July 1949

Medico-Moral Notes

Gerald Kelly

Follow this and additional works at: http://epublications.marquette.edu/lnq

Recommended Citation
Available at: http://epublications.marquette.edu/lnq/vol16/iss3/2
Medico-Moral Notes

Gerald Kelly, S. J.

It has been suggested that the articles published monthly in Hospital Progress under the general heading, "Medico-Moral Problems," be regularly reprinted in The Linacre Quarterly. I doubt whether this suggestion is practicable; for it would mean the reprinting of three articles in each number of the quarterly, and there would hardly be sufficient space for that. Moreover, even if the articles could be crowded in the quarterly, there would hardly be sufficient space for the discussion of other medico-moral topics.

In the present number I am attempting a happy compromise with the suggestion. I am including the main points of the recent medico-moral articles in Hospital Progress and to these I am adding a brief discussion of one other problem which seems to be of special interest and value to physicians. In view of the limited space of the quarterly, I think the best way of accomplishing my purpose is in the manner of informal notes.

I. Hospital Progress (April-July, 1949)

I choose April, 1949, as the starting point for digests of the medico-moral discussions in Hospital Progress, because all the articles that appeared from January, 1948, to March, 1949, were reprinted, with the new hospital code, in a preceding number of The Linacre Quarterly and are now available to physicians (and others) in booklet form. I might suggest (with due humility, I hope) that physicians would find this booklet of reprints and the pamphlet containing the code very useful. Both pamphlets may be obtained from the Catholic Hospital Association.

In the April and May numbers of Hospital Progress we published some comments (not a complete commentary) on the Introduction to the new code. These comments touched briefly on each of the four important points included in the Introduction:
the responsibility of hospital authorities; the vitality of the code; the liberty allowed in the case of legitimately debated questions; and the methods of solving unforeseen doubts.

With regard to the responsibility of hospital authorities, the purpose of the present introductory statement in the code is to call attention to what is perhaps the primary specific duty of authorities in Catholic hospitals: namely, to see that the sick are cared for in accordance with Catholic principles. This means that the law of God must be observed in the care of every patient and that the laws of the Church pertinent to the duties, rights, and privileges of the sick must be observed by all who are subject to these laws.

It is very important that the staff and all others who work in a Catholic hospital grasp this point of view. It shows them that in insisting on the observance of the ethical and religious directives contained in the code, the hospital authorities are not indulging their personal whims but are simply carrying out their seriously-binding duty.

What is meant by the vitality of a medico-moral code? It certainly does not mean that principles are changed from time to time. But it may mean the clearer re-formulation of certain principles, and it does mean that applications can change. It is especially this latter fact that makes a periodic revision of our codes necessary. Many procedures which are justifiable today may be rendered unjustifiable tomorrow by the discovery of some simpler and equally effective treatment. For instance, I believe that the discovery of the antibiotics has rendered certain types of surgery unnecessary; and in such cases the surgery might now be morally unjustifiable for lack of a sufficient reason.

The third paragraph of the code runs as follows: As now promulgated, this code prohibits only those procedures which, according to present knowledge of the facts, seem certainly wrong. In questions legitimately debated by theologians, liberty is left to physicians to follow the opinions which seem to them more in conformity with the principles of sound medicine.

I like to quote that paragraph because it exemplifies in a very concrete way the wholesome tolerance of the Church and her moral
theologians. They draw a clear line between what is certain and what is merely probable; and with regard to the latter, even though the personal views of theologians may be very strongly in favor of one side, they conscientiously recognize the value of sound reasons or sound authorities for the other side.

This tolerance is exemplified by many provisions of the code. For instance, with regard to sterility tests and artificial insemination, it forbids only those procedures that have been clearly established as immoral. And in its positive concessions it allows many things which are very likely not beyond controversy: for example, the provisions for ectopic operations, for suppression of the ovarian function for carcinoma of the breast, and for hysterectomy in the case of prolapse of the uterus. All these provisions are very carefully worded; yet, despite the cautious wording, they might be open to objections. Nevertheless, the reasons, or authorities, or both that favor the concessions of the code are so strong that it would not be in keeping with sound principles to deny patients and their physicians the right to follow these procedures, granted the conditions outlined in the code.

The last point covered by the Introduction to the code concerns the method of solving doubts. In general, this refers to two distinct cases, one of which allows time for consultation, whereas the other is so urgent that it must be solved without consultation. For instance, speaking of the means of preserving life, the code states the absolutely minimum principle that "ordinary means" must always be used. The code does not give any details concerning what are and what are not ordinary means; and it does not state any general obligation concerning the use of extraordinary means. Perhaps it could be more specific on these points; perhaps some future code will be more specific. I might say, however, in justification of the present wording, that the determination of ordinary and extraordinary means depends so much on circumstances that it is dangerous to try to enunciate universally-binding rules.

