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CATHOLIC DOCTORS LOOK AT THE RHYTHM METHOD

(The St. Louis Review, official Catholic news weekly of the Archdiocese, carried the following article in the March 22 issue. Kind permission has been granted to reprint in our journal)

Editor's introduction: Rhythm is never far from the pages of the Catholic press. During his pontificate Pope Pius XII expressed the wish that science would succeed in providing rhythm ("this licit method" as he called it) with a sufficiently secure basis. The Family Life convention held here last year devoted several of its sessions to the subject. More recently the Ford Foundation awarded a grant of \$150,000 to Georgetown University for a population problem study related to rhythm.

The scientist, the physician, the married couple, the theologian, and the confessor are all obligated to one another and, collectively, to God to see that this method, when justifiably employed, does not pose an obstacle to spiritual, moral and physical health.

What part and what interest does the Catholic physician have? The St. Louis Review presented a series of questions on this subject to a group of Catholic doctors, members of our local Catholic Physicians' Guild. Here follows a synthesis of their answers.

Q. Why are Catholic physicians concerned with the problems of family planning?

A. The Catholic physician recognizes his moral responsibility to instruct in the natural means available to us for spacing children. Behind many of the complaints that bring patients to seek medical advice are social, economic, and even moral problems centered around the family.

Q. You seem to be saying that couples who are good Catholics have difficulty with the laws of the Church regarding their marital obligations. Is this true?

A. Yes, it is. There are few Catholic physicians who have not met patients with these problems. There is much misunderstanding among the laity regarding the Church's laws on marital relationships. The problem is aggravated by what seems to be a variety of interpretations of these laws presented by various members of the clergy and Catholic educators.

Q. Is this practice of periodic continence difficult?

A. The practice of periodic continence is not easy for most people. It must be acceptable to both parties concerned, otherwise very definite problems follow.

Q. Would you be more explicit regarding these problems?

A. It isn't morally permissible for one party to force the other to refrain from relations without just cause. There are certain times when all agree that relations may be refused, such as in sickness, during certain times of pregnancy or recent childbirth, in the face of acute alcoholism, etc.

Both parties must agree to this practice and must be able to refrain if it is not to lead to trouble. To force such continence on the other partner may lead to sin and psychic disorders which are worse than further pregnancy.

Q. Since there are dangers to the attempt to practice periodic continence, is there a basis for objection to its use?

A. It is always helpful to point out dangers so that they can be recognized as such; but to condemn the practice, because of the dangers, is not justified. Besides, these problems are not that common.

Q. Is it a good idea for married couples to control the size of their family?

A. Yes it is. Neither the morality nor the spirituality of family life is determined by the number of children in that family. Temperance and prudence are virtues which must be practiced by all, particularly in regard to the number of children a couple can afford to raise. The primary purpose of marriage is the begetting of children, but this implies the care and raising of these children as well. The morality of the couple's life is not dependent upon the number of children, but whether the sex act is being frustrated. Many couples would unjustly be stigmatized if the large family were the only criterion of a holy marriage.

Q. Do you Catholic doctors believe that rhythm or periodic continence is practical?

A. Yes, we do. The major cause of failure is the responsibility of the couple rather than a failure of the system itself. It must be recognized, however, that there are a few couples who do have a particular problem and they require special instruction by experts in this field.

Q. Are there difficulties a physician may encounter in giving such instruction?

A. Indeed there are. It is essential that both husband and wife understand the principles involved. It is very disconcerting, for instance, for a physician to spend time explaining the most practical system of periodic continence only to have the patient go home and have her ever-loving husband say, "Yes, Doc's right, but . . ."

Q. Just how successful is the practice of rhythm?

A. Periodic continence in its present stage of development is not 100 per cent effective, but it has been stated by even non-Catholic investigators in this field, to have a high degree of accuracy. There will always be times when temperance will have to control the sex urge. Even if this system were to be made fool-proof, periodic continence from the marital act will always be a necessary requisite.

