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Ectopic Pregnancy: A Theological Review

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Ectopic Pregnancy: A Theological Review

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FOR one who by avocation is more or less habitually itinerant on the medico-moral circuit, it does not take long to discover that among the more difficult topics to refine in one's own theological thinking — and, a fortiori, to communicate intelligently and intelligibly to others — is our moral doctrine regarding surgical intervention in the event of ectopic pregnancy. Both medically and morally the problem is extremely exasperating, as obstetricians and theologians will ruefully confess. Consequently, the comments which follow are not presumptuously designed to belay the odious spectre beyond all probability of its haunting us again in the future. Rather they are intended only to refocus attention upon certain immutable principles which must be respected if the medical complications of ectopics are to be solved in accordance with sound morality. Perhaps re-emphasis in that direction may at least serve to admit an additional watt or two of the medico-theological light which began to illumine this question some thirty years ago when Father Bouscaren published his invaluable dissertation on the subject.[1]

THE MORAL PRINCIPLES

Since the fact of human pregnancy, whether normal or abnormal in its inception and subsequent development, of necessity encompasses not one human life but two, it is most important to stress at the very beginning and to keep constantly in mind a couple of basic principles which admit of no conceivable exception. They are enunciated in sections 12 and 14 of our Directives:[2]

> The direct killing of any innocent person . . . is always morally wrong. Any procedure whose sole immediate effect is the death of a human being is a direct killing.
>
> Every unborn child must be regarded as a human person, with all the rights of a human person, from the moment of conception.

Accordingly it follows that no complication of pregnancy, how-

[1] T. L. Bouscaren, S.J., *Ethics of Ectopic Operations* (Chicago: Loyola University Press, 1933; revised second edition, Milwaukee: Bruce, 1944). For more recent discussions of the problem, cf. H. Davis, S.J., *Moral and Pastoral Theology* 2 (New York: Sheed & Ward, 1958) 171-82; E. F. Healy, S.J., *Medical Ethics* (Chicago: Loyola University Press, 1956) 220-31; G. Kelly, S.J., *Medico-Moral Problems* (St. Louis: Catholic Hospital Association, 1958) 105-14; J. P. Kenny, O.P., *Principles of Medical Ethics* (Westminster, Md.: Newman, 1954) 154-61; C. J. McFadden, O.S.A., *Medical Ethics* (Philadelphia: Davis, 1956) 212-22; T. J. O'Donnell, S.J., *Morals in Medicine* (Westminster, Md.: 1959) 199-206; J. Paquin, S.J., *Morale et médecine* (Montreal: L'Immaculée-Conception, 1960) 224-27.

[2] *Ethical and Religious Directives for Catholic Hospitals* (St. Louis: Catholic Hospital Association, 1959).

ever perilous to maternal life, may licitly be resolved by any procedure which entails direct assault upon a living fetus. And this natural-law prohibition would obtain even though it could be altogether certain that a given fetus was doomed to natural death before ever reaching viability. Fetal life is ever and always innocent life, morally immune from direct attack on the part of any human agent. Or as Directive 15 expresses it,

> Direct abortion is never permitted, even when the ultimate purpose is to save the life of the mother. No condition of pregnancy constitutes an exception to this prohibition. Every procedure whose sole immediate effect is the termination of pregnancy before viability is a direct abortion.

Maternal life, however, is equally as sacred and no less privileged, and is never to be wantonly sacrificed. When threatened by disease or organic dysfunction, an expectant mother, no less than her unborn child, has a right to be protected by every reasonable and legitimate means at her doctor's disposal. While it cannot be granted theologically that the mere fact of pregnancy alone constitutes a pathological condition, it should be and is conceded that serious pathology concomitant with pregnancy, or even induced by pregnancy, not uncommonly occurs as an entity physically distinct and separable from the fetus itself. And sometimes unfortunately it happens that proper and necessary therapy for grave maternal pathology poses a correlative threat to fetal life. In such a situation section 13 of the Directives may be applicable:

> Risk to life and even the indi… t taking of life are morally justifiable f… propor-tionate reasons. Life is taken … directly when death is the unavoidal… accom-paniment or result of a proced… e which is immediately directed to the … tainment of some other purpose, e.g., … the removal of a diseased organ.

