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SUPPRESSION OF OVARIAN FUNCTION TO PREVENT METASTASIS

Is oophorectomy permissible in the case of a married woman of child-bearing age to prevent metastasis from carcinoma of the breast? Also, is the suppression of ovarian function by irradiation permissible for the same purpose?

Principle

The general principle governing all treatments and operations that interfere with bodily integrity was clearly stated by Pius XI in the Encyclical on Christian Marriage. After condemning the theory of eugenic sterilization and insisting that the state has no power over the bodies of innocent persons, the Pope went on to explain the limited right that the individuals have over the members of their own bodies:

"Furthermore," he said, "Christian doctrine establishes, and the light of human reason makes it most clear, that private individuals have no other power over the members of their bodies than that which pertains to their natural ends; and they are not free to destroy or mutilate their members, or in any other way render themselves unfit for their natural functions, except when no other provision can be made for the good of the whole body." (*Encyclical on Marriage*, America Press Edition, pp. 21-22).

As his words indicate, the Pope was not enunciating a new doctrine; he was simply restating a principle long known and defended by Catholic moralists as a part of the natural law. Since this principle will be used, not only in answering the present questions, but also in solving many other medico-

moral problems, it may be helpful to note here some of the points brought out by theologians when they explain the principle.

Sacrifice of an Organ for Good of Body

In general, theologians speak of three cases in which an individual may licitly sacrifice an organ or a function for the good of the whole body. For example, if one's foot is diseased and the disease cannot be cured by treatment, one may have it amputated to prevent the disease from spreading to the rest of the body. Again, if one's perfectly healthy foot is caught in a railroad track, one may cut off the foot in order to avoid being killed by the train. Finally, if one's enemy would point a gun at his head, with the threat, "Cut off your foot, or I'll blow your brains out," the helpless victim could licitly sacrifice the foot to preserve his life.

The third case may sound fantastic (although, as a matter of fact it has been verified more than once in our modern "refined" civilization), but both it and the second case illustrate a point to be kept in mind in this discussion: namely, that to justify a mutilation it is not always necessary that the organ or function be "diseased" in the technical sense; it suffices if the organ or function is a real source of harm to the body and the excision or suppression would benefit the body by removing the source of harm.

In all the examples cited the organ was sacrificed in order to ward off the danger of death. These were merely examples. It is not necessary that there be dan-

ger of death in order to justify a mutilation. For instance, theologians would generally admit, I think, that a man could cut off a hand or foot in order to escape from a long and unjust imprisonment. Similarly, a mutilating operation is permissible in order to remove a source of great pain or a condition which incapacitates a person, even though it does not endanger his life.

Statement of the Holy Father

The Pope said that mutilation is permissible only when "no other provision can be made for the good of the whole body." Do these words mean that therapeutic treatment must always be preferred to surgery? I doubt if they need to be interpreted so absolutely. Certainly they do mean that a convenient and effective treatment must be used in preference to mutilation; but there is room for discussion, I believe, regarding cases in which the only available treatments would be doubtfully effective or when a treatment could be employed only with great inconvenience to the patient.

A good working rule regarding the preference of mutilation (by surgery or X-rays) over treatment might be stated thus: good medicine is good morality. This rule might or might not admit of occasional exceptions according to what some might consider "good medicine"; but in general, if medical authorities agree that mutilation is the advisable course, the mutilation may be considered as morally justifiable. If the authorities disagree, and both sides offer sound arguments, the patient (or the patient's physician) is entitled to solve the doubt in his favor and to permit or request the mutilation.

This point concerning the preference of mutilation over treatment will very likely come up again in

this column when we consider certain definite procedures. What has been said will suffice for the present. And to square my explanation with the Pope's statement, I might paraphrase his words thus: mutilation is permissible when there is no other reasonably available means that would be equally beneficial to the whole body.

Application to Reproductive Organs

The preceding remarks concerning the licitness of mutilation apply also to the mutilation of the reproductive organs, provided the operation or treatment is not *directly contraceptive*. I can explain this limitation more clearly by examples than by a theoretical discussion. As we all know, the removal of a cancerous uterus or of cancerous ovaries is permissible, even though the operation inevitably results in sterility. In such cases, the patient's life is saved, not by the loss of fertility, but by the removal of a diseased condition. This is obvious from the fact that a mere sterilization (e.g. by fallotomy) would not produce the desired result.

On the other hand, when the reproductive organs themselves are neither diseased nor a source of harm to the body, they may not be mutilated merely to prevent a pregnancy which would be dangerous by reason of some other physical condition such as a weak heart. An operation of this kind is *directly contraceptive*: it produces its good effect precisely by inducing sterility.

Why do Catholic theologians insist on this distinction? Because they hold firmly to the principle that God has given to private individuals "no other power over the members of their bodies than that which pertains to their natural ends." The reproductive function,

as such, is not subordinated to the individual's well-being; hence an operation or treatment which is immediately directed to a suppression of this function is contrary to the purpose of the faculty, and is therefore not in accord with sound moral principles. On the other hand, when the loss of fertility is merely the indirect result of a treatment or operation, it may be permitted for a proportionate reason, just as other unwanted but inevitable evil effects may sometimes be permitted (e.g. the death of the fetus when a cancerous pregnant uterus must be removed).

