

August 1956

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### Recommended Citation

Kelly, Gerald (1956) "The Principle of Totality .... Part-for-the-whole," *The Linacre Quarterly*: Vol. 23 : No. 3 , Article 2.  
Available at: <http://epublications.marquette.edu/lnq/vol23/iss3/2>

# The Principle of Totality . . . .

## Part-for-the-whole

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THE principle to be applied in judging the morality of most mutilating procedures is the principle of the part-for-the-whole. St. Thomas Aquinas enunciated this many centuries ago when he wrote:

Since any member is a part of the whole human body, it exists for the sake of the whole as the imperfect for the sake of the perfect. Hence, a member of the human body is to be disposed of according as it may profit the whole. *Per se*, the member of the human body is useful for the welfare of the whole body . . . . If, however, a member, by reason of its diseased condition, should endanger the well-being of the whole body, it is permissible, with the consent of him whose member it is, to remove this diseased member for the well-being of the whole body.

St. Thomas spoke only of a "diseased" member. This should be understood as merely one example, and not as a necessary limitation, of the principle of the part-for-the-whole. Through the centuries eminent moralists have discussed three typical cases in which the principle might be applicable. The first of these concerns the diseased organ, as in the example given by St. Thomas. The second is illustrated by the case of the man whose foot is caught in a railroad track and who can save his life only by amputating the foot. The third

concerns the perfectly healthy man who is ordered by a tyrant "Cut off your hand or I'll cut off your head!" In all cases the sacrifice of the part would be permitted as a necessary means of preserving life.

The third case may sound fantastic (although, as a matter of fact, examples in which it is equivalently verified are not rare even in our modern and "advanced" civilization), but both it and the second case illustrate the point that a destructive procedure can be justified even though an organ is not diseased in the technical sense. The main point is not so much the diseased or nondiseased condition of an organ, but rather that its presence or its functioning would be a real source of harm to the whole body. (This last point needs some slight qualification—but I shall indicate that later.)

In all the typical cases the organ is sacrificed in order to ward off the danger of death. This extreme is not necessary. The bodily members and functions exist not merely for survival but also for maintaining a reasonable state of well-being. The sacrifice of a part is permitted, therefore, when

this is necessary for alleviating great pain or removing an incapacitating condition. But the benefit to be reaped in terms of total well-being should be proportionate to the destruction involved. Good morality demands this, and good medicine concurs.

### TEACHING OF PIUS XII

On October 8, 1953, Pope Pius XII addressed the Twenty-sixth Congress of the Italian Society of Urologists. These doctors were especially concerned about the morality of castration in the treatment of cancer of the prostate because this operation entails the destruction of sex glands that are themselves healthy. Relative to this problem, the Pope said:

Three conditions govern the moral licitness of surgical intervention which entails anatomical or functional mutilation. First, the continued presence or functioning of a particular organ causes serious damage to the whole organism or constitutes a threat to it. Secondly, the harm cannot be avoided or notably reduced except by the mutilation which, on its part, gives promise of being effective. Finally, one can reasonably expect that the negative effect—i.e., the mutilation and its consequences—will be offset by the positive effect: removal of danger to the entire organism, palliation of pain, etc.

The decisive point here is not that the organ which is removed or rendered inoperative be itself diseased, but that its preservation or its functioning entails directly or indirectly a serious threat to the whole body. It is quite possible that, by its normal function, a healthy organ may exercise on a diseased one so harmful an effect as to aggravate the disease and its repercussions on the whole body. It can also happen that the removal of a healthy organ and the suppression of its normal function may remove from a disease, cancer for example, its area for development or, in any case, essentially alter its conditions of existence. If no

other remedy is available, surgical intervention is permissible in both cases.

The conclusion that We have drawn is deduced from the right of disposition that man has received from the Creator in regard to his own body, in accordance with the principle of totality, which is valid here also, and in virtue of which each particular organ is subordinated to the whole body and must yield to it in case of conflict. Consequently, he who has received the use of the entire organism has the right to sacrifice a particular organ if its preservation or its functioning causes to the whole a notable harm that cannot be avoided in some other way.

