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Letters To the Editor

Catholic Physicians' Guild

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Letters...

Dear Dr. Mullooly:

It's high time I thanked you for the issues of the *Linacre Quarterly* which have arrived over the last nine months. I have duly passed these around the hospital and to friends at the London Hospital Medical College at Whitechapel when I could.

Those with whom I have managed to discuss the journal have very much enjoyed, as I have, the wide variety and the general standard of articles which are so often immediately relevant to problems currently encountered in medical practice, but which are certainly not limited to the medical point of view. In this issue (or rather last November's which only arrived this week) I particularly enjoyed Father Lebel's article on a subject very poorly dealt with in my clinical education if at all.

I would be grateful if you would continue to send me copies of the quarterly but if this is proving difficult economically, I would like to contribute to one copy a quarter for myself if that would help.

I hope we will meet again before too long.

Maria B. Bowling
The Royal Free Hospital
London, England

Editor:

The *Linacre Quarterly* has performed an outstanding service. It is a unique source of analysis and documentation. However, I regretfully express my dismay at the inclusion in the February issue of the article by Rev. Charles E. Curran on the Catholic hospital directives. The time is past for a Catholic journal to pretend that the sort of position advanced by Father Curran is merely one among several legitimate options. On the contrary,

Curran's casuistry is destructive of Church authority and would implicitly sanction abortion and euthanasia as well as sterilization. Father Curran is an enemy in the fold and the sooner he and his ilk are treated as such the better off we will all be.

Sincerely,
Charles E. Rice
Professor of Law,
University of Notre Dame

To the Editor:

I must write to correct a serious error made by Vitale H. Paganelli, M.D., in his article "An Update on Sterilization" (*LQ* Feb., 1977). Dr. Paganelli refers to the document of the Sacred Congregation for the Doctrine of the Faith on sterilization. He says: "The document of the SCDF has explicitly stated in respect to the management of a Catholic hospital that 'any cooperation with direct sterilization is absolutely forbidden.'" On this basis he concludes that the application of the principles of cooperation to direct sterilization must be limited to sterilization "outside a Catholic hospital."

In my opinion and that of many other theologians, there are other (than cooperation) defensible approaches to the problem of sterilization. I do not discuss these here. However, since not a few Catholic health facilities are faced with this problem and since at least some that I am familiar with are facing it by use of the principles of cooperation, it is important that the record be set straight.

The SCDF never said that "any cooperation with direct sterilization is absolutely forbidden" in a Catholic health-care facility. What it did say — with explicit reference to Catholic hospitals — is: "any cooperation *which involves the approval or consent of the hospitals* (emphasis added) to actions which are in themselves . . . directed to a contraceptive end . . . is absolutely forbidden." There is a great difference

between Paganelli's "any cooperation" and the SCDF's "any cooperation which involves the approval or consent of the hospitals." In traditional language this latter is known as formal cooperation. But not all cooperation need involve approval or consent. Hence not all cooperation need be formal (it could be "merely material"). Therefore, it is, even in terms of traditional categories, erroneous to say that "any cooperation with direct sterilization is absolutely forbidden." Nor did the Congregation commit this error.

Richard A. McCormick, S.J.
Kennedy Institute, Center of Bioethics,
Washington, D.C.

Editor:

I have read Father McCormick's letter in critique of my interpretation of the document of The Sacred Congregation for the Doctrine of the Faith (SCDF), and it gives me grave concern to be in "serious error" on a matter of major importance.

Perhaps it would be best in responding to Father McCormick's statement to requote the paragraph from the SCDF which gives us concern, to wit:

"3. In so far as the management of Catholic hospitals is concerned:

a) Any cooperation which involves the approval or consent of the hospitals to actions which are in themselves, that is, by their nature and condition, directed to a contraceptive end, namely, in order that the natural effects of sexual actions deliberately performed by the sterilized subject be impeded, is absolutely forbidden. For the official approbation of direct sterilization and, *a fortiori*, its management and execution in accord with hospital regulations, is a matter which, in the objective order, is by its very nature (or intrinsically) evil. The Catholic hospital cannot cooperate with this for any reason. Any cooperation so supplied is totally unbecoming the mission entrusted to this type of institution and would be contrary to the

necessary proclamation and defense of the moral order."

I am able to appreciate Father McCormick's distinction, i.e., "Paganelli's 'any cooperation' and the SCDF's 'any cooperation which involves the approval or consent of the hospital.'"

The fact is that in a modern hospital it is impossible to have performed or to perform any surgical procedure without the explicit approval or consent of the hospital. This fact is validated by the bylaws, rules and regulations both of the medical staff and of the board of governors. The distinction which Father McCormick posits between what I wrote and what the SCDF stated is that the latter does not exclude material cooperation in which instance, the Catholic hospital may neither approve nor consent to the direct sterilization procedure if the principle of material cooperation is to be properly applied. This is a position which is patently absurd, a fact to which court decisions testify in supra-abundance.

