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Ethical Principles Applied to Extensive Palliative Abdominal Operations

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PRESENT day advances in surgical technique, parenteral fluid and blood replacement, anesthesia, antibiotics and general medical knowledge have extended the field of abdominal operations. This applies clinically to surgical procedures from the curative or palliative viewpoint. Extensive surgery has been particularly developed as pertains to abdominal cancer located in the bladder, uterus, genital organs, rectum, stomach, pancreas, kidney, and retroperitoneal structures. The ethical position of these operative procedures, when applied in a clinical curative sense, has been well developed and accepted. The performance of such extensive procedures in more recent years, where the decision to operate is based on easing distress rather than cure, has been used, to varying extent, in different institutions. In illustrating extensive abdominal procedures, which may be performed for palliative reasons, one may list the following examples: rectal cancer surgery with removal of the rectum and colostomy formation; bladder cancer surgery where cystectomy may be performed with implantation of the ureters in the sigmoid colon; uterine or ovarian malignancy where the uterus, adnexae, lymphnodes, fascial structures and possibly rectum or bladder may be removed; nephrectomy in the presence of varying amounts of pulmonary cancer spread. The surgical judgment whereby such procedures palliate is most difficult, and it is the purpose of this article to consider the ethical principles which serve to formulate this.

Surgeons of Catholic faith have been guided in medico-moral principles by several Diocesan medical, surgical, and hospital codes: "The Surgical Code of the Catholic Hospital Association of the United States and Canada" and the more recent review called "Ethical and Religious Directives for Catholic Hospitals," dated 1949. These moral principles and practical applications have religious authority and a scientific basis insofar as they represent expressions of the natural law. Abdominal surgery, ethically, is considered under the subject of mutilation. Such single operative procedures as removal of the appendix and gallbladder are licit in that such organs have a natural subordination to the good of the whole body. In such cases, the

defined the moral ethical principles that underlie surgical judgment in such cases. Previous to surgery in such cases, it is proper Catholic hospital directive that such cases have consultation with section chiefs or section members who have an extensive knowledge and impersonal judgment concerning such cases. Where medico-moral issues may be involved in organs such as the uterus or ovaries, appropriate chaplain consultations should be had beforehand. Both ethically and on sound scientific surgical judgment, extensive surgical procedures should be performed only for the proportionate good of the patient involved and not from the viewpoint of procedure application. Medical management, appropriate old and newer medications combined with personality management and spiritual guidance remain for many such cases preferable palliative procedure. It is felt, in summary, that in this field of difficult surgical judgment Catholic ethical principles afford a basis for good surgical judgment and emphasize the wisdom of the expression, "What is good medical ethics is good medicine."

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