Since this point is so general in the code, it is quite possible that puzzling problems will arise in our hospitals. For example, suppose a patient is dying of a lingering illness. The patient himself, his relatives, or his physician, may wonder whether a certain treatment must be considered an ordinary means of
prolonging life. Obviously, a problem of this kind admits of consultation; and that is the way it should be solved.

But it can happen in the practice of any physician that the problem will arise suddenly (e.g. when the patient is on the operating table) and that it must be solved just as suddenly. In such cases, as the Introduction clearly states, the physician must solve the problem as best he can by making up his mind according to his own conscience. When he does this he is free from moral fault, even though he should later discover that his decision was erroneous.

The June number of Hospital Progress dealt with a single definite question: "Your patient has a malignancy. Should you tell him or not?" This question of the duty or advisability of informing cancer patients of their illness is not easily solved on general lines. After careful study and much discussion of the problem, I reached the conclusion that we must clearly distinguish two cases: first, the incurable patient who is dying of cancer; and secondly, the case of the patient who is at least probably curable. Regarding the first patient, it is clearly wrong to fail to give him sufficient warning to allow for the proper preparation for death. But this, of course, does not necessarily mean that he must know he has cancer. The important thing is that he must be helped to prepare for death. If this can be done satisfactorily, without telling the patient the precise nature of his illness, there seems to be no general obligation to impart this information. Whether it would be advisable to do so would depend on a prudent estimate of his probable reaction to the information.

The principle to be followed in the case of cancer patients who are probably curable is this: give them whatever information is necessary to obtain their proper cooperation with treatment. From the information I have been able to gather, it seems that they generally cooperate best when they know what is wrong with them.

That is about all the moralist can say in answer to the question, "Should the cancer patient be told?" Recently I took part in a symposium including the legal, psychiatric, and moral aspects of this question. The symposium was held at the Marquette University School of Medicine and was sponsored by the Office of Cancer
Teaching and Research of that same medical school. The general trend of the discussion was all in favor of abandoning the policy of secrecy; but it was admitted, of course, that a policy of openness must be accompanied by proper instruction concerning the nature of cancer and, in the case of many individual patients, by judicious psychotherapy. An outline of this symposium is also included in the article in the June number of Hospital Progress.

"Vasectomy with prostatectomy," was the next question discussed in Hospital Progress (July). I spent more than six months in gathering the material for this article and, with the aid of several priests and nurses, I obtained answers to some pertinent questions from about twenty-five doctors, mostly urologists.

The purpose of vasectomy on the occasion of a prostatectomy is to prevent epididymitis by severing the pathway along which infection may spread to the epididymes and testicles. It is not a direct sterilization. The precise moral problem concerns the sufficient reason. A few years ago it was very commonly considered licit to do the vasectomy, even routinely, at least in the case of elderly patients. But in recent years the use of the sulfonomides, and particularly of the antibiotics, has thrown serious doubts on the need or the utility of vasectomy. Our investigation, therefore, was directed to this point: have the advances in medicine made the vasectomy clearly unjustifiable? To solve the problem we contacted as many urologists as possible and tried to gather data on all the medical facts that would enable us to weigh the pros andcons of the question. In other words, we wanted to know just what harm the vasectomy does, what good it accomplishes, and whether this same good (without the harm) can be obtained in some simpler way.

The urologists consulted generally agreed on these points: The trend in the medical world is very strongly against routine vasectomy. The incidence of epididymitis, even without vasectomy, is not very high; and even if the infection does develop it is usually more a source of inconvenience and pain than of real danger. However, the vasectomy does give a greater assurance against the infection, and it seems to be called for in cases in which the infection may be especially feared (e.g. in patients especially liable
to infection and in whose case a high temperature might be particularly harmful).

From those points on which there was general agreement the moralist would be led to conclude that the vasectomy could be justified only in a few definite cases. However, it seemed that this conclusion was open to some modification in view of a number of other points which, though not universally agreed on, seemed to be quite probable. For instance, many of the doctors were of the opinion that we could not clearly determine before the prostatectomy, the cases that might need vasectomy. Also, many were of the opinion that, even without the vasectomy, a large percentage of the patients would be sterile after the prostatectomy. Various reasons assigned for this post-operative sterility were (besides the age of the patient) the ejaculatory ducts are often irreparably damaged; scarred tissue will block the vasa; the sphincter of the bladder or the verumontanum is injured; the prostatic fluid necessary for activating the spermatozoa will be missing.

