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Strict vs. Broad Interpretation of Contraceptive Sterilization

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The fictionalizing of distinctions that distort the clear meaning of Catholic teaching is not only less than scholarly, it is a disservice to the people of God and the teaching authority of the Church. In an otherwise valuable, if somewhat tedious, article in *The Linacre Quarterly* (August 1986) on the value of broad-based clinical experience in dealing with medical ethics, Father William F. Carr, S.J., introduces just such a distinction which could be confusing to some of his readers.

Commenting on the application of the "Ethical and Religious Directives for Catholic Health Facilities in the United States" (approved by the National Conference of Catholic Bishops, 1971), Father Carr writes in regard to contraceptive sterilization that he was told that "the policy of the hospital required that any proposed elective sterilization be reviewed and approved by a committee." The hospital in this case was that of Georgetown University, Washington, D.C.

Father Carr then introduces the fictional distinction between a "strict interpretation" and a clearly implied "broad interpretation" of the directive on sterilization. He remarks on how he observed that "the staff had to balance great care for the integrity of their patients and respect for the directives they were asked to follow." Carr adds, "This balance would be all the more difficult to keep if the committee adopted a strict interpretation of the directives since such an interpretation does not permit sterilization aimed at preventing future pregnancies, even if it would be extremely dangerous."

Let us review the text of the directives on direct (No. 18) and indirect sterilization (No. 20).

18. Sterilization, whether permanent or temporary, for men or for women, may not be used as a means of contraception.

20. Procedures that induce sterility, whether permanent or temporary, are permitted when: (a) they are immediately directed to the cure, diminution, or prevention of a serious pathological condition and are not directly contraceptive (that is, contraception is not the purpose); and (b) a simpler treatment is not

reasonably available. Hence, for example, oophorectomy or irradiation of the ovaries may be allowed in treating carcinoma of the breast and metastasis therefrom; and orchidectomy is permitted in the treatment of carcinoma of the prostate.

Father Carr makes clear that he knows the difference between "direct" and "indirect" sterilization as understood in Catholic teaching. He writes, in regard to procedures such as those listed above (No. 20):

They, as indirect sterilization, are contraceptive in effect, but not in intention. Direct sterilizations, on the other hand, even though they are frequently therapeutic, in the medical sense, are seen as contraceptive in effect and in intent, and for this reason are said to be unjustified and so forbidden. Contraception and not therapy, such as the removal of a diseased organ, is the purpose of such sterilizations, and a future pregnancy, even with the likelihood of grave consequences, is not the same as an existing pathological state of the reproductive organs as a justification for this kind of surgery.

Here Father Carr draws the following conclusion, on which we will offer some comments:

Like so many other matters, though, a strict interpretation of the directives is questioned by Catholic moralists, and as I listened in on more and more patient reviews, I had greater difficulty with the kind of distinctions which generate hard and fast precepts governing physicians in Catholic health care facilities. I disagree with those who say that every sterilization done to prevent future and dangerous pregnancies is wrong "in itself," no matter what the consequences. I saw too much grey between the extremes of direct and indirect sterilizations.

Comment: It should first be pointed out that the directives on direct and indirect sterilization are drawn from the clear teaching of the Encyclical *Humanae Vitae* of Pope Paul VI (July 25, 1968, nos. 14-15).

Second, Father Carr's disagreement with those who say that every sterilization done to prevent future and dangerous pregnancies is wrong "in itself" likewise puts him in disagreement with the Vatican Congregation for the Doctrine of the Faith. The Congregation has clearly stated, "For the official approbation of direct sterilization and *a fortiori*, its management and execution in accord with hospital regulations, is a matter which, in the objective order, is of its very nature intrinsically evil" (Responses to Questions of the Episcopal Conference of North America, Prot. 2027/69, March 13, 1975).

Finally, it seems to be less than accurate to call dissent from the clear teaching on contraceptive sterilization merely a broad interpretation of that teaching or to call following the teaching as it is clearly set forth a matter of "strict interpretation."

While it is true that the concept of strict or broad interpretation is consistent with disciplinary decrees of canonical legislation (canon 18), these canonical concepts are not applicable to clear moral teachings, in the sense that a broad interpretation of such evils as abortion, social injustice, adultery, contraceptive sterilization, saturation bombing, or theft would permit a bit of each if the circumstances so indicated.