It should be noted that, when speaking of the sacrifice of a part for the good of the whole, the Pope used the expression "the principle of totality." He has used this expression often to designate what I have termed the principle of the part-for-the-whole. As far as I have been able to trace it, his first public use of the expression was in his important address on the moral limits of medical research and experimentation given to delegates to the First International Congress on the Histopathology of the Nervous System, September 13, 1952. (For an English translation of this address, see *LINACRE QUARTERLY*, Nov., 1952, pp. 98-107.)

In this discourse to the histopathologists, the Pope discussed the three reasons frequently alleged as justifications for experimentation on human beings. The first of these, the advancement of science, he admitted to be valid within properly defined limits. Speaking of the second alleged reason, the good of the patient himself, the Pope brought out three points: first, that the patient's consent is always required,

even when an experimental or research procedure is for his own good; secondly, since he is not the owner of his body, but only the administrator, the patient's right to dispose of his members and functions is limited; and thirdly, as a good administrator, the patient may dispose of members and functions insofar as this is required for the good of the whole. The exact words of the Pope on these last two points are worth recalling:

... Because he is a user and not a proprietor, he does not have unlimited power to destroy or mutilate his body and its functions. Nevertheless, by virtue of the principle of totality, by virtue of his right to use the services of his organism as a whole, the patient can allow individual parts to be destroyed or mutilated when and to the extent necessary for the good of his being as a whole. He may do so to ensure his being's existence and to avoid or, naturally, to repair serious and lasting damage which cannot otherwise be avoided or repaired.

Again and again Pope Pius XII has referred to the principle of the part-for-the-whole; and again and again, especially since the address to the histopathologists, he has designated it as the principle of totality. Since this principle is of the greatest importance in medicine, it seems advisable to study it carefully and to note the cases in which it is or is not applicable. I shall begin with the negative: that is, with an outline of the cases in which the principle is either not applicable at all or has only a sort of qualified application.

#### NON-APPLICATION OF PRINCIPLE

I have already indicated two of the alleged reasons for justifying

experimentation on human beings that were discussed in the address to the histopathologists: the good of science, and the good of the patient. The third alleged reason is the good of society, the common good. Those who advance this reason for experimentation really mean that the human person is subordinated to society in the same way that a member of the human body is subordinated to the whole. This is totalitarianism, pure and simple. We have seen its devastating effects during the Nazi regime and in Communist countries. The Holy See has consistently condemned it. Pope Pius XII devoted approximately one half of his lengthy discourse to the histopathologists to the discussion of this reason, developing a theme that he had already stated more briefly in the encyclical on the Mystical Body (June 29, 1943) and in his discourse to the Roman Guild of St. Luke (Nov. 12, 1944). A quotation from the encyclical will suffice for our purpose:

In a natural body the principle of unity unites the parts in such a manner that each lacks its own individual subsistence; on the contrary, in the Mystical Body the mutual union, though intrinsic, links the members by a bond which leaves to each the complete enjoyment of his own personality. Moreover, if we examine the relations existing between the several members and the whole body, in every physical, living body, all the different members are ultimately destined to the good of the whole alone; while if we look to its ultimate usefulness, every moral association of men is in the end directed to the advancement of all in general and of each single member in particular; for they are persons.

These few words contain the kernel of a truth that Pope Pius

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XII has missed no opportunity to teach, sometimes at great length—a truth that has been constantly taught by great philosophers and theologians. To put it briefly in terms of our present subject, it means that the principle of totality is a principle of subordination of part to whole. This subordination does exist in the physical body: e.g., the hands, the eyes, the gall-bladder, etc., exist for the good of the whole. But the subordination does not exist in any society, civil or religious; hence the moral justification of sacrifices made for the good of these societies or for individuals who belong to the societies cannot be found in the principle of totality. It must be found in some other principle, such as the law of fraternal charity. In terms of some concrete medical problems, this means:

a) To some extent, a person may allow himself to be the subject of harmful medical experimentation and research for the good of society or of others or for the advancement of medical science. But the philosophical justification for this is not the principle of totality. It must be a principle which acknowledges the dignity and independence of the human subject. The best reason, as I have just indicated, seems to be the law of charity, which is based, not on the subordination of one individual to another or to society, but on the common bond of human nature (and, in the supernatural order, on the bond created by sanctifying grace), a bond which makes one's neighbor

"another self." (The limits to which harmful experimentation or research for the good of others may be permitted are explained in "Experimentation," *Medico-Moral Problems*, V, 45-46.)

b) It is beyond controversy that such minor mutilations as blood transfusions and skin grafts are permitted, and even laudable, for the good of the neighbor. Here again, however, the justifying reason cannot be the subordination of one person to another, but rather the law of charity, as explained above.

c) Whether a major mutilation such as would be involved, e.g., in a renal transplant, is morally justifiable for the good of one's neighbor is still a matter of controversy. Of course, the spontaneous judgment of the ordinary person is that this is an act of heroism. But these spontaneous judgments are not always accurate; no doubt, such judgments might be formed regarding some things we know are wrong, e.g., mercy killing in some extreme circumstances. Theologians do not neglect such judgments, but they examine them closely before concurring with or rejecting them. In the present matter, many eminent theologians hold that major mutilations for the good of the neighbor are not permitted because this exceeds the power of administration that one has over his body. An approximately equal number of distinguished moralists think that such mutilations are justifiable. For more detailed information on this controversy, see "Or-

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ganic Transplantation," in *Medico-Moral Problems*, III, 22-25; also *Theological Studies*, Dec., 1954, pp. 602-605; Sept., 1955, pp. 391-396, and Dec., 1955, p. 572. In this matter, too, it should be observed that even if organic transplantation can be justified, the reason cannot be the principle of totality.

#### QUALIFIED APPLICATION

The preceding paragraphs outline cases in which the principle of totality simply does not apply because the requisite subordination of part to whole is not had. Now I should like to indicate two types of cases in which it might be said to apply, but with a certain qualification.

a) *Procedures that induce sterility.* From a moral point of view it is always important to distinguish between direct and indirect sterilization. Sterilization is *direct* when sterility is purposely induced (e.g., when healthy tubes are ligated or resected to prevent a pregnancy that would be dangerous because of heart disease). Since direct sterilization is never permitted (cf. "Catholic Teaching on Contraception and Sterilization," *Medico-Moral Problems*, V, 23-26), it is clear that the principle of totality has no application here. The precise reason for this seems to be that the reproductive power as such is not directly subordinated to the individual; hence, the essential condition for the application of the principle of totality is lacking.

Sterilization is *indirect* when the

resultant sterility is merely an unintentional by-product of a genuine therapeutic procedure (e.g., removal of a cancerous uterus, castration for cancer of the prostate, etc.). That the principle of totality has some application to indirect sterilizations is clear from the fact that Pope Pius XII used the principle in solving the problem of castration for carcinoma of the prostate. Nevertheless, if one keeps in mind his entire teaching, as well as the common teaching of theologians, one will note that this problem is completely solved only by using two principles: the principle of totality, which justifies the suppression of the endocrine function; and the principle of the double effect, which justifies the further effect of the loss of reproductive power.

b) *Treatment of a pregnant mother involving danger or actual harm to her unborn child.* It is evident that one may not simply apply the principle of totality when treatment of a mother entails danger for her child, because the child cannot be included under the subordination of part to whole requisite for the use of this principle. In other words, one may not make the absolute rule that any treatment, surgical or otherwise, which would be licit as regards a non-pregnant woman is also licit during pregnancy. When danger to the unborn child is involved, the principle of the double effect must be invoked; and in particular two questions must be considered: (a) whether the treatment helps the mother without *directly* harming

the fetus; and (b) whether there is a *proportionate* reason for using the treatment before the child can be safely delivered.

#### ORDINARY APPLICATIONS OF PRINCIPLE

From what I have written thus far, one might well wonder whether the principle of totality is ever applicable without qualification. The answer is that the principle has a very broad application. Whether they realize it or not, doctors are constantly using this principle when they use any form of treatment which, according to sound medical standards, is for the good of the patient and which does not produce further effects such as those I have indicated, e.g., sterilization or harm to an unborn child. Thus, it is in the proper application of this principle that we have the moral justification for surgical operations such as appendectomy, cholecystectomy, thyroidectomy, lobotomy, etc.; the destruction of organs and functions by irradiation; medical treatments with possibly untoward by-products, e.g., use of the antibiotics; etc. The essential point in all these things is that, in terms of the total welfare of the patient, there is a just proportion between the harm, inconvenience, and risk, on the one hand, and, on the other hand, the good to be accomplished for the patient. That, as I have said previously, is good medicine; and it is also good morality.

What about experimentation for the good of the patient? Before saying anything about this topic, it may be well to indicate clearly

what we mean by experimentation. Even medical treatments of proved worth are sometimes accompanied by risk because of the unpredictable reactions of the patient. Avoidance of such risks for the patient is one purpose of the careful diagnosis required by medical societies; and avoidance of similar risks for others is one purpose of the autopsy. Yet, even the utmost care cannot completely eliminate such risks; and it is not to this kind of risk that the expression, "medical experimentation," refers. Rather, experimentation usually means either the use of procedures that are not sufficiently established or the use of various procedures to discover some truth or to verify some hypothesis.

May experimentation, as just described, be used for the good of the patient? The answer lies in the proper application of the principle of totality. One must, therefore, make a prudent estimate of the patient's condition, of the probable good and probable harm that will result from the experimental treatment, of the availability of other treatments that might produce the same good without so much harm or risk, etc. In a word (besides the enlightened consent of the patient or his representatives), there must be a proportionate reason for using the experimental treatment.

#### SUMMARY

We have seen that there are cases in which the principle of totality has no application; and still other cases in which it is the basic

moral justification for therapeutic procedures. A brief summary of all these points may be helpful:

1. The principle of totality is essentially a principle of subordination of part to whole. This subordination exists in a physical body but not in a society; hence, the principle cannot be used to justify mutilations or risks for the good of society or of other persons.

2. In the case of a pregnant mother, both mother and child are distinct persons. Neither is subordinated to the other; hence the principle of totality cannot be used to justify the destruction of either life to save the other. The direct destruction of innocent life is never justifiable.

3. The generative power, as such, is not subordinated to the individual; hence, the principle of totality cannot be used to justify direct sterilization or any similar procedure.

4. Operations on, or treatments

of, a pregnant mother which involve *indirect* harm to, or destruction of, her unborn child or *indirect* loss of the child's life (e.g., removal of cancerous pregnant uterus, removal of disintegrating pregnant tube) require the application of the principle of the double effect. The principle of totality is not in itself sufficient for the solution of such problems.

5. *Indirect* sterilization (e.g., castration in the treatment of cancer, removal of diseased uterus or ovaries, etc.) requires the application of the principle of totality to justify the mutilation and the application of the principle of the double effect to justify the further effect of loss of fertility.

6. With the exception of the foregoing cases, the moral justification for all treatments used in the care of the sick is found in the principle of totality. This means, practically speaking, that in terms of the total welfare of the patient there is a *proportionate* reason for the use of the treatment.



#### BILLINGS GOLD MEDAL AWARD TO PRESIDENT OF EVANSVILLE CATHOLIC PHYSICIANS' GUILD

Dr. W. D. Snively, Jr., president of the Evansville, Indiana, Catholic Physicians' Guild, and associates at St. Mary's Hospital, received the Billings gold medal award for their scientific exhibit at the A.M.A. convention in Chicago during June. The annual Award is made for the best correlation of facts and for excellence of presentation. The exhibit concerned body fluids. *Fluid Balance Handbook for Practitioners*, published by Charles C. Thomas, Springfield, Ill., co-authored by Dr. Snively and Dr. Michael J. Sweeney, is just off the press.