of theologians fall into these two classes:

a) According to some theologians, the ligation of the arteries and removal of the tube and fetus before rupture actually occurs constitute a direct attack on the life of the fetus and are therefore morally unjustifiable. This opinion is based on the view that the source of danger before rupture is the fetus itself; hence the operation is really an attempt to save the mother by means of the removal of the fetus. These theologians, therefore, consider that before rupture occurs the only permissible course is the use of expectancy treatment.

b) Other theologians contend that even before the rupture there is a constant disintegration of blood vessels, with consequent hemorrhage, and the rupture of the tube simply adds more hemorrhage. In their view, therefore, the cutting off of the blood supply to the tube, even before rupture, is an operation directed to the checking of hemorrhage, and not to the killing of the fetus. Some among this group of theologians also explicitly demand that the doctor use expectancy treatment if possible; but they consider that if this cannot be done without adding notably to the danger to the mother's life, then the arteries to the tube may be ligated and the entire pregnant tube may be excised just as the cancerous, pregnant uterus may be removed.

Why must expectancy treatment be used if possible and not too dangerous? Because it is not sufficient to establish that the opera-

tion is not a direct attack on the fetus; it is also necessary to have a sufficient reason for permitting the shortening of life for the fetus. To adopt a universal rule-of-thumb of performing this ligation operation as soon as a pregnant tube is discovered is hardly to take all reasonable means to save both lives — a condition which sound morality and ecclesiastical authority always demand. And I might add a good medical reason: if this rule-of-thumb is constantly followed, without any attempt at expectancy treatment, all medical progress in the treatment of ectopics is rendered impossible.

Decrees of Holy See

It may be noted that in the previous number I referred to the opinions of theologians, but that I said nothing about ecclesiastical pronouncements. As a matter of fact, there have been decrees of the Holy See relative to ectopic operations, but part of the theological controversy has to do precisely with the meaning of these decrees, and Rome has not issued any final pronouncement to settle these differences of opinion. It may be useful, however, to indicate the contents of the pertinent decrees:

1. In 1886, the Archbishop of Cambrai referred to Rome a number of questions some of which concerned the killing or removal of an inviable ectopic fetus. The general reply to these questions, given by the Sacred Congregation of the Holy Office in August, 1889, was that "it cannot be safely taught in Catholic schools that any surgical operation which is a direct killing of either the child or the pregnant mother is allowed."

2. In 1898, it was asked if laparotomy is permissible in the case of ectopic pregnancy. The Holy See replied: "In case of urgent necessity, laparotomy for

the removal of ectopic conceptions is licit, provided serious and opportune provision is made, as far as possible, for the life of both the fetus and the mother."

3. Judged in its context, the decree of 1898 apparently referred to cases in which the ectopic fetus would be already viable, for other questions submitted at the same time merely concerned premature delivery. Hence a more specific question was asked in 1900, namely, whether it is sometimes permissible to remove ectopic fetuses even when immature—i.e. before the expiration of the sixth month of pregnancy. The answer to this question, given in 1902 was "in the negative." The Holy Office pointed out that the decree of 1898 had made it clear that "in as far as possible, serious and opportune provision must be made for the life of both the fetus and the mother." It added that, in keeping with the same decree, "no hastening of delivery is allowed unless it be done at a time and in a manner which are favorable to the lives of the mother and the child, according to ordinary contingencies."

As I mentioned before citing these decrees, theologians interpret them differently. Roughly speaking, the different interpretations follow these three lines:

1) The decrees make no factual pronouncements on ectopic operations. They merely state that an ectopic fetus has the same right to life as an intra-uterine fetus; hence principles already clarified concerning the direct killing of and direct abortion of an intra-uterine fetus must also be applied in the case of ectopics.

2) The decrees do make a factual pronouncement; for at least the third decree condemns the removal of the inviable fetus as a direct attack on the life of such a

fetus. And this condemnation is still in force.

3) The decrees do contain the factual pronouncement just mentioned, but this condemnation is based on the medical facts known at that time. At that time it was thought that, before the rupture of the tube, the precise danger to the mother arose from the presence of the fetus; hence the operation to save the mother was interpreted as a direct removal of the fetus. But progressive medical research has showed that the tube itself is pathologically affected (e.g. because of the disintegration of the blood vessels, with consequent hemorrhage); hence an operation to remove this condition is not a direct attack on the fetus and is no longer condemned by the decree.

The theologians mentioned in my preliminary notes, n. 5a, would hold to the second interpretation, I believe. Those mentioned in 5b would hold either the first or the third.

