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Current Medical-Moral Comment

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CURRENT
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Medical—Moral
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COMMENT*

THOMAS J. O'DONNELL, S.J.**

Contraception continues to occupy the stage of controversy, and any suggestion which tends to dissipate the emotional overtones and allow for a calmer evaluation of the truth is welcome. In this regard Joseph L. Dorsey, M.D. writes a thoughtful article in the *New England Journal of Medicine*. A foreword of approval is written by the Right Reverend Francis L. Lally, Editor of the *Boston Pilot*. In this article Dr. Dorsey expresses his hope that Planned Parenthood and Boston Catholicism will not make a new referendum of the birth-control law the occasion of another acrimonious battle.¹ Although the law forbidding the advertising, sale, lending, giving away, or exhibiting of contraceptives was first put on the books under the impetus of Protestant leadership, it is Dr. Dorsey's conviction that it remains on the books primarily because of the organized efforts of the Boston Archdiocese to defeat any referendum to repeal it. Whether or not that has

*By arrangement with the Editor of *Georgetown Medical Bulletin*, Father O'Donnell's column in that journal appears concurrently in THE LINACRE QUARTERLY.

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¹Dorsey, J. L.: Changing attitudes toward the Massachusetts birth-control law. *New England J. Med.*, 271:823-827, 1964.

been completely true in the past, both Monsignor Lally and Dr. Dorsey now seem to hope that the question will soon come up again for a calmer consideration in the light of the claims of a pluralistic society. Dr. Dorsey writes: "Surely, the Catholic Church should not be expected to assume the role of leader in any movement for repeal . . ." and alleges as the reason, that the Church does not wish there to be any confusion about its position on contraception. Hence, Dr. Dorsey asks only that the Church lower her guns and hold her fire. But, I would like to point out, this is scarcely the proper approach of the Church as the Guardian of the truth. Such a negative attitude could, in itself, seem to be a compromise of principle. It would be far better for Catholics to recognize, as a legitimate point of view: that the law is useless and unenforceable, and that it is a civil law which seeks to regulate the private consciences of the citizens and as such is outside the proper scope of civil law. Catholics, then, could and should lead the way toward its repeal. Not because birth-control is good, but because the legislation itself is bad legislation.

In a recent issue of *Fertility And Sterility* Dr. John Rock and three of his associates in the Rock Reproductive Clinic present their findings of the

optimum conditions for preserving human spermatozoa by freezing for artificial insemination. In studies of 142 ejaculates from 39 donors, the use of sperm after thawing in four cases produced three healthy infants.² Since Dr. Rock is widely publicized in the popular press as an outstanding Catholic physician, we must regretfully point out (because of the grave scandal and serious damage to the faithful and to the Church which results) that Dr. Rock continues to become best known for research projects and writings which are based on practices diametrically opposed to the clear and explicit teaching of the Catholic Church—contraceptive sterilization, human artificial insemination and masturbation.

The current literature carries items which cast various shadows, some optimistic and some discouraging, in regard to the practice of rhythm or periodic continence. The studies of Perloff and Sterinberger at the Albert Einstein Medical Center accentuate the wonder as to just how long motile sperm may survive in the female generative tract.³ On the other hand Whitelaw, Grams and Stamm, as a result of their research with clomiphene citrate, suggest that this drug may have some importance as a regulator of the ovarian cycle toward a more efficient practice of periodic continence.⁴

One final indirect reference to fertility control: Dr. Belding Scribner gave thoughtful consideration to a number of the moral problems arising from the constantly increasing possibility of prolonging life in terminal

²Rock, J.: *Fertility And Sterility*, 15:390-406, 1964.

³Perloff and Sterinberger: *Am. J. Obst. & Gynec.*, 88:439-442, February, 1964.

⁴Whitelaw, Grams and Stamm: *Am. J. Obst. & Gynec.*, 90:355-363, October 1, 1964.

illness by the use of artificial organs.⁵ Unfortunately his address contained one misleading statement which deserves comment here because it represents such a currently popular overstatement. Dr. Scribner said: "Some theologians argue that it is against God's will to control birth and death."⁵ Although the implication is scarcely concealed, this is certainly not true of any Catholic theologian. It is true that man's nature (and the divine plan we discern in it) puts certain limits to that control with regard to both birth and death—the manner in which it is done and under what circumstances it occurs. Although all theologians would subscribe to that basic principle, they will differ in their application of it.

COMPLICATIONS OF PREGNANCY

Early termination of pregnancy in the presence of statistical danger of fetal compromise continues to be called "therapeutic abortion" in the medical literature instead of its more accurate name of "fetal euthanasia." Rubella in the first trimester continues, in some quarters, to be looked upon as justification for early termination of pregnancy. Intentional termination of pregnancy before viability is never morally justified. It is even more gross in these cases in which it is evident that many of the children would have been perfectly normal. J. Rendle-Short, M.D., of the University of Queensland, demonstrates again the lack of scientific soundness of this fetal wastage by pointing out that the infection risk is indeed limited and that many of the lesions are of comparatively minor importance.⁶ His conclusion is that once parents are aware of the true facts,

⁵Scribner, B.: Presidential address to the American Society for Artificial Organs. April, 1964.

⁶Rendle-Short, J.: *Journal Lancet*, 2:373, August 22, 1964.

most of them will wish to continue pregnancy.