Conclusion

We can now apply the principle to the questions proposed.

According to a theory to which many eminent medical authorities subscribe, ovarian secretion, especially follicular hormone, stimulates the growth of neoplastic tissue. Hence the ovaries, though not technically "diseased," are a real source of harm to the woman afflicted with carcinoma of the breast; and the removal of the ovaries tends to benefit the whole body by diminishing or eliminating the danger of metastasis. This good effect cannot be produced without at the same time rendering the woman sterile; but it is not precisely by sterilization that the good is accomplished. The desired good, if accomplished at all, is brought about by a suppression of the endocrine function of the ovaries; and a mere sterilization (such as fallotomy) would not serve the purpose. The sterility, therefore, which is induced in the present cases is *indirect* and *not* contraceptive.

As I understand the matter, there is some controversy among medical men concerning the value of oophorectomy or irradiation of the ovaries for the prevention of

metastasis. But the theory that supports it seems to be well-founded and solidly probable; hence the patient or the patient's physician may resort to the operation or the irradiation, provided there is no equally effective but less drastic procedure available.

I have on hand two Hospital Codes, recently published with ecclesiastical approval, both of which allow oophorectomy or irradiation of the ovaries for the prevention of metastasis. The one condition they lay down is that the hospital may demand consultation. In other words, according to these codes, if prudent medical judgment considers either procedure (surgery or X-rays) advisable, it is also morally justifiable. I think that expresses our conclusion very neatly.

References

The standard moral theology texts do not, as far as I know, treat the present topic. In general, the authors cited in the sub-joined references seem to admit that the destruction of the ovaries is permissible *if* required to cure or impede the growth of cancer. Some, however, question the utility or necessity.

The Linacre Quarterly, X (January, 1942) 4-5. In an article entitled "Sterilization," Father John Ford, S.J., allows the destruction of the ovaries when this is necessary "in order to cure cancer of the breast, or to cure other malignant growths — or at least diminish such growths." He insists, however, that in procedures that result in sterility there be no contraceptive intent.

The Ecclesiastical Review, CVIII (April, 1943) 271-73. Writing about irradiation of ovaries in cancer of the breasts, Father Peter Kremer, O.S. Cam., shows that the sterility induced by this treat-

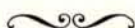
ment is only *indirect*. It is not clear to me that he is actually defending the treatment as permissible, but he seems to imply it. He concludes with the statement that "all cancers of the breast are likely to grow slower and spread less rapidly if not affected by ovarian secretion, than if this secretion were present."

The Ecclesiastical Review, CIX (August, 1943), 125-27. Writing on "The Morality of Indirect Sterilization," Father Honoratus Bonzelet, O.F.M., admits that the irradiation of the ovaries for the cure of cancer of the breast would be an indirect sterilization, but he expresses his opinion that it would be illicit in the cases referred to by Father Kremer because there would not be a proportionate reason for it. I am not sure that Father Bonzelet touches the point at issue in the questions proposed to me. He seems to be thinking

only in terms of curing the primary cancer of the breast by means of suppressing ovarian secretion, and not of preventing metastasis. He cites a Mayo authority to the effect that the procedure of choice would be removal of the breast carcinoma followed by roentgen therapy of the excised area.

Theological Studies, IV (December, 1943), 588-89. In reviewing the articles written by Fathers Kremer and Bonzelet, Father John Ford, S.J., agrees with Father Bonzelet that there must be a proportionate reason for indirect sterilization, but he believes that the judgment of this reason is chiefly a medical one.

Medical Ethics for Nurses, by Charles J. McFadden, O.S.A., Philadelphia, F. A. Davis Co., 1946. See pp. 224-25. Father McFadden says practically the same as Father Bonzelet, as referred to above.



ORCHIDECTOMY FOR CARCINOMA OF PROSTATE

Question: Is it permissible for a doctor to perform an orchidectomy, primarily for the relief of pain, on a patient who has carcinoma of the prostate gland?

Previous Discussion

The problem presented here is quite similar to the question concerning the suppression of ovarian function in cases of carcinoma of the breast, a question that was discussed in *Hospital Progress*, XXIX (April, 1948), 147-48. It was pointed out in that discussion that a treatment or mutilation of the reproductive organs which results in sterility is morally justifiable only when these condi-

tions are fulfilled: (1) the purpose of the treatment or operation must not be contraceptive; (2) the procedure must offer some hope of benefit to a patient who suffers from serious pathology; and (3) a less drastic procedure which offers more or less equal hope of benefit is not reasonably available.

In the article referred to, I indicated how these three conditions might be fulfilled in the case of oophorectomy or irradiation of the ovaries for the prevention of metastasis from carcinoma of the breast. First, these procedures are not precisely contraceptive measures, because they are directed to the suppression of the endocrine,