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Contraception in Psychiatric Diseases

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Dr. Hellegers was born June 5, 1926 in Venlo, Holland. He received his medical degree from Edinburgh in 1951. He was an obstetrical resident at Johns Hopkins from 1953 to 1956. The following year he served as a research fellow at Yale.

From 1960 to 1967, Dr. Hellegers was a Senior Research Scholar with the Kennedy Foundation, and in 1964, he was appointed to the Pope's Commission on Population; he served in Rome until 1966. President Johnson subsequently appointed him to the President's Committee on Population and Family Planning in 1968.

Dr. Hellegers was appointed Associate Professor of Obstetrics and Gynecology at Johns Hopkins in 1962, and he was appointed Professor of Obstetrics and Gynecology at Georgetown in 1967. He was made Professor of Physiology and Biophysics in 1969.

INTRODUCTION

In an article entitled "Psychiatric Indications for the Use of Contraceptives" (Linacre Quarterly, May 1969) John R. Cavanagh, M.D. defends the liceity of the use of contraceptives in psychiatric diseases. His defense can be divided into three main subsections as follows:

1. Pope Paul VI in "Humanae Vitae", paragraph 15, and Pope Pius XII in "Morality and Eugenics: An Address to the Seventh Hematological Congress" imply that contraceptive agents, taken on the advice of a physician as a necessary remedy for a condition of the uterus or of the *organism* exercise their sterilizing effects *indirectly*, and are therefore permitted. Dr. Cavanagh defends the thesis that psychiatric diseases are

diseases of "the organism" as implied in the Papal teachings.

2. In an article by Swanson et al.: "The Use of Norethynodrel in Psychotic Females" (Am. J. Psychiat. 120, 1101, 1964) they reported this agent as useful in the treatment of psychotic female patients, particularly where their symptoms were more severe premenstrually.

3. Based on the above information, and after adding some case histories of patients whose mental state improved after having *their fear of pregnancy* removed by the use of contraceptives, Dr. Cavanagh concludes: "In the mentally ill woman, where the cause of the illness, is the result of unresolved conflicts over pregnancy or family size, the use of contraceptives in its treatment is indirect sterilization according to Pope Paul and Pope Pius."

It is the purpose of this brief article to:

1. Question whether Dr. Cavanagh's conclusion in subsection three above necessarily follows from the information given in subsections one and two and to:
2. Suggest that an alternative analysis of the use of contraceptive agents in psychiatric illnesses may be, at least in part, useful.

CRITIQUE OF THE CAVANAGH ANALYSIS

It should be stated at once that the use of such words as "the organism" in Papal teachings is very unfortunate unless the words are designed to be deliberately vague. Suitable as medical phraseology in days when we spoke of "humors" and "spirits", they have

little value in modern medicine which seeks increasing specificity of definition. The medical vagueness lends itself to misinterpretation by non-theologians and confusion in discussions between them and scientists.

Personally I believe that the Papal teaching means to be applicable only where the pharmacologic agent, surgical procedure, is necessary for the correction or elimination of a *biologically defective action* of any organ of the body and *is specific* for the disease. It may be asked how such specificity is determined or how it can at least be logically concluded. I would suggest that the agent should be used for the cure of "the organism" in a cloistered nun, in a post-menopausal patient or in any patient in whom the *ability to reproduce* is not the *crux* of the psychiatric disease. Stated another way it would say that the *ability to reproduce* should never be considered a primary disease in itself, regardless of how other organs or "organisms" (including the mind) would react to that ability to reproduce. Swanson et al. asserted the usefulness of Norethynodrel in treating psychotic diseases of some women even when they could not reproduce. In their paper I believe one could describe the contraceptive action of Norethynodrel as only *indirectly* sterilizing. I do not, however, believe that this can be extended to the cases described by Dr. Cavanagh where the use of the contraceptives would have had no "therapeutic" effect if the women had been sterile. A fortiori as pointed out in the brief editorial accompanying the article, it seems untenable to me to assert that the contraceptive may be given to a party other than the primary patient (e.g. to the spouse). Indeed the "cure" of a

patient by the administration of an agent to a different person precisely points out that there was no "disease" in the primary patient except the fear of the ability to reproduce. It is scientifically inconceivable that person A can be cured from an existing disease by administering a drug to person B. It is true that administration of agents to one person may *prevent* diseases from occurring in another person, but I can think of no case in which the primary patient can be cured of any disease without being himself or herself reached by a therapeutic intervention, unless, of course, the disease disappears spontaneously. One cannot, however, I believe, speak of a spontaneous cure when it *depends* on an intervention in another person. In summary I believe that agents which have a sterilizing effect can only be considered to have an *indirect* sterilizing effect if they are similarly effective in the cure of patients who are not at risk of pregnancy.

