February 2007

Letter to the Editor

Catholic Medical Association

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Recommended Citation
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One Physician's Perspective on HIV Transmission and Condoms

To the Editor:

I have been encouraged by my priest brothers in the faith to share my thoughts on this topic. Being in the medical profession perhaps gives me some authority to speak on an area of great pastoral concern, since the art and science of medicine necessarily deals with both the physical and spiritual realms. In my own field of giving chemotherapy to cancer patients, who are often young and fertile, issues involving the act of sexual intercourse entail a constant effort to stay consistent with the truth and beauty of our doctrine. I offer my own insights here, which I hope will be of some help to all pastors concerned:

1. Various authors have published well-developed theological arguments explaining the immorality or unnaturalness of condom use. For example, both May and Gonnally argue against condomistic sex as not only against the generative nature but also against the unitive nature of the sexual act. The definitions of these terms are key to understanding why condom use to prevent HIV would not be licit even if the couple were already infertile, e.g. in the post menopausal state. Gonnally also refers to canonical laws on the consummation of marriage to support his viewpoint.

2. Some may compare the intention of condom use to prevent HIV transmission with the case of a woman taking anovulants for a medical condition, in which the primary purpose of the pills is not contraceptive. This analogy falls short because the anovulants are still taken if there is no intercourse, but the condom is only used when there is intercourse, and only because there is intercourse. The anovulants are not “tied” to the sexual act per se whereas the condom is: the medical issue of HIV transmission (and hence condom use) is “tied” to the moral issue of the sexual act. This inevitable, intrinsic modification of the sexual act by the
condom implies that we cannot use praeter intentionem to justify condom use. A good intention should not justify an illicit means.

3. I respect the point raised by various authorities that if one cannot stop the sexual act from taking place, then one should apply the principle of the “lesser of two evils.” That is, if one cannot be sexually continent (6th and 9th Commandments) for some reason, then at least avoid transmitting a deadly disease (5th Commandment).

However, I think one has to use this reasoning with great caution. Grisez had already provided a relevant contribution to this ethical dilemma in his answer to the question on how a father should advise his teenage son who is going away to college. Here, he explains that we always have to believe that the person is ultimately free in his action, which means that he can always have the possibility of choosing the right action. (In this case, to avoid intercourse.)

You ask: “May I say, ‘try to stay out of bed, but if you can’t, protect yourself’?”

No. In the first place, your son hardly needs that advice; he surely has heard it many times. More important, “try to” and “if you can’t” imply that sexual immorality is unavoidable – a view incompatible with the Church’s defined doctrine that every Christian can avoid mortal sin (see DS 1568/828). But a young person who experiences temptation is all too likely to embrace that erroneous view, for, if it were correct, there would be no guilt in giving in to the temptation.

That evasion of guilt, no doubt, along with the lack of experience of God’s grace given in answer to sincere and trusting prayer explain why many nonbelievers claim that no normal person can be chaste. But, in fact, some healthy young people entirely avoid sexual intimacy until marriage. Even if they are a minority, they falsify the general thesis that “everyone does it.” And falsifying that general position by contrary examples is not simply a logical trick. Even one counterexample shows that the general thesis is erroneous and that the theory of which it is a part requires fundamental changes.

Moreover, among the important things parents need to communicate to their children – in addition to the truth of the faith that with God’s grace every Christian can avoid evil and become holy – are that the parents are confident this is true of their children and expect it of them. Your son is not an animal driven by sexual instinct; though subject to temptation as all of us are, he is a person, rational and free. If you think of him and deal with him as if he were not, you will deprive him of the respect you owe him. That will undermine his self-respect and your relationship with him.
The minute we compromise on this principle, one can foresee a Pandora’s box opening with all kinds of excuses and justifications for immoral action, especially in the area of human sexual behavior.

4. In my own work I face similar “pastoral” scenarios, even with non-Catholics. In my case it is usually about pregnancy avoidance for medical reasons. I usually tell the patients that abstinence is the sure way (and the most respectful to the body) of avoiding pregnancy. Even if using a condom was something ethical, one can say that if one recommends it, then one is also responsible for the results — which could be failure. We know that there are all kinds of technical issues about user ineffectiveness, e.g. slippage after loss of erection etc. Even as a cancer physician I do not propose to be the one to ensure that all these details are “taken care of,” and I can’t imagine that the priest who sanctions condom use would want to be responsible for all the graphic nitty-gritties. Grisez also alludes to this point on condom failure. In fact, one can turn it around by asking a controversial question, which I sometimes pose to clinical trial ethics committees: “Can the patient sue me if the condom does not work?” I presume that the patient can get more information about condom use from other sources if he wanted to, and one can say that these technicalities are even beyond the pastoral scope. I think one should just speak the moral truth, and the practical beauty and simplicity of complete abstinence.

I sense great consternation among pastors that as the pandemic of HIV grows, more married couples will be faced with an extremely difficult situation, and I can sympathise with this. However, there are many other situations where the couple may be asked to be superhumanly heroic in living sexual continence:

a. To avoid pregnancy due to medical reasons, even indefinitely. This is a common enough scenario.

b. The couple whose previous marriage is still valid and they are now repentant, but already have commitments with children. Are they not asked to live like brother and sister?

On HIV, I have personally come across one case in which the husband was infected and also had cancer. I was impressed when the wife told me that they had made the decision to sleep on separate beds.

I would like to point out that HIV is not the only sexually transmitted disease. Among other better-known infectious diseases transmitted by sexual contact, Hepatitis B and Hepatitis C infection are both potentially serious conditions that if contracted, could result in liver disease and death.

February, 2007
One must not forget that the moral issues publicized in the hype of the HIV era also apply to these other conditions.

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References


