

May 1967

Current Medical-Moral Comment

Thomas J. O'Donnell

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

Recommended Citation

O'Donnell, Thomas J. (1967) "Current Medical-Moral Comment," *The Linacre Quarterly*: Vol. 34 : No. 2 , Article 15.
Available at: <http://epublications.marquette.edu/lnq/vol34/iss2/15>

Current Medical-Moral Comment

THOMAS J. O'DONNELL, S.I.

The current medical-moral thought regarding the controversial problem of a hysterectomy, in the presence of a uterus so comprised by previous cesarean sections that it is judged no longer competent to safely support another pregnancy, needs further refinement. The case presented is a woman who has undergone several sections and is again pregnant. If the physician suspects that the imminent section will leave a uterus that cannot be considered safe to support another pregnancy, and if he feels that this judgment is confirmed at the time of the section, would the removal of the uterus be a morally acceptable procedure? Some have viewed such a hysterectomy as essentially contraceptive because any future danger would be contingent upon another pregnancy. Others, including myself, have held that such a hysterectomy is not formally contraceptive and may be licitly performed.¹

An organ is essentially functional rather than static. In referring to an organ as dangerously pathologic or non-pathologic, except in terms of its function, there is a certain ineptitude. If the patient is not in imminent danger until the uterus undertakes its primary function of pregnancy, it must be noted that the cause of danger lies within the damaged uterus itself. Thus, the pregnancy is rather the occasion, or at most a partial cause, of the danger to life. Such a uterus, even in the non-pregnant state, is properly

regarded as a functionally dangerous pathological organ. A uterus could be so badly damaged that competent physicians would judge that it has been traumatized beyond a stage where it can be repaired to function safely. Hence, the uterus may be removed in conjunction with the present cesarean section, or even at a later time. The uterus could also be repaired. This would be considered adequate for the present but not safely adequate for a subsequent pregnancy.

Rupture through an old cesarean scar is liable to be somewhat less dangerous than other types of uterine rupture. This has been demonstrated by studies of both Donnelly² and Narvekar.³ But this does not, from a moral standpoint, materially weaken the case for hysterectomy in these circumstances.

Another dimension of this problem which has received less attention in moral literature follows. In the case of a patient in such circumstances, but for whom a procedure so extensive as a hysterectomy would be surgically contraindicated, would it be morally acceptable to merely isolate the damaged uterus instead of totally removing it from the pelvis?

Hysterectomy after repeated cesarean sections may well be complicated by pelvic and bladder adhesions, usually requires transfusion, and is definitely a major surgical undertaking. Hence, a hysterectomy, in some cases, may be extremely

dangerous at the time of a cesarean section. In the presence of a real clinical exigency, it is my opinion the isolation procedure would be morally acceptable.⁴ It should be noted that in the process of a hysterectomy an early part of the surgical technique consists of clamping and dividing the fallopian tubes to free the uterus from its adnexa. When this stage of surgery has been accomplished, the dangerous uterus has been effectively isolated from the rest of the system. It is at this point of surgery that one has already passed through the moral issue involved.

Whether the effectively isolated uterine tissue is now removed from the pelvic cavity, or allowed to remain there, seems to be without moral significance. It can, however,

be extremely important medically when the patient is not in a physical condition adequate to withstand the impact of the more extensive operation.

REFERENCES

1. O'Donnell, T. J.: *Morals In Medicine*, Second Edition, The Newman Press, Westminster, 146-150, 1960.
2. *Amer. J. Ob. & Gyn.*, 70: 91, Number 1, July, 1955.
3. *J. Obst. & Gynaec.*, India, 7: 115-133, December, 1956.
4. Tesson, E.: *Cahiers Laënnec*, 24: 64-73, Number 6, June, 1964.

[FATHER O'DONNELL has been professorial lecturer in medical ethics at Georgetown Medical School. By arrangement with the editor of Georgetown Medical Bulletin this column in that journal appears concurrently in LQ.]