AN ALTERNATIVE ANALYSIS

Patients with certain psychiatric diseases, which as a non-psychiatrist, I shall not further specify, may find themselves in a state where they are incapable of positing a human act in the realm of intercourse. A human act is one which *issues from the will acting freely, with antecedent knowledge of the nature and the end or purpose of the act and with accompanying advertence*. By and large persons who have reached puberty are supposed to have sufficient *knowledge* of intercourse to be able to enter into marriage (canon 1082, § 2 "Haec ignorantia post pubertatem non praesumitur). Yet Sanchez, in speaking of marriage, the object of which is intercourse, felt that knowledge of the nature, object and properties of marriage was not enough to enter a valid

marital contract. It required a definite degree of deliberation and maturity of judgment. It is, of course, well known to most Catholics, that certain marriages have been annulled on the grounds of mental disease in either of the partners. While, in general, it used to be held that persons with mental disease might well have entered marriage in a lucid moment and it therefore had to be shown, for annulment, that they were not lucid when they contracted it, there has been a gentle shift away from that stance in recent times. The most recent trend has been to require that it be shown that a person was indeed lucid if, at the time of the legal proceedings, he or she was f.i. a chronic schizophrenic.

What is not clear in the question of the liceity of the use of contraceptive agents in certain psychiatrically ill patients is whether Church practices in the realm of judging marriage contracts can be extended to practices in the realm of intercourse. Briefly the question may be put as follows: If, by virtue of psychiatric disease, a person is judged by the Church incapable, on mental grounds, of entering into a marriage contract, can such a person validly have intercourse *as a human act*? If a person cannot enter into a contract, the object matter of which is intercourse, can the person enter into intercourse itself? And if a person cannot have intercourse as a human act, (as defined above) can such a person then practice, or be judged capable of practicing, contraception as condemned in Church teachings?

Not long ago this question came to the fore, when persons in imminent danger of rape in the Congo used "the pill" to avoid becoming pregnant as a result of a non human act of "intercourse", namely rape. The matter is

treated by J. C. Ford and G. Kelly in: *Contemporary Moral Theology II: Marriage Questions* pp 365-367 (Westminster, Md.: Newman, 1964), who concluded that the liceity of the use of contraceptive agents under these circumstances was at least solidly probable. Whether "intercourse" *against* the will (rape) can be equated with "intercourse" *in the absence of valid consent* (statutory rape) has not, to my knowledge, been analyzed by moral theologians. I do, however, believe that it would be difficult to maintain that mentally ill persons could not give consent to marriage but could give consent to the object of the marriage contract. The question does not imply that under certain circumstances contraception is permitted by the Catholic Church; it does imply that under certain circumstances the use of contraceptive agents does not belong to the species of condemned acts, namely the interference with a human act (as above described) of intercourse.

There remains the question of what, in the light of these questions (if they have validity), constitutes ethical behavior by the patient and by the physician. Foregoing an analysis of the ethical behavior of a schizophrenic patient, I do believe that guidelines may be established for the psychiatrist or obstetrician who does not have the time to await an opinion of the Rota. It would be my contention that a physician, faced with a psychiatrically ill patient, and convinced that the patient could not validly enter into a marriage contract, can ethically pre-

scribe contraceptive agents to such patient until he is reasonably convinced that in the realm of intercourse she can act with the degree of adherence required for contractual marriage.

SUMMARY AND CONCLUSION

The analysis of whether the administration of contraceptive agents constitutes direct or indirect sterilization is not the sole criterion for the analysis of whether it is licit to administer such agents. A separate analysis demands a consideration of whether the patient is capable of positing a human act in the realm of intercourse. It may be reasonably concluded that if the physician is convinced that the patient is not in a state of mental health to permit entry into a valid contract of marriage, she is incapable of validly entering into the object of that contract, namely intercourse. In arriving at a sound judgment in this matter it is wise to remember that the psychological capacity for marriage (and therefore for intercourse) "must be placed within the grasp of the vast majority of people"; "marriage" (and therefore intercourse) "may not be, as it were, placed beyond the psychological range of the average person, or even beyond many whose psychological range is below average" (W. M. van Ommeren, in *Mental Illness Affecting Matrimonial Consent*, p. 102. Catholic University of America Press, Washington, D.C., 1961).