February 1965

Current Medical-Moral Comment

Thomas J. O'Donnell

Follow this and additional works at: http://epublications.marquette.edu/lnq

Recommended Citation
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 Rev. 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. Although the law forbidding the advertising, sale, lending, giving away, or exhibiting of contraceptives was first put on the books under the Massachusetts Birth-Control Law Act of 1911, the legislation itself is bad legislation. In a recent issue of Fertility And Sterility Dr. Belding Scribner gave thoughtful consideration to a number of the moral problems arising from the constantly increasing possibility of prolonging life in terminal illness by the use of artificial organs.

Unfortunately his address contained one misleading statement which deserves comment here because it represents such a currently popular over-statement. Dr. Scribner said: "Some theologians argue that it is against God's will to control birth and death." 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 is 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. His conclusion is that once parents are aware of the true facts, they will never give thought to the possibility of terminating a pregnancy for reasons other than necessity."

By arrangement with the Editor of the Georgetown Medical Bulletin, Father O'Donnell's column in that journal appears concurrently in The Linacre Quarterly.

**Professor of Medical Ethics, Georgetown University of Medicine.

***Professor of Medical Ethics, George-town University of Medicine.

It is true that both feminist and antiviviparists would be very unhappy if these devices were not referred to as "abortion" but safe and "deceptors destructors of the conceptus and thus involving the moral implications of abortion." In the same issue of the same journal Howard Hammond, M.D. discusses the ten-year experience of the Therapeutic Abortion Committee of the San Francisco General Hospital. Out of the 12,616 deliveries there were 18 applications for therapeutic abortion, 12 of which were approved by the committee. Dr. Hammond contends that such a committee reduces the number of "undeserving" requests for therapeutic abortion and that this committee was not 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 when there is none and (2) should he be sent 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 in 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.

In addition to Dr. Belding Scribner's comments on prolongation of life by artificial organs, Hannah Hamlin, M.D. read an important paper in this regard. The paper points out that the ECG can signal a condition in which loss of the function of the atomic 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 positive therapy that produces a respectable ECG. A set of criteria is suggested for certifying "brain death" in association with cardiopulmonary 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."

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 in any way comparable to euthanasia.

2Pope Pius XII: Address to the International Congress of Anesthesiologists, November 24, 1957.

February 1965

60