I would suggest that physicians interested in this question would read the complete article in Hospital Progress. As they read the gradual assembling of medical facts and views they may be inclined to exclaim sympathetically, "the poor moralist!" Why? Because the moralist was expected to weigh all these elements and emerge with a clear answer to the effect that the vasectomy is or is not permissible. For myself and for those who worked with me, we consider that we could not honestly do this. It seemed to us that the only case in which the routine vasectomy is clearly unjustifiable is that of the younger patient whose general health is normally good. This patient has much to lose and little to gain by the vasectomy; hence it should not be performed unless there is some special reason for it. But it seemed to us that the older patients are generally borderline cases. They have something to gain (greater security against infection) by the vasectomy, and usually very little to lose.

It might clarify matters if I would add that the question I was called upon to answer was not precisely whether vasectomy with prostatectomy is licit, but rather whether hospital authorities may any longer permit routine vasectomy. My conclusions, as published in Hospital Progress, were as follows:
1. Catholic hospital authorities should encourage physicians to limit the use of vasectomy with prostatectomy to those cases in which there seems to be some special reason for performing the vasectomy.

2. In the case of a patient of the younger age group (e.g. the early fifties) the authorities should insist that the vasectomy should not be done without a special reason. Some reasons have been indicated in the course of this survey; in doubt, the principle of adequate consultation should be applied.

3. Except for this apparently unusual case, however, the hospital authorities need not take the responsibility of insisting that the practice of routine vasectomy with prostatectomy be abandoned. But if the hospital staff wishes to take the initiative in, and assume the responsibility for, such insistence, the authorities should cooperate with the staff.

These conclusions were not offered as a final answer to the problem, but as safe working norms that may be followed while the methods of preventing epididymitis are in a state of transition.

II. Morality of Rhythm

I have been asked again and again for a clear statement of the Catholic position with regard to using rhythm as a means of entirely avoiding children, or of limiting their number, or of spacing them. It seems to me that this question is more pertinent to physicians themselves than to hospital authorities and personnel; and for that reason I have reserved the discussion for The Linacre Quarterly. My purpose here is to present the discussion, not in the form of an organized essay, but rather in the form of brief notes grouped under three heads: (A) Points of agreement among theologians; (B) Points of debate; and (C) Conclusions for physicians.

A. Points of agreement:

The Catholic ideal is the large family. This does not mean that the Church urges Catholics to have as many children as they possibly can, irrespective of circumstances; but it does mean that, granted the proper conditions for begetting and rearing children, it is better to have many children than few. This teaching is
based on the sound natural psychological fact that, other things being equal, character formation is better achieved in the large family than in the small family; also on the natural fact that children are a boon to the community and the nation; and especially on the supernatural fact that children are born not merely for earth but for heaven.

All theologians would agree on that statement; and they would agree, consequently, that any publicizing or recommending of the rhythm which tends to lower that ideal is to be deprecated.

The Catholic ideal is fertility, not sterility—a fact that is obvious from Sacred Scripture and from Catholic tradition and liturgy. From this it follows that the tendency (all too apparent) to stress the Ogino-Knauss discoveries only under the aspect of avoiding childbirth is not in keeping with sound Catholic idealism.

Nor is it in keeping with this sound idealism to overstress the secondary ends of marriage. It is true, I think, that before the encyclical Casti Connubii not enough attention was given to the fact that one of the purposes of marriage is the mutual perfecting and complementing of the husband and wife. After that encyclical, much attention was focussed on this purpose, and many beautiful and salutary things were written about it. But, as can happen even with good things, some writers began to overstress this purpose to the point of denying its subordination to the begetting and rearing of children. The teaching of the Church is very clear on this point. The procreation and education of children constitute the primary end of marriage; the mutual help of the parties and the protection against concupiscence, though essential, are secondary ends, and are subordinated to the primary end.

Notwithstanding these ideals, there are circumstances which make it permissible, or advisable, or even obligatory for married couples to take some means of avoiding childbirth, either temporarily or permanently. But the only permissible means is continence, either continuous or periodic. The various means which go by the name of “contraception” and which produce their effect by frustrating either the sex faculty or the natural processes leading to fertilization are all against the negative natural law and are never under any circumstances permissible.
To put what is said in the preceding paragraph into a definite statement concerning the licit use of rhythm (periodic continence), I would say: The limiting of intercourse to the sterile periods in the wife's cycle is permissible, when these three conditions are fulfilled: (a) both parties are willing; (b) both are able; and (c) there is a good reason for avoiding childbirth.

