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Current Medical-Moral Comment: Contrasts

THOMAS J. O'DONNELL, S.J.

ABORTION

A cross section of the current literature presents contrasts. In his presidential address to the Ninetieth Annual Meeting of the American Gynecological Society, Dr. Andrew Marchetti reviewed the unchanging goal of this specialty against the background of a changing world: "it is to serve, protect, and improve the welfare and health of our childbearing women, their offspring, and their families and to care for the ills related to the non-pregnant state." (*Amer. J. of Ob. and Gyn.*, 99, 5, 1967). This ideal stands in bold contrast to an observation in the previous issue of the same journal where Dr. Yukio Manabe of Japan gives a cool scientific analysis of five mid-pregnancy metreurynter-induced abortions, noting that: "Five out of 6 patients used in the present study were in mid-pregnancy, ranging from the nineteenth to the twenty-fifth week. Therapeutic abortion had been approved by Japanese law, and they had no medical complications." (*idem*, 99, 4, 1967). It is not immediately clear from the article whether "no medical complications" applied to the pregnancies or to the procedures. But the observation serves as a grim reminder that in at least three of our own United States (California, Colorado and North Carolina) it would hardly be le-

gally (or apparently medically) significant now that these jurisdictions have made destruction of the unborn child defensible, at least as long as it contributes to a legally sanctioned convenience of other subjects of the Bill of Rights.

As other states continue to reconsider their abortion legislation, perhaps more professional men—both physicians and lawyers—will begin to realize that, from both a medical ethical and jurisprudential viewpoint, the A. M. A. and the A. B. A. have put themselves in an untenable position. In drawing the abortion legal line through probable fetal abnormality, incest, and rape they have raised a more difficult question than the one which they have tried to answer. One question is: "If the medical ideal remains the unqualified good of the patient (the little patient as well as the big patient) and the jurisprudential ideal continues to protect the Bill of Rights, how can these legally specified abortions be defended?" But an even more difficult question is: "If these legally specified abortions can be defended as somehow not touching upon the right to life, then how can other abortions still remain legally felonious or medically unethical—as is now held by both the medical and the legal professions?"

PROGESTATIONAL COMPOUNDS

While sporadic reports of the various dangers of oral contraceptives continue to pepper the literature, such as those related to liver disease (Ockner and Davidson, *New England J. of Med.*, 276, 331-334, 1967), melasma (Resnik, *J.A.M.A.*, 199, 601-605, 1967), thromboembolic diseases (British Medical Research Council, *Br. Med. J.*, 2, 355-359, 1967), high blood pressure (Laragh, Sealey, Ledingham and Newton, *J.A.M.A.*, 200, 993-996, 1967); a report from the Pacific State Hospital in Pomona, California presents an aspect of progestational usage which merits some moral comment. Taking a cue from prolonged suppression of ovulation and menstruation in the treatment of endometriosis, some physicians at the State Hospital have been using prolonged progestational therapy to ameliorate the unhygienic conditions inherent in the menstruation of severely retarded patients, with careful observation for any deleterious side-effects. (Shropshire, Morris and Foote, *J.A.M.A.*, 200, 414, 1967) The authors conclude that, with the controls indicated, the regimen is a satisfactory and safe hygienic program for use in the care of the severely retarded female patient. Leaving the medical evaluations to the physicians, I would like to point out that, in these concrete circumstances, the resultant sterility is completely acceptable under the principle of the double effect.

ORGANIC TRANSPLANTATION

Dr. Norman Shumway, head of the Stanford Division of Cardiovascular Surgery at Palo Alto, reports on their advances toward cardiac transplants from human cadaver to living: "The surgical technique of transplantation has been thoroughly worked out in the laboratory and technical difficulties are not anticipated in clinical application." (*J.A.M.A.*, 202, 31-32, 1967). Looking toward the ethical considerations involved, Dr. Shumway points out that: "there are subjective attitudes toward the heart which are absent as regards the kidney or liver" and that "these attitudes are of an emotional nature. I would like to add that these attitudes are without moral significance in the problems of transplants. The human heart is a most important organ arising from a special adaptation of part of the circulatory system, but it has, theologically, no more intimate relation to the "soul" than have the viscera or the eyes, for example. This seems almost too evident to merit mention, and yet some confusion in this regard is occasionally seen lurking in the ethical background. Aside from the questions of informed consent of the recipient and the next of kin of the deceased, the only basic ethical considerations in cadaver-to-man transplantation concern the verification of the medical death of the "donor" and also the verification of a proper proportion between the risk to the host and the danger in not doing the transplant. As Dr. Shumway pre-

sents his projected cardiac transplant, it meets all of these conditions.

Regarding the moral aspects of organic transplants *inter vivos* (which is a morally more complicated question), Father John Lynch, S.J. gives an excellent review of the current moral concepts in an earlier issue of the *Journal of the American Medical Association* (*idem*, 200, 187, Apr. 10, 1967).

TERMINAL ILLNESS

Very Reverend Brian Whitlow, Dean of Christ Church Cathedral, Victoria, B. C. and Fred Rosner, M.D., of the Division of Hematology of Maimonides Hospital, Brooklyn, address themselves, in the same article, to some of the problems of prolongation of life in terminal illness, (*J.A.M.A.*, 202, 374-376, 1967) and here again is a contrast.

Reverend Whitlow gives a scholarly, balanced, well documented review of the theological thinking and presents, in one paragraph, a valuable and original insight. Dean Whitlow writes: "I would add that many of the mechanical procedures now in use ought perhaps

to be regarded in their proper nature as temporary. Their normal function is to win time for the restorative measures to take effect. If, after they have been given a fair trial according to the circumstances of the case, it becomes evident that the patient can never be restored to functioning on his own, it may be said that the mechanical procedures have failed in their purpose. All they are doing is keeping the patient in a condition of artificially arrested death, and they should therefore be discontinued."

Dr. Rosner, by contrast, presents an unfortunately shallow, poorly researched, theological non-view. With apologies to Dr. Rosner, one might wish that physicians who write in the field of ethics and morality would always bring the same depth of scholarship and research to this field as they do to the medico-scientific field, and thus make real contributions to our knowledge.

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