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Catholic Physicians' Guild

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Letters to the Editor . . .

To the Editor:

I wish to respond to the letter from Gregory J. Kenney of the Creighton University School of Medicine (Feb '94). In this article, Kenney argues that applying the doctrine of double effect, it should be morally licit in a marriage where the wife is HIV-positive for the husband to use a condom. There are very serious difficulties in maintaining this position.

Since the first cases of AIDS were documented in the United States in 1981, we still have large numbers of individuals engaging in high-risk behavior. While it may be true that the incidence of HIV is not increasing or is at a plateau in the homosexual population, we now have an increase of HIV in the heterosexual population — especially among adolescents. It is not uncommon today in the heterosexual population for individuals to have multiple sexual partners; sometimes a condom is used and other times it is not used. More often than not, these individuals do not want to be tested for HIV. For example, in Louisiana the patient must sign a written consent form before a physician can screen for HIV. Physicians — especially those who work in state and public health — keep repeating that when a medical or sexual history suggests a need to test for HIV, virtually all patients refuse the test — they simply do not want to know. Ironically, these people continue to engage in high-risk behavior and the virus continues to be propagated. In 1991, one in one-hundred of the students tested at the University of Texas at Austin was HIV-positive.

While condoms have been promoted as at least "safer sex," many individuals do not see through this rhetoric. Many people do not realize that latex rubber has holes that measure one micron; the size of the HIV virus is one-tenth to one-third of that one micron. In other words, a condom does not have to break or leak for one to be exposed to HIV since the virus can easily transgress the holes

which naturally occur in latex rubber. JAMA(1987) found that one in ten couples with an infected spouse passed on HIV when using condoms. Another study, which was federally funded, at UCLA concluded that four of the nation's most popular condom brands permitted HIV to escape in laboratory tests: also, HIV leaked in one of ten condoms tested in each of three brands, and six out of twenty-five tested in a fourth brand. Even from a strictly scientific perspective, condoms are clearly not the answer.

The obligations and rights of marriage surrounding this issue are critically relevant. It is recognized in the 1983 Code of Canon Law that a marriage is invalid if it is contracted through fraud. Individuals with a history of sexual activity prior to marriage as well as those in other high-risk groups (multiple sexual partners either homosexual or heterosexual, IV drug users, hemophiliacs, and those receiving blood transfusions) have a moral obligation to be evaluated for HIV prior to marriage. This obligation to be evaluated is based on the responsibility one has to take care of his own health and also the life and health of others — the intended spouse and children. I do not believe that from a moral perspective a marriage could take place if either party were HIV-positive. The reason for this is that each conjugal act would be a potentially homicidal act — this is radically incompatible with Christianity. Should either party acquire HIV after the marriage, one would have a moral obligation to completely abstain from conjugal relations. The reason for this is that authentic Christian love is self-restraining. It never asks such risks as Russian Roulette in the usage of condoms. Clearly, one may not justify the counseling of condoms or their usage by the doctrine of double effect or by the toleration of a lesser evil to avoid a greater one. One may never do evil in order to bring about good — contraceptives are by their nature evil. Our task in philosophy and moral theology is to

keep reminding individuals how God calls us to live through and with his grace. When mistakes have been made, we should challenge individuals in a compassionate way to be honest and accept responsibility for their actions. In this case, honesty demands HIV screening prior to marriage and refraining from marriage if the virus has been acquired.

— Fr. Joseph C. Howard, Jr.

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References

- Haas, John M. "HIV and Marriage - I." *Ethics & Medics* 16.2(1991): 1-3.
Haas, John M. "HIV and Marriage - II." *Ethics & Medics* 16.3(1991): 3-4.
Haas, John M. "Safe Sex? Surely Not!" *Ethics & Medics* 18.7(1993): 1-2.
Leies, John A. "Condoms and AIDS" *Ethics & Medics* 18.5(1993): 3-4.
O'Donnell, Thomas J. "Will Russians Call It 'American Roulette'?" *The Medical-Moral Newsletter* 29.4(1992): 15-16.

To the Editor:

It was with mixed emotions that I read Dr. Dianne Irving's well researched, exhaustive article on "New Age" Embryology Text Books in the May issue of *The Linacre*.

On the one hand I was pleased that, finally, someone had exposed the contradictions and dichotomies that trouble us in science, particularly of late in human embryology, and often lead to political controversies.

On the other hand I was embarrassed that this revelation came from other than a human embryologist. But, thank goodness, Dr. Irving has the background and achievements which render credibility and knowledge in this area.

If one wonders how some of these contradictions come into being let me cite a possible explanation: In Rosenfeld's book *Second Genesis*, 1969, p. 108, in a discussion of chemical contraceptives, a footnote states as follows:

Because these substances do not prevent the sperm from penetrating and fertilizing the ovum — the classic

definition of *conception* — they are not strictly contraceptives. What they do is prevent the newly-fertilized egg from implanting itself in the uterus. Since the interference occurs *after* conception, some hold that such practice constitutes abortion. A way around this impasse has been suggested by Dr. A.S. Parkes of Cambridge: Equate conception with the time of implantation rather than the time of fertilization — a difference of only a few days.

Lastly, it appears that the term "preembryo" was actually introduced in a 1979 article in *Scientific American*, 240: 57-67, entitled: "External Human Fertilization", authored by Clifford Grobstein, Ph. D. No prior use of this term has, as yet, been found. It should also be noted that, as far as is known, this term has *never* been proposed for other than the human specie.

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