But Father McCormick may respond that the phrase "consent or approval" in the context of the SCDF does not have a specifically civic, juridical meaning but rather, that the document refers to a moral consent or approval. In other words, the Catholic hospital is consenting to or approving a physical action but withholding consent to or approval of a moral action. If this, in fact, be Father McCormick's approach, I would find it a very strained and therefore a very weak application of material cooperation if not a dangerously casuistic one.

I shall admit that it would be improper for me to rest my understanding of the SCDF *solely* on an interpretation of the phrase "any cooperation, etc." to mean neither formal nor material cooperation, etc. (an interpretation, however, which Father McCormick has not succeeded certainly in dissolving.)

Rather, my interpretation of "any cooperation, etc." involves an under-

standing of the document as a whole including not only the traditional distinction between formal and material cooperation, but also, for example, the admonition *thrice* placed by the SCDF on the *proper application* of material cooperation. This includes its non-applicability in situations where it is proposed solely for material gain; where the qualification of "without consent or approval" can be met solidly and without equivocation, and finally, wherein the overall good to be obtained can be said clearly to outweigh the intrinsic evil involved.

Additionally, to support my position, both Church teaching as a whole on mutilation and sterilization and the SCDF's document which, incidentally, explicitly upholds paragraph No. 20 of the U.S. Hospital Code of Medical Ethics, make it clear that the principle of material cooperation, if it can be applied at all to direct sterilization in a Catholic hospital, was not intended for anything less than the most stringent and critical application.

It would seem to me that the burden of proof for Father McCormick's application of the principle of material cooperation to direct sterilization in Catholic hospitals in the light of the above rests on him. I question the propriety with which he makes the application of the principle. Given his renown as a moral theologian, I find myself in the exquisitely uncomfortable position of having laid down a challenge to a person I much rather would have defending me than opposing me.

Respectfully,
V. H. Paganelli, M.D.
Glens Falls, N. Y.

Letter from New Zealand

When two U.S. naval ships visited us during the year they were met by the usual protestors. The "Truxton" had to anchor in stream in Wellington, and in Auckland the "Long Beach" was forced to go astern by a flotilla of

small boats. The objects of their disapprobation were nuclear-powered ships, nuclear armaments, and nuclear power stations. (But not nuclear medicine.) Atomic bombs are reprehensible if exploded by the USA or France, but not by India (we used to send financial aid to India), China or Russia. When the crews came ashore, they were overwhelmed by the hospitality of the honest citizenry. A Dial-A-Sailor scheme ensured that every man had a home to go to.

The economy has further declined from bad to awful, but life is still enjoyable. Since the Government cut down on immigration we experienced a net loss of population. The birth rate fell to 17 per 1000, a record low figure. A campaign to deport illegal immigrants from the Pacific Islands, notably Samoa and Tonga, has led to bitter denunciation of the Government and charges of racism. But all countries, even the Islands, seem to be raising the drawbridge against foreigners.

The campaign to limit so-called legal abortions has been a sad failure. In fact our local abortion clinic goes from strength to strength with a turnover of 3600 cases a year. Meanwhile total births have dropped from 65,000 six years ago to 55,000 this year. At our Obstetrical and Gynaecological Congress one of the notable papers was on "The Impact of Legal Abortion on Society, the Profession and the Specialty" — presented by your humble correspondent! I made the point that its impact is disastrous. On society — consolidating the sexual revolution, with a weakening of marriage, of the family and the demographic structure of the population. On the profession — abandoning 24 centuries of Hippocratic tradition, and losing the trust and respect of the patients. On the specialty — espousing anti-life programmes and alienating the best recruits, with an inevitable worsening of maternal and perinatal mortality figures.

We gain the impression that there is at least an increase in vocations to the priesthood and the religious life. The

laity demonstrate a high level of devotion to the Mass and Holy Communion but, as everywhere, Confessions have fallen off markedly. The new rite of Confession with face-to-face facilities is available to those who wish it. Holy Communion in the hand, with laymen or women as extraordinary ministers assisting the priests in its distribution, have become standard practice. Ecumenical feelings have been admirably warm. This is a time of great opportunity for the Church if only she has the initiative to grasp it. The hungry

sheep are looking pathetically for a Good Shepherd.

We wish our American colleagues good luck in their new President and Administration. And we offer a welcome suggestion — why not come down to the sunny South Pacific during your next winter? As I write, Buffalo and Washington are freezing while we are swimming, boating and dreaming the lazy days away.

H. P. Dunn, M.D.
Auckland, New Zealand

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persons are invited to attend this meeting.**

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