Or as Directive 16 states … more specific terms of obstetrica… ompli-cations,

> Operations, treatments, and … lications during pregnancy which have … or their immediate purpose the cure of … propor-tionately serious pathological c… dition of the mother are permitted when … ey can-not be safely postponed until t… fetus is viable, even though they indire… y cause an abortion.

It is on the basis of thes… several moral principles that th… logians must proceed when co… fronted with the question of ecto… pregnancy. Mindful of the … ct that all human fetal life is inno… ent human life, there remains … theological choice but to cond… nn any and all procedures which involve direct feticide. And in … der to find justification for other procedures which only indirectly though inevitably, result in feta… death, the moralist must satisfy himself (1) that the treatment … ques-tion is aimed at the cure or control of some pathological c… ndition distinguishable from the pregnancy itself, and (2) that sufficiently serious reason can be adduced for permitting the death of the fetus. Thus the question at the moment is: Can these facts be verified in at least some cases of ectopic pregnancy?

THE MEDICAL PICTURE

It would be superfluous — and, for a theologian, presumptuous as well — to attempt to instruct doctors as to the physiological details of tubal pregnancy. But since the accuracy of any moral solution depends initially upon a correct understanding of the case to be solved, reference has to be made to those obstetrical factors which have an essential bearing upon the theological aspects of the question.

For any one or more of several possible reasons, an impregnated ovum, en route to its normal site of nidation in the uterus, may find itself obstructed and imprisoned within the fallopian tube. Because this organ, unlike the uterus, is not designed to be a competent incubator for the embryo, there soon begins at the point of implantation a process of intratubal destruction. In its inexorable demand for vital nourishment, the embryo, persistently "boring from within," invades the tubal musculature and blood vessels, thereby initiating an unrelenting process of interior erosion and disintegration. Internal hemorrhage is the inevitable proximate consequence if tubal gestation is allowed to continue.[3] Meanwhile the enlarging pregnancy is straining the limited capacity of the now weakened tube and threatening to burst from its confinement in ultimate tubal rupture and more severe hemorrhage which may easily be fatal to the mother.

Theologically the most significant point of medical fact to be stressed at this juncture is the erosive influence which this type of pregnancy exerts upon the fallopian tube. Not long after tubal implantation has occurred, the maternal organ becomes, in a genuine sense of the word, pathological. Its muscle wall and blood vessels are in process of disintegration which will culminate in rupture and serious hemorrhage unless this normal sequence of events is interrupted. It is true that the initial cause of this organic deterioration was the advent of the impregnated ovum. But once the invasive action of that embryo has made its pernicious mark upon the tube to any notable degree, that organ has been damaged to a point where of itself it poses an ever increasing threat to the mother. In its now crippled condition, the eroding tube represents a pathology altogether distinct from the pregnancy which it is struggling to sustain.

On the strength of this conclusion, it becomes apparent that surgical intervention in the event of tubal pregnancy need not of necessity have as its direct object the ectopic pregnancy itself. There exists another "target" towards which corrective measures may be aimed, viz., the pathological tube. Hence one can justifiably begin to think in terms of a surgical procedure whose directly intended effect would be the removal of a diseased organ, and whose inevitable by-product or indirect effect would be the immediate death of a fetus. Reductively, then, the case of tubal pregnancy is quite similar to that of the cancerous pregnant uterus, where hysterectomy would

[3] More often than not, the embryo will rupture internally into the lumen of the tube and be aborted, with concomitant hemorrhage, through the distal extremity of the tube into the peritoneal cavity.

be directed not to the death of the inviable fetus but to the removal of malignancy. In other words, we are safely within the ambit of Directives 13 and 16 which acknowledge the licitness in some circumstances of certain procedures which involve serious risk to, or even destruction of, fetal life.

THE PRINCIPLES APPLIED

How would these Directives apply to measures commonly used when tubal pregnancy is detected? For the sake of clarity it may be helpful to distinguish between those procedures upon which there is total agreement among theologians and those about which some dispute still exists.

1. Moralists unanimously concede, first of all, that after tubal rupture has occurred, the doctor not only may but should clamp off the maternal arteries from which the hemorrhaging proceeds and excise the damaged tube. It is eminently clear that in these circumstances fetal death either has already occurred or else will be the indirect result of measures which are necessary if the mother's life is to be saved. Indisputably the hemorrhage is a pathological entity physically distinct and separable from the embryo, whether dead or alive, and as such may be treated as medically indicated.

