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Medico-Moral Notes

GERALD KELLY, S.J.

EUCHARISTIC FAST

THOSE who have a copy of *Medico-Moral Problems IV*, will note that it contains an article on "The Fast Before Communion" (p. 42). This article explains the law of the Eucharistic fast, as well as the principal exemptions, as it existed prior to January 16, 1953. On this date the provisions of the Apostolic Constitution *Christus Dominus* and of the accompanying instruction by the Sacred Congregation of the Holy Office took effect. These provisions affect both the law and the exceptions. They concern evening Mass, privileges for priests who are to celebrate Mass, and privileges for the faithful who receive Communion. The bishops will explain the norms concerning evening Mass when they grant this permission; priests no doubt know the norms that apply to them. Doctors should know the privileges that might apply to themselves, nurses, and patients as regards the reception of Holy Communion. For this purpose, the following summary may be useful:

1. *For Everyone:* Plain water (i.e., water not mixed with any other substance) no longer violates the fast. It should be clearly understood that this applies to everyone and that *no necessity whatsoever* is required for taking advantage of it. Ordinary tap water in cities, even though purified by chemicals, is still plain water; and so too is the natural water in certain districts which has a mineral content.

2. *For the Sick:*

A. *If they are in danger of death:* Canon 858, §1, completely exempts those in danger of death from the duty of observing the Eucharistic fast. There is absolutely no restriction on this privilege as regards the quality of the food taken or the nature of the liquid taken. No permission is needed for its use. This provision of canon law has not been changed by the recent legislation.

B. *If they are not in danger of death, but their illness is such as to make the observance of the complete fast difficult:* With the approval of a confessor, these may receive Holy Communion after having taken refreshment or nourishment in liquid form and medicine in solid and liquid form. The illness need not be confining. There is no time limit on this privilege; the permitted liquids and medicine may be taken right up to the time of

receiving Communion. Any solids taken must be truly medicine. Alcohol drinks may not be taken, even as medicine.

(From the text of the documents it is perfectly clear that the exclusio of alcoholic drinks means at least those things which go by the name o alcoholic beverages, such as wine and whisky. Although these things ma have medicinal value, they may not be taken before Holy Communion i virtue of this privilege. It is not clear whether true medicine which happen to contain alcohol as one of its ingredients is also excluded. This point wi very likely be clarified by the Holy See.)

3. *For the Faithful in Special Circumstances:*

By reason of special conditions that make the observance of the complet fast a serious inconvenience, the faithful may, with the approval of a confes sor, receive Holy Communion after having taken non-alcoholic liquids. Thi privilege has a time limit; the complete fast must be kept during the hou immediately preceding the reception of Holy Communion. The specia conditions that warrant the use of the privilege are three: (a) *fatiguing worl* that must be done before receiving Communion—e.g., doctors called for ai obstetrical case or surgery during the night; hospital personnel on nigh duty or on duty for some time in the early morning before Mass; (*b*) th necessity of waiting till *a late hour* before receiving Communion—e.g., thos who must wait till a nine o'clock Mass; and (*c*) *a long journey* to be mad to get to church—e.g., a walk of about 1¼ miles, an equivalent difficulty in some form of transportation.

Caution regarding 2B and 3: For use of the privileges outlined under 2B and 3, the approval of a confessor is absolutely essential. The approval must be had before Communion is received, but not necessarily before medicines or liquids are taken. For example, a patient who is brought into the hospital during the night could be given needed medicine after midnight with the understanding that, if he is to receive Holy Communion that morning, the case will first be presented to the chaplain or some other priest. The confessor's approval may be given in confession or outside of confession, and it may be given once and for all so that it holds good as long as the same conditions of illness or of other serious inconvenience last.

JEWISH ATTITUDES

I have received an interesting and informative brochure entitled *Problems of Jewish Family Life,* by the Very Reverend I. Jakobovits, B.A., Chief Rabbi of the Jewish Communities in Ireland. The first part of the brochure is an exhortation to strengthen Jewish family life by living it according to their religious principles. The major part is given to a comparison of Jewish and Catholic (and to some extent Protestant) attitudes towards artificial insemination, birth control, embryotomy, and abortion. The comparison is factual, not controversial or critical.

The Jewish attitude on donor insemination is one of condemnation; but, as Rabbi Jakobovits points out, the condemnation is based rather on the possible abuses of the practice than on any firm and universal conviction of the intrinsic immorality of the practice. "Such human stud-farming," he writes, "exposes the society to the gravest dangers which can never be outweighed by the benefits that may accrue in individual cases." On the other hand, the consensus of traditional Rabbinic opinion would be against our own position that donor insemination is essentially adultery and therefore intrinsically immoral. As to insemination between husband and wife, Jewish authorities differ concerning the licitness of masturbation as a means of procuring the semen; the more common view seems to be that this procedure can be permitted "under certain circumstances and with suitable safeguards."

As for authoritative Jewish attitudes on contraception, it is difficult to make any unqualified statement. As Rabbi Jakobovits says, opinions vary widely. It seems safe to say, however, that contraception for any non-medical reason is not approved; on the other hand, for a definitely medical reason such as risk to the life of the mother, a limited practice of contraception seems to be allowed, provided each individual case is appraised by a rabbi. Regarding the use of rhythm, Rabbi Jakobovits believes it is consonant with authoritative Jewish teaching "to advise young people to seek medical guidance along these lines in circumstances which morally and religiously justify such negative precautions." But absolute continence "is considered as not only highly impracticable but, indeed, as contrary to Jewish law which demