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On the Violence of Contraceptive Birth Control

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While in my junior year of medical school, assigned to the District of Columbia General Hospital, an older emaciated black man was discharged from the surgical ward. He had suffered much. He had developed a pancreatic fistula as a complication of gastric surgery. To heal the fistula required many operations and months of intensive, painful treatment. I remember the day he left the hospital. His face expressed a mixture of anticipation, relief, joy and sadness, with perhaps a touch of anxiety. As he left the ward, he mused, loudly enough for us to hear, "Now I know what a doctor is. A doctor is a man with a needle." Metaphorically he seemed to be protesting the violence done to him to effect his cure, although that certainly did not occur to me at the time. With that, he disappeared out of the lives of those who had worked so hard to help him.

I dismissed his comment. His memory faded from my consciousness. I forgot about him in the busy days of further training to become an obstetrician-gynecologist and the even busier days of practice. Surely, to say a doctor is a man with a needle hardly does justice to the medical profession. To say this scarcely compensates for the years of intensive training, the knowledge acquired, the advancing technology or the sacrifices necessary to achieve the goals of medical practice. But then abortion became a legal reality.

The image of that black man leaped back into my consciousness and my conscience. I asked myself the how, the why and the wherefore of the violence of abortion, and I heard that voice from the past say again: "A doctor is a man with a needle." Is the practice of medicine, particularly with the technology we possess, based, I asked, on violence we must do to treat the violence of the disease process? Must we fight fire with fire, so to speak? I'm not sure if anyone has ever voiced the question, but ask it we must, because the answer reflects significantly on what we are about as a profession and how we control our patients' fertility.

Appendicitis requires a certain amount of violence to treat — injections, anesthesia, surgery. The treatment of pneumonia requires that as much violence as possible be done with drugs to those bacteria infecting the lungs, and as rapidly as possible to cure the person of the disease process. You can multiply these examples by any number you wish; the repairing of the violence of a laceration with the violence of suturing, the treatment of the violence of cancer with the violence of chemotherapy, etc. Violence presents itself even in the practice of preventive medicine. The necessity for mass inoculations against infectious diseases is a prominent example.

The practice of medicine is the practice of measured, controlled, necessary, socially acceptable violence to cure, to heal, to make whole. It is measured in that it is deliberately calculated; controlled in that the violence is restrained, reserved and regulated; necessary in that the violence is unavoidable if we are to treat; socially acceptable in that it is approved, even required of us by society for its welfare. Disease is a part of life, a violence which nature inflicts on our bodies. Unfortunately, disease is here to stay. We cannot escape it. That's reality. It is also reality that we must treat the violence caused by the disease process with the violence effected by the treatment. Benign and benevolent violence to be sure, but violence nevertheless. We have no other choice.

Physicians do not consider themselves practitioners of violence. They have accustomed themselves to accept whatever they do as good and *how* they accomplish that good is taken for granted. The actions, in themselves, become second nature. They are never considered beyond the good they do. This is the practice of medicine. Upon reflection, it is interesting to note that the *essence* of the Hippocratic Oath distills into an injunction against doing any more violence in the practice of medicine than what is necessary.

It is true that medicine has nothing to do with the violence which people inflict upon themselves with drugs, alcohol, tobacco, over-indulgence in food or the many other ways which people individually abuse their bodies and their health. In fact, organized medicine encourages people to avoid these hazards to their health through sound educational programs and by whatever other means it has at its disposal. It spends huge amounts of money in public relations and media campaigns to promote healthy habits of living. But these expressed concerns by organized medicine do not contradict the concept that the practice of medicine, in and of its nature, necessarily mandates violence; that this is a given, taken for granted.

But there is a strange, and unique and peculiar kind of violence we do in the practice of medicine. And that is the violence we do to fertility in the name of family planning. It is not difficult to see the violence of abortion. Everyone decries this as tragic, even the most strident pro-abortionist who views it as a necessary evil. It is more difficult to see the violence of voluntary sterilization which is the most prevalent means of birth control in the United States today. Virtually *no one* sees violence in the practice of artificial birth control. Admittedly, this is difficult to see.

While we are required to treat disease with violence to change, to alter,

to manipulate, to suppress, to destroy the disease process, *fertility is not a disease*. On the contrary, fertility is one of our many healthy, normal bodily functions. Since our fertility is the *only* bodily function containing the potential to transcend our very existence, it is worthy of being held in *profound* respect. Certainly, it should not be treated as if it were a disease or with the disrespect, even contempt, shown it in the practice of contraceptive birth control.