Recently in the *American Journal of Obstetrics and Gynecology*, volume 84, page 692, for September 1962, a notable non-Catholic authority presents a statistical evaluation of the rhythm method. He concluded that the system offers a 90 per cent chance of avoiding pregnancy for five to 10 years. He states that its effectiveness was favorably compared to the diaphragm in this regard.

Q. Can Catholic patients receive this information from non-Catholic doctors?

A. Many non-Catholic doctors dispense the same type of information regarding periodic continence, as a good many Catholic physicians do. One would not be surprised, however, to encounter less than enthusiastic instruction from these sources.

Q. What are the causes of failure when working with periodic continence?

A. The chief causes of failure are less scientific than they are human. Failures result from indulgence during the fertile time. In some cases this is due to misinformation or the patients are incapable of following the practice intelligently, but more often it is due to the result of unwillingness of one or both parties to refrain from their marital privileges at that time. If most married couples would not concentrate on their freedom to have relations during the safe time, but rather on their need to renounce the marital privilege during the fertile time for the sake of the family, this would go a long way in assuring the effectiveness of the rhythm method.

Q. Besides the economic hardship that might result from having children at frequent short intervals, are there definite medical reasons for not having children?

A. Yes, there are times when the health of the mother would constitute a reason for the physician to caution a patient against immediate future pregnancies. Let us quickly add here, however, that these medical reasons rarely, if ever, absolutely rule out pregnancy.

Q. Are there dangers in stressing family planning?

A. Unfortunately our motives are sometimes misconstrued. Sometimes it is difficult to maintain a middle of the road attitude toward this problem. A complacent, lackadaisical attitude is something we would like to overcome, but on the other hand an aggressive, enthusiastic approach is occasionally misinterpreted by certain patients. A doctor telling a couple they have at their command permission to use a certain form of natural child spacing might seem to be intimating that this couple should take precautions. Such attitudes talked over a few times often result in statements like, "The doctor warned my wife she should not have any more children."

Q. Are all doctors in agreement about the medical dangers of pregnancy?

A. Unfortunately this is not so. Catholic doctors have very different attitudes concerning heart disease in the mother, or tuberculosis, or nephritis, as they affect maternal health.

Q. What about the famous case: Whom do you save in a difficult birth, mother or child? Is this a practical problem for the Catholic physician?

A. It is not uncommon for the future father to tell the physician that should the problem arise he prefers that the physician save his wife rather than the child since, as it is usually stated, the child is still a stranger. The Catholic doctor is not called upon to make a choice in this matter, neither does he have a serious problem because he is dedicated

to the saving of both lives. He never lets a mother die in order to save the baby, or vice versa. That this is sometimes done in some hospitals is possibly true. When a patient is being treated by a conscientious Catholic physician, there is no danger. The many times such a misapplied principle fails to achieve its intended effect are not often cited. This much is true, in the past 20 years the medical reasons for interrupting pregnancy due to organic disease have been greatly reduced due to research and medical progress. Yet there are hospitals and physicians who maintain that they have the right to interrupt pregnancies when they see fit. Catholics can be proud of the part they've played in this reduction of the so-called therapeutic abortion. Catholic patients refusing to permit such operations on themselves when they were patients in these institutions, and Catholic institutions forbidding such procedures, caused the medical profession to find ways of meeting difficult problems and to handle them to the best advantage of both mother and child.

Q. Would you say that mothers-to-be in Catholic hospitals are as safe as they would be in other institutions?

A. Yes, surely as safe, if not safer. There are ample statistics to prove that the Catholic hospitals whose maternity sections deliver many more babies than some other institutions (to the dismay of those who are concerned only with the population explosion), often have better records of maternal mortality than hospitals which permit therapeutic abortions and sterilizations. If it really were necessary to sacrifice the child in order to save the mother, or to let one or the other die in order to save at least one life, these Catholic hospitals would have as high or an even higher mortality rate. The statistical facts deny this.

Q. What do you think all of this proves?

A. That the individual is always much better off when he is conscientiously observing God's law.