A few words about each of these conditions will help us to see a number of points on which theologians agree and will also lead us to a consideration of the principal points or disagreement.

The first requisite for the licit practice of the rhythm is that both parties be willing. Neither party must insist on it against the reasonable protest of the other. By the marriage contract, each guaranteed to satisfy the reasonable requests of the other with regard to the exercise of the marriage act; and to default on this contract is seriously sinful.

Secondly, both must be able to practice the requisite continence. The restriction of intercourse to the sterile period calls for self-control. The attempt to make this restriction is apt to lead to sins of self-abuse, to mutual fondling to the point of culpable pollution, and even to infidelity. These dangers are especially great in the case of men, but women are by no means exempt from them. A not insignificant number of women are strongly passionate, and even among those who are not usually passionate many experience strong sexual desire during the fertile period.

It follows from what I have just said that for many (if not most) couples the attempt to practice periodic continence may create a serious danger of gross incontinence. It is true that with the help of God they can avoid this danger; but they must cooperate with the grace. The cooperation often takes great courage, strength of character, and strong faith—qualities that some people do not possess.

Because of this danger of incontinence, we generally recommend that those who wish to practice the rhythm consult their confessor or some other qualified spiritual director. He can help them by suggesting means of reducing their difficulty, of fortifying their wills, of obtaining God's more abundant help, and so forth.
The third requisite is a good reason, i.e. a sufficient reason for avoiding childbirth. Such reasons might be: the prudent fear that conception would involve a serious risk to the mother’s life or general health; the fact that conception would only result in a miscarriage; the danger of serious hereditary defects in the children; impossibility to support another child. Theologians would agree, I believe, that reasons such as these would justify the permanent practice of rhythm; but in some of these cases they would certainly counsel continuous continence. Lesser reasons would justify the temporary use of rhythm.

Thus far I have given merely points that would meet with the unanimous approval of theologians; and in this sense all that I have said here may be called Catholic teaching. But, if I may be pardoned a catchy expression of the day, the $64-question with regard to the morality of using the rhythm is this: “Suppose husband and wife are willing and able to practice the rhythm, do they sin if they do so without a special reason?” The answer, according to all theological writers on the subject, seems to be, “Yes, they do sin.” But having said this much, these writers immediately part company and split into many camps when they are called upon to explain why such people sin and how great is the sin. And this brings me to the second section of our discussion:

B. Points of Disagreement:

Physicians may better appreciate what I have to say in this section if I begin with an illustration taken from the field of psychiatry. Many psychiatrists are firmly convinced that shock treatments and lobotomy are genuinely beneficial to certain types of mental patients. Yet these same psychiatrists are by no means at one in their explanations of how the beneficial results are obtained. They generally admit that there is room for speculation in this matter.

Somewhat similar is the situation among theologians with regard to the practice of the rhythm. Most, if not all, agree that the practice of rhythm, even by those who are willing and able, without a compensating reason involves some moral fault. But they are not in agreement in explaining why the special reason is needed. There are different opinions; there is room for speculation.
My purpose here is simply to indicate briefly, for the information of physicians, some of the theories defended by theologians.

One theory is that those who practice the rhythm without a sound compensating reason commit the sin of selfishness. In other words, they inordinately seek their own comfort and freedom from the burden of bearing and rearing children.

Another theory is that the parties sin by unjustifiably reversing the hierarchy of purposes for which the Creator Himself instituted marriage. That is, by the studied practice of the rhythm, they make the primary purpose of marriage impossible of attainment, and in its place substitute the secondary ends. To do this without some necessity is unreasonable.

A third theory explains the sinfulness as "seeking the benefits of sexual intercourse without the corresponding burdens." In other words, by limiting their use of marriage to the sterile time, the parties enjoy the pleasure without being subjected to the inconvenience entailed in begetting and rearing children.

Still another explanation of the moral fault is sought in a theory that "married people have a positive duty to do what they reasonably can to have children." Those who uphold this theory base it on an analysis of the nature of marriage: namely, marriage in an institution founded expressly by God for the prime purpose of procreating and educating children.