How, then, did the medical profession become the purveyor of the means with which to show fertility this kind of disrespect? If you can accept what I have suggested to this point, then the answer follows. We are trained to treat disease. We devote our lives to that pursuit. Several decades ago, when demographers perceived (correctly or incorrectly) that increasing world population growth would be a threat to our very survival, they simultaneously perceived an urgent necessity to control that growth. Instilling fear (intentionally or unintentionally), they referred to projected growth statistics as the "Population Explosion" or the "Population Bomb". The medical profession was drawn into the controversy because yet another perception (valid or invalid) was that the scientific, technological approach was the most rational means to control human fertility and thus solve the problem.

So medicine turned to the task at hand, proceeding to solve this problem as medicine solves most other problems confronting it — by treating "it" as a disease — by doing "it" violence. But in this case "it" is human fertility, which has never been considered, until perhaps recently by some, to be a disease. Thus "medical", technological methods of family planning were developed. Everyone agrees (although it is seldom mentioned because it is thought irrelevant) that "medical" and "artificial" methods of family planning are synonymous, i.e., to say one is to say the other. Artificial methods of family planning are destructive because they all, without exception, treat the beauty, the power and the potential of human fertility as if it were a disease. From a human, holistic point of view, to treat a normal physiologic function as if it were a disease is simply outrageous! Physicians do not treat normal cardiovascular, pulmonary, digestive or neurologic functioning as if they are diseased. Yet many physicians treat normal reproductive function precisely in this manner and seemingly without giving it a second thought.

Other motivating factors entered into the medical profession's decision to develop and provide artificial birth control services. Probably first among these were the demands of society itself. Once the demand was perceived, the quest for more effective and sophisticated methods followed. And once the profession agreed to provide these services, it became obvious both to physicians and the pharmaceutical industry that there were huge amounts of money to be made. Today the family planning industry providing all these services, both medical and surgical, is a seven *billion* dollar a year enterprise! It is not difficult, therefore, to understand why the providers are unwilling to surrender these practices. The excessive

reliance on technology — that which the physician specifically uses to change, to alter, to manipulate, to suppress or to destroy — became yet another factor. This reliance on technology led directly to more sophisticated contraceptive devices and surgical procedures which, in turn, demanded ever increasing efficiency and effectiveness, constantly escalating the violence done fertility. Of course, advances in technology were constantly made at the expense of any attempt to develop a safe, secure and non-violent approach to family planning. Lastly, we in the medical profession feel an intense need to be “in control”. We have always needed to be in control of disease processes to the fullest extent possible, because of what disease is. If we do not control it, disease destroys. Thus, we speak of having the disease “under control”. And, in family planning, we speak of technologic “control” of fertility and patient “compliance” with the chosen methodology. But is fertility, as a normal physiologic function and as a symbol of human dignity, something which the individual should be in control of, or something the physician should treat as a disease?

The malpractice crisis severely limits our freedom to provide services which, heretofore, we considered appropriate to the practice of medicine. Medical technology impacts on this crisis in a way unsuspected by many physicians. Technology specifically enables us to deliver ever increasing levels of violence in the name of medical care. This violence, in turn, significantly increases the risk to which we are exposed because the assumption of risk lies at the root of the malpractice crisis. In addition to negligence, malpractice is the condition in which the violence we do to cure, mainly through technology, is considered no longer socially acceptable by the victim of the alleged malpractice action. It is important to ask whether this or that particular act of violence we are about to perform with our technology is indeed controlled, measured, necessary and/or socially acceptable. It is imperative that we, as a profession, reach a consensus as to whether we have the *right* to treat normal physiologic functions, including our fertility, as if they are diseased. The crux of the problem is that we have not clearly distinguished between the concept of the violence we *must* do and our *duty* to respect normal physiologic functioning.

“But this is different,” you will say. “We simply *must* control our fertility before we overpopulate ourselves into oblivion! Our very survival depends on it.” It is beyond the scope of this discussion to attempt to argue the merits and demerits of the overpopulation controversy. Assuming that the heralds of overpopulation are absolutely correct in their analysis *save* the means toward its solution, what is the rational approach to population control? Is it to continue to treat our fertility as a disease? Is it to continue to treat it with the violence to which we have become accustomed in suppressing, changing, altering, manipulating and destroying? No! It is not rational to treat as a disease that which is not diseased. Control, yes! Violent suppression, no!

There is another, perhaps even more disquieting and peculiar kind of violence which occurs in the practice of contraceptive birth control, which is so subtle that many fail to notice it. The practice of artificial birth control, for whatever good and sufficient reason requires no particular respect for the power of human fertility. Thus the practice subtly, even insidiously, can seduce people into lust. This may seem like a strange thing to say, and surely, it is a concept which most can hardly accept simply because no one wants to consider him/her-self a lustful person, much less a violent one. But to lust after another is a violent thing to do. It reduces the one lusted after to the status of being an *object* of genital gratification instead of another *person* to be loved and revered. One can not help but be impressed by the distinction between love and lust and how the practice of artificial birth control promotes the latter. The conjugal act is an act of love *to the extent* that the individuals, the couple, participating in the act, are ready and willing to accept and receive the possibility of a new life born of their total gift of self to one another. It is an act of lust *to the extent* that they are *unwilling* to accept and receive the possible new life emanating from that act. Every act of genital intercourse contains the seeds of the possible generation of children — there is no escaping that biologic fact of life. It is precisely here that we see evil in the practice of artificial contraceptive birth control, for in every instance, *the unequivocal intention is to absolutely avoid pregnancy*, the unspoken unwillingness referred to above. The practice simply denies the dignity and dual purpose of human sexual union which involves the *whole* person, i.e., procreation and union in total self-giving, as opposed to acts of mere genitality. Finally, in the practice of contraceptive birth control, in every case, the user's intention is to absolutely abrogate to himself the *sovereignty over the creation of life. As if man were the Creator!*

Perceptions influence attitudes and vice-versa. If the basic perception is that one must do whatever is necessary to control one's fertility, then the basic attitude is fear of fecundity justifying whatever measures are necessary to bring that fertility under control. But if the basic attitude is one of fear, it is ignorance and misunderstanding of the fertility process which spawns that fear. Understanding leads to knowledge; knowledge leads to respect, and respect leads to the exercise of responsible behavior. Specifically, it is an understanding of our fertility and the fertility process which leads to a knowledge of and respect for such power, such potential.

The *key* to the understanding of human fertility is the understanding of the behavior of cervical mucus. This understanding forms the scientific basis upon which all modern methods of natural family planning rest. The mucus symptom is the most thoroughly studied normal physiologic phenomenon ever to be put to the scrutiny of scientific investigation. The investigations have demonstrated beyond doubt that the mucus symptom accurately defines the limits of the fertile phase of a woman's reproductive cycle. One very real problem, however, which proponents of natural family planning constantly confront, is the prevalent belief that modern

natural family planning is the same as "Rhythm." People generally do not understand that these modern methods are based scientifically on what a woman's body is specifically telling her about her fertility and not on some dogmatic mathematical succession of numbers. This distinction is crucial. Calendar Rhythm was based on two assumptions, one of which was and remains true, the other of which was and remains false. The true assumption is that once a woman ovulates in any reproductive cycle, her *next* menstrual period will begin in about two weeks. The false assumption, that which reduced the entire method to a scientifically untenable theory at best, was that women generally enjoyed regularity in their menstrual function, whereas in fact, the opposite obtains.

Modern methods of natural family planning, the Ovulation Method and the Sympto-Thermic Method, obviate this difficulty. They focus on the *symptomatology* of women's fertility rather than on mathematical formulae to determine the limits of the fertile phase of the cycle. If the intention is to achieve pregnancy, the couple uses fertile days in the cycle. If the intention is to avoid pregnancy, the couple observes abstinence during the fertile phase. Therefore, these methods demonstrate a deserved respect for the couple's combined fertility and do so non-violently. The two basic questions are: Is human fertility a good?, and if it is a good, do we have the *right* to treat it as if it were a disease? Or can we continue to treat our collective fertility, in the name of genital gratification (or even survival, for that matter) with the contempt and disdain which we, as a society, have shown it in the practice of contraception, sterilization and abortion?

Human sexuality is everything about a person which makes that person a male or a female. It is all the traits, values, feelings and characteristics which make up our individual and unique maleness or femaleness. As such, sexuality is a mystery, a manifestation of our personalities which we will never completely understand because the brain, the mind, is the primary organ of its expression. Our fertility is one of the physical manifestations of our sexuality, a manifestation so important that it is worthy of being held in *profound* respect, regardless of every other consideration.

Finally, is being at peace and harmony with our fertility a part of being at peace and harmony with our sexuality? Is being at peace and harmony with our sexuality a part of being at peace and harmony with ourselves? Must we be at peace and harmony with ourselves before we can be at peace and harmony with our neighbor? How can we be at peace and harmony with ourselves while we are waging war on our fertility? Does the treatment of our fertility as a disease serve as one of the mustard seeds of the acceptance of violence, gradually desensitizing society into accepting greater and greater degrees of violence until someone, indeed, executes the ultimate and unimaginable violence? These are questions which medicine needs to ponder in asking precisely what we are about as a profession, and (more specifically) how we "control" human fertility.