The American Journal of Obstetrics And Gynecology reported an exciting breakthrough toward the salvage of doomed Rh non-viable fetuses in a case reported by V. J. Freda, M.D. and K. Adamsons, M.D.⁷ They successfully completed exchange transfusion in utero under circumstances in which this offered the sole hope for fetal survival. Briefly, a leg of the fetus was delivered temporarily through a vertical mid-line incision. An exchange transfusion was accomplished through the femoral artery over a two hour period. The leg was then replaced and the membranes and uterus closed with little loss of amniotic fluid. The fact that labor ensued on the second day after surgery is a mishap which hopefully can be overcome in the future. The procedure offers a fine example of a case of extremely dangerous experimentation which is morally acceptable in the circumstances of it offering the only hope for survival of the patient (in this case, the fetus).

Ernest W. Page, M.D., of the University of California at San Francisco, in reviewing some of the problems of population control points up a neat and valid *medical* distinction. It is with regard to the increasing popular Grafenberg Ring type coil. He denies that prevention of nidation is an "automatic abortifacient" since "abortion" supposes "implantation."⁸ The distinction is medically valid but irrelevant from a moral viewpoint. We are dealing here with the destruction of a human conceptus by effective expulsion from the uterus. Whether this is done before or after implantation is not the point of the moral analysis.

⁷Freda, V. J. and Adamsons, K.: *Am. J. Obst. & Gynec.*, 89:817-821, July 15, 1964.

⁸Page, E. W.: *Am. J. Obst. & Gynec.*, 89: 404-406, June 1, 1964.

It is true that both moralists and canonists would be speaking more accurately if these devices were not referred to as "abortifacients" but rather as "devices destructive of the conceptus and thus involving the moral malice of abortifacients."⁸

In the same issue of the same journal Howard Hammond, M.D. discusses the ten year experience of the Therapeutic Abortion Committee of Marin General Hospital, San Rafael, California. Out of the 1961 deliveries there were 18 applications for therapeutic abortion, 12 of which were approved by the committee.⁹ Dr. Hammond contends that such a committee reduces the number of "undeserving" requests for therapeutic abortion, and that this committee was not been "overly swayed by religious considerations" since Catholic, Protestant and Jewish physicians have served on it. This pinpoints two problems for the Catholic physician on the staff of a non-Catholic hospital, which comes up for discussion from time to time: (1) Should the Catholic physician on the staff of a non-Catholic hospital be in favor of the establishment of a Therapeutic Abortion Committee where there is none and (2) should he serve on it?

I believe that the Catholic physician can and should vote for the establishment of such a committee if he is convinced (as is the usual case) that thereby the number of therapeutic abortions will be reduced. A moment's reflection will show that the action of such a committee is not to effectively approve therapeutic abortions (since those which it allows would take place whether or not such a committee existed) but its effective function is to disapprove many of the abortions which would otherwise be done

⁹Hammond, H.: *Am. J. Obst. & Gynec.*, 89: 349-355, June 1, 1964.

On the other hand I do not think that a Catholic physician should serve on the committee unless he makes it clear to those who appoint him that he considers therapeutic abortion to be contrary to his moral code and recognizes no justifying circumstances for the direct killing of the innocent.

Some non-Catholic hospitals have an established policy that therapeutic abortion is admissible only if certain well-defined medical facts are verified. It has been suggested that, in these circumstances, the Catholic doctor would only be certifying the verification of these medical facts, without either approving or disapproving the abortion itself. I am afraid that such mental gymnastics would be inconsistent with the character of the true Catholic physician and that, even if such distinctions could *per se* be defended in some circumstances, the harm to the faithful by the scandal would contraindicate any such procedure by a Catholic physician.

PROLONGATION OF LIFE

In addition to Dr. Belding Scribner's comments on prolongation of life by artificial organs, Hannibal Hamlin, M.D. read an important paper in this regard.¹⁰ The paper points out that the EEG can signal a condition in which loss of the function of the anoxic brain is irreparable and implies an irreversible absence of life as understood by the physician. Dr. Hamlin says: "Heart stimulators, compact respirators and other resuscitative devices

can serve to maintain the look of life in the face of death while agonizing and expensive prolongation of false hopes continues for all concerned. When the brain is so compromised the EEG can signal a point of no return, although the cardiovascular system continues to respond to supportive therapy that produces a respectable ECG."¹¹ A set of criteria is suggested for certifying "brain death" in association with cardiorespiratory activity artificially sustained by mechanical aids and these criteria are indeed, very conservative. Beyond this point, Dr. Hamlin feels, efforts at resuscitation should be stopped, and quite correctly quotes the late Pope Pius XII to defend the morality of his view.

To quote Pope Pius XII a little more fully than does Dr. Hamlin. It was precisely with regard to this situation that the Pontiff spoke from the viewpoint of the next of kin whose wishes must be respected in these cases. The Pontiff said: "... since these forms of treatment go beyond the ordinary means to which one is bound, it cannot be held that there is an obligation to use them or not. . . ."¹² In the same address the Roman Pontiff asserted explicitly that when extensive and irreversible brain damage has taken place, to stop artificial resuscitation *even when* this causes circulatory arrest is not morally wrong and, of course, is in no way comparable to euthanasia.

¹¹Hamlin, H.: Life or death by EEG. *J.A.M.A.*, 190:112-114, October 12, 1964.

¹²Pope Pius XII: Address to the International Congress of Anesthesiologists, November 24, 1957.