Finally, there are those who say that rhythm, though not wrong in itself or unnatural (as is contraception), nevertheless a departure from the normal way of married life, and as such is open to many dangers. And if these dangers are courted rashly (as they are when there is no sound reason for the practice), the parties sin. The principal danger, of course, is that of incontinence. But there are many other dangers which, though perhaps not so tangible as that of incontinence, are just as real. For example, when children are avoided entirely, the harmony which ought to exist between man and wife is imperiled, and the maternal instinct is apt to be thwarted. This instinct is strong in most women, even though they do not recognize it. When they have no children they are apt to begin mothering their husbands (or cats and dogs), and they are exposed to a great loneliness about the time of the
menopause—just the time when they may be most in need of comfort. When the family is unduly limited on one or two children, the children are apt to suffer; ordinarily speaking, their characters develop better in the large family. Lastly, in all practices of birth limitation there is the resultant social evil: namely, alarming reduction of the birth rate and the breaking down of esteem for large families. Such dangers, say the exponents of this theory, are common enough and real enough to demand some solid compensating reason for the practice of rhythm.

Such are the theories (or some of them) proposed by various theologians to explain why a good reason is necessary to make the practice of rhythm justifiable, even when the parties are willing and able to practice it. Some of the theories seem to say about the same thing in slightly different words. All of them very likely have some good points. Each of them, however, is open to more or less strong objections; and for that reason none of them is universally sponsored by theologians as the ultimate explanation of the morality of using the rhythm.

How great a sin is it to practice the rhythm without a sound compensating reason? The answer to this question is another point of disagreement among theologians. Some hold that in itself the practice is seriously sinful if continued over a long period of time. But this is definitely a minority opinion. More commonly theologians would say that in itself the lack of a sufficient reason makes the practice only venially sinful and that mortal sin is involved only by reason of special circumstances, e.g., as Father John McCarthy wrote some time ago in the Irish Ecclesiastical Record, "if there is not mutual consent to the restriction or if there is serious danger of incontinence for the parties during the periods of abstinence." As a practical rule of obligation, only this latter opinion may be followed.

The material just outlined, especially what concerns the divergent views of theologians, is mainly of value to priests. It helps them to keep a wholesome balance between idealism and tolerance. They can safely encourage the highest ideals with regard to child-bearing, yet they must not insist on an obligation which goes beyond the milder, but soundly probable, opinions.
Knowledge of this material is also of great value to physicians. To illustrate this, let me put a number of practical conclusions for doctors in the form of the following suggestions:

1. Use your knowledge of medicine to promote fertility and to create favorable attitudes towards child-bearing. In doing this you are helping to foster the traditional idealism of Christianity, which is being insidiously undermined in our times.

2. When you honestly judge, according to the indications of medical science, that further child-bearing would be dangerous, you are certainly entitled to tell your patients that. In fact, it seems to me that you are reasonably expected to impart this information.

3. Yet your judgment that your patient should not have more children should not be “narrow”; it should take in the whole picture—and often the whole picture means more than a mere medical pronouncement that subsequent childbirth would be dangerous. One has to take into account the couple’s desire for children, their ability to practice continence, and particularly the providence of God.

In this connection I am reminded of the following incident. I was leading a discussion on marriage with a group of college women and I put them this little problem: “You are a young wife, and you have just had your first baby. The doctor tells you that another pregnancy would very likely result in your death. What do you do?” One of the young women quickly replied: “Father, the doctor told my mother that, but she has had nine children since then.”

I do not cite this example to make the physician look ridiculous. This story concerned a couple who greatly desired a family, who had an intense faith and a profound trust in God. They were willing to take the risk; and God blessed their willingness. The physician in this case may have made his decision on the soundest kind of medical basis and with the most delicate conscientiousness. But there are times, it seems to me, when physicians are too ready to make the pronouncement that a subsequent childbirth would be dangerous. And there are other times when the very real physical danger is only one side of the picture. It can happen that in trying
to avoid one evil (the bodily danger connected with childbirth) a couple will fall into another and a greater evil (constant sins of incontinence and the loss of interior peace and exterior harmony).

Because the picture is many-sided, physicians ought to enlist the help, or have their patients enlist the help, of a capable spiritual counselor, when they judge it necessary to avoid childbirth.

4. Granted that all the factors, spiritual and temporal, are properly considered there are certainly many cases in which the avoidance of childbirth is justifiable and advisable. The only permissible means is continence, continuous or periodic. In such cases you can do a great service to sound morality by patiently helping deserving couples to use the rhythm correctly. And I may add that it would be well to inform priests that you are interested in this, for priests are often called upon to suggest doctors who will give the advice and encouragement needed for the successful following of rhythm.

5. One final suggestion: As physicians, you may be called upon at times to impart to young couples some instruction concerning the physical side of marriage. These couples should certainly have a correct and a noble concept of love-making and sexual intercourse; but they should also know that from the very beginning of their marriage the practice of a certain degree of self-restraint is helpful. If you can delicately impress this fact upon them, you will be doing them a great service, as they themselves will realize when circumstances arise that call for more or less prolonged abstinence.