I have indicated these different interpretations of the Roman decrees partly to show why Catholic moralists can hold different opinions concerning ectopic operations; and partly to suggest an answer to an ironical statement frequently made today: "The Church has changed her mind regarding ectopics; she will also change with regard to contraception." In the first place, it is not at all clear that, beyond the statement of certain general principles which are still valid, the Church has ever expressed her mind definitely on ectopic operations. In the second place, even if the Church had condemned ectopic operations because available medical facts portrayed such operations as a direct attack on the fetus, this condemnation would of its very nature be subject to change if progressive factual re-

search would show that the child is not directly attacked. Finally, just to cover all points, I might add that the decrees of the Roman Congregations, though a part of the Church's official teaching, are not infallible.

With regard to contraception, the case is entirely different. Pius XI solemnly declared that in condemning contraception he was voicing an uninterrupted Christian tradition which concerned the natural law and the divinely revealed will of God. The Catholic teaching on contraception, therefore, is perfectly clear, and infallible. Error in such teaching is not only unlikely, but impossible. Change is out of the question.

Answers to Questions

After the preliminary remarks and the discussion of the decrees of the Holy See, the three questions can be answered as follows:

Q. 1: In an ectopic pregnancy with an inviable fetus, must the doctor wait till the rupture of the tube before ligating the maternal arteries and removing the tube?

Answer: It seems that some theologians even today hold that the operation may not be performed before the rupture of the tube; but many other reputable moralists are of the opinion that this is not necessary. This latter opinion is based on sound reasoning and can be harmonized with extant decrees of the Holy See. Doctors may safely follow this opinion unless continued scientific research or some further pronouncement of the Holy See discredits it.

Q. 2: If he need not wait till the tube ruptures, must he at least wait till such rupture is proximately imminent?

Answer: In the opinion just referred to and explained more fully in the preliminary notes, n. 5b, the

precise judgment to be made by the doctor does not concern either rupture or imminence of rupture.

Q. 3: If he need not wait till either actual or imminent rupture, then what practical rule might be given him for judging when the operation mentioned in Q. 1, may be performed?

Answer: The doctor must judge from his knowledge of medical facts and of the patient with whom he is dealing: first, that the tube is affected by a dangerous pathological condition; and secondly, that the operation to remove this pathology cannot be delayed without notably increasing the danger to the mother. If he judges that he can safely use expectancy treatment and thus prolong the life of the fetus, he must do so.

References

The references I am giving here include only English works that I think might be readily available to doctors and nurses.

I. In favor of the opinion that the operation is allowed only after rupture (see Prelim. notes 5a), I know of only one English work, namely:

FINNEY: *Moral Problems in Hospital Practice*, pp. 130-44. This book was first published in 1922. It has been reprinted several times, but the seventh impression (1945) is identical with the first. Father Finney also published a very sturdy defense of his opinion in *The Ecclesiastical Review*, Vol. 78 (January, 1928), pp. 54-71.

II. In favor of the opinion that the doctor need not wait till rupture or imminence of rupture (see 5b), the following authors at least allow this as an opinion that may be safely followed:

BONNAR: *The Catholic Doctor*, (ed. 1937), 88-90.

BOUSCAREN: *Ethics of Ectopic Operations*. The entire book is a discussion and defense of the position outlined in 5b, and it is the most authoritative of the works here cited. Father Bouscaren emphasizes the need of baptizing the fetus promptly when the operation is performed. He also insists that doctors are not justified in making the general rule that an ectopic operation may be performed as soon as the pregnancy is discovered; on the contrary, the doctor must take the responsibility of judging the individual case and of keeping the woman under observation if this can be done without too much danger. Some who appeal to the authority of Father Bouscaren's work seem to have overlooked this point. The first edition of his book was published by the Loyola Press, Chicago, 1933; the second, by the Bruce Publishing Company, Milwaukee, 1944.

CONNELL: *Morals in Politics and Professions*, p. 118.

CRONIN: *The Science of Ethics*, II, ed. 1939, pp. 92-95. This book contains an excellent, though very brief, supplement on medico-moral problems.

DAVIS: *Moral and Pastoral Theology*, II, ed. 1943, pp. 171-82.

JONE: *Moral Theology*, pp. 146-47.

LA ROCHELLE-FINK: *Handbook of Medical Ethics*, pp. 119-28 (especially pp. 126-27).

McFADDEN: *Medical Ethics for Nurses*, pp. 181-94. Father McFadden gives a fine survey of Father Bouscaren's conclusions and presents them accurately.

McALLISTER: *Ethics*, pp. 261-63.

MOORE: *Principles of Ethics*, pp. 169-74.