

May 1981

## Guest Editorial Tubal Ligation: Good Medicine? Good Morality?

John Connery

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

---

### Recommended Citation

Connery, John (1981) "Guest Editorial Tubal Ligation: Good Medicine? Good Morality?," *The Linacre Quarterly*: Vol. 48: No. 2, Article 5.

Available at: <http://epublications.marquette.edu/lnq/vol48/iss2/5>

## *Guest Editorial*

### **Tubal Ligation: Good Medicine? Good Morality?**



Once disillusionment set in regarding the “pill” and the IUD as “contraceptives,” one had to expect a trend in the direction of tubal ligation. The only alternative was a step back to the old barrier type contraceptive with its higher failure rate as well as its other drawbacks. With a million sterilizations being performed annually, it would have been surprising if Catholic hospitals in this country experienced no pressure to follow the trend. Unfortunately, not all this pressure comes from outside sources. One finds Catholic “patients” and, even more often, Catholic doctors putting pressure on Catholic hospitals to allow tubal ligations. Some would limit such procedures to “medical” indications. Others would want an umbrella clause that would allow a tubal ligation for the “overall good of the patient.”

The Church has always condemned sterilization for contraceptive purposes. In this it stands in a tradition that goes back to the Old Testament. Among Jews in the Old Testament, fertility was considered God’s second greatest blessing, next to life itself, and barrenness was considered a curse. The thought of inducing barrenness or sterility was completely alien to Hebrew thinking. This tradition continued into the New Testament. St. Thomas expressed it very clearly when he stated that although tampering with the sources of human life is not the same as homicide, it is next (*secundo loco*) to it.

What the Church is saying in its condemnation of sterilization is that the power to give life is unique and unlike any other bodily function. It derives this special character from its relationship with life itself. The power to give life is sacred because life itself is sacred. Respect for life makes it inviolable.

Catholic doctors who want to do tubal ligations would like to consider the power to give life like any other bodily function. This would allow them to sterilize a patient whenever medical indications would warrant it, or more broadly, whenever the overall good of the patient would call for it. They would be applying what is called the principle of totality, allowing the sacrifice of a part (an organ or a member) for the good of the whole. In the Judeo-Christian tradition, the power to give life transcends the good of the person of its possessor and looks to the good of the person-to-be. It may not be reduced to a purely personal possession or disposed of as an ordinary body function (that is, according to the principle of totality). In a sense, however, one would wish that doctors who do contraceptive tubal ligations would accord the life-giving function even the respect they give other bodily functions. No doctor amputates a leg just to cripple a person. No doctor removes an eye just to blind a person. But doctors who do tubal ligations for contraceptive purposes do them precisely to destroy the power to procreate.

There is serious reason to ask today whether tubal ligation (contraceptive) is even good (much less "quality") medicine. One has to question the exercise of medical indications for tubal ligation. Thirty and even 40 years ago, the medical profession made the claim that there were practically no medical indications for abortion, since medicine had the capability of handling all the complications of pregnancy without abortion. If this was true then, how can there be medical indications for sterilization now? If there are no medical indications for abortion, it would seem to follow *a fortiori* that there are none for sterilization. It is hard to see how the medical profession can have it both ways.

Even if one wished to broaden the indications for tubal ligation to include the overall good of the patient, given the fact that, according to most recent studies, natural family planning can be just as effective as tubal ligation, one has to ask whether destructive surgery of this kind can be justified even from a medical standpoint. Or even if it could be considered necessary, the fact that it is less than 100% effective requires one to ask further whether it really solves the problem. It will reduce the possibility of pregnancy, but will not eliminate it. It would seem that the more serious the reason for avoiding a pregnancy, the less prudent it would be to rely on a tubal ligation. In other words, the kind of abstinence a tubal ligation is meant to avoid may still be the only sure way of avoiding a pregnancy, and without it the person with a tubal ligation will still be running a risk.

One wonders how carefully the above considerations are made today in hospitals where tubal ligations are performed. Even though consent forms may allude to them, one suspects that they are dealt with as a legal formality rather than a moral concern, and simply glossed over. Such glosses (with a touch of male chauvinism) may be

the hidden factors in many, if not all, of the tubal ligations done today.

Even if there were medical indications for tubal ligation, and it was both necessary and effective, it would not automatically be permissible. Health is not the *summum bonum*. Nor is good medicine necessarily good morality, any more than is good plumbing, or good carpentry or good politics. One would hope that good medicine would not conflict with good morality, or that what would contribute to one's health would be morally good, but one cannot rule out the possibility that it would not. Thus, stealing or adultery would still be morally wrong even if somehow they might contribute to one's health. Or, more practically, an abortion would be morally wrong even if continuing a pregnancy would be a health burden. So, even if an individual doctor might want to consider a tubal ligation good medicine, it would not make it moral. As already pointed out, however, it is becoming increasingly difficult to defend the position that it is even good medicine. And empirical data beginning to come in from experience with tubal ligations is adding to the difficulty.

— John Connery, S.J.  
Jesuit Community  
Georgetown University

### THE MEDICAL-MORAL NEWSLETTER

This monthly publication is edited by Frank J. Ayd, Jr., M.D., who began it in 1964 when he resided in Rome, broadcast over the Vatican radio and taught at the Gregorian University. He launched the *Newsletter* in response to suggestions from some of the Council Fathers whom he occasionally served as consultant during Vatican II. Initially called the *Medical Newsletter for Religious*, it attracted the interest of lawyers, physicians, nurses and others after Dr. Ayd returned to the United States in 1965, and subsequently the name became what it is today.

Subscription rates are yearly — 1, \$10; 2, \$18; 3, \$26.50. For all subscriptions mailed outside the U.S., its possessions and territories, postage charges should be added as follows: Canada and Mexico — surface, \$1.50; all other countries — surface, \$2.00; air mail, \$5.00. Checks should be made payable to Ayd Medical Communications, 6805 York Rd., Baltimore, Md. 21212 USA.