2. There is likewise agreement that if, prior to tubal rupture, incision is made in the tube and a living, inviable fetus extracted, this procedure certainly constitutes a direct attack upon human life and as such cannot be justified.[4] And this conclusion obtains even if the purpose of so proceeding is to repair the tube and preserve it for generative function in the future. In paraphrase of Directive 15, one might say in this context: "Direct abortion is never permitted, even when the ultimate purpose is to salvage a generative organ for a subsequent pregnancy."

3. By far the majority of theologians at present are persuaded that, even before ultimate rupture of the tube, not all surgical intervention is precluded. Their opinion ultimately base on the medical fact already emphasized, viz., the pathological state of the organ even antecedent to its final rupture. If in the considered judgment of the physician damage to the tube is such that further delay in removing it threatens serious danger to the mother, the organ may be excised, as might a malignancy, even though concomitantly the fetus is deprived of life.

This last conclusion, which beyond all doubt is tenable both in theory and in practice, is not one to be applied thoughtlessly. It remains the responsibility of the physician to determine in individual cases whether or not threat to maternal life is here and now such that expectancy treatment is positively contraindicated. Usually, it would seem, when tubal pregnancy has been diagnosed by reason of characteristic symptoms, the tube is already so damaged as to represent serious danger to the mother. But to the reasonable best of the doctor's ability this presumption should be verified in each instance before recourse is had to salpingectomy.

Consideration should also be taken — at least theoretically — of the very exceptional case in which tubal pregnancy is discovered when close to viability. Because of the greater likelihood in these circumstances that fetal life can be safely prolonged until extrauterine existence is possible, expectancy treatment is morally indicated unless it is clear that even relatively so short a delay would be perilous for the mother.

SECONDARY ABDOMINAL PREGNANCY

A further complication may develop if, despite tubal rupture, the fetus survives and continues to evolve in the abdominal cavity with placental attachment to some adjacent organ. From the relevant medical literature one gets the impression that in this eventuality some doctors prefer — and this in primary terms of maternal health — to let nature take its course until the fetus either dies a natural death or attains viability. But abdominal pregnancy is not always that uneventful. There may occur hemorrhage requiring immediate remedial measures. Maternal viscera may be seriously damaged by the parasitic fetus and demand repair without delay. What, if anything, may be done to alleviate such complications as these?

Speculatively the principles to be employed here are exactly the same as those already applied to the tubal pregnancy: a universal prohibition against direct assault upon fetal life, even as a means to a most laudable end; and the legitimate concession that a pathological condition may be treated, if necessary, by measures which incidentally result also in death for the fetus. But at the practical level we have to face the seeming fact that it is relatively difficult to construct a realistic obstetrical case of this kind in which surgical intervention would be advantageous to the mother without at the same time being directly fatal to the fetus. Difficult, but not impossible.

Serious hemorrhage may licitly be checked by means of any necessary hemostatic measure which is not immediately directed against the fetus, even though indirectly the procedure may dislodge the fetus. By the same token, dangerous impairment of maternal organs may be corrected by any effective and necessary means which are not directly feticidal. It is the prerogative and responsibility of doctors to propose specific remedies which qualify under those restrictions.

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[4] As a qualification of this statement, this observation by Fr. O'Donnell (*op. cit.*, p. 205) is thoroughly sound theologically: ". . . when the removal of a pathological fallopian tube is the intention of the surgeon; after the tube has first been clamped off we see no moral difficulty in opening it and removing the fetus, prior to the actual sectioning and removal of the tube.

"Once the clamps are in place, and the fetal blood supply has effectively been cut off, one does not place the fetus in any worse position or inflict any more fatal harm by removing it immediately from its now definitely lethal surroundings in the tube than if he merely removes the tube with the fetus in situ."

SUMMARY

The foregoing comments represent nothing more than a standard synopsis of current theological teaching on the question of ectopic pregnancy. Emphasis has been placed on the basic moral principles on which that teaching depends, in the hope that certain misconceptions of our position may thereby be corrected. Only a proper understanding and ppreciation of those fundament norms will make it possible to erceive the total significance of tl practical conclusion expressed Direc-tive 20:

In extrauterine pregnancy tl affected part of the mother (e.g., an vary or fallopian tube) may be rem ed, even though the life of the fetus thus indirectly terminated, provided e operation cannot be postponed with notably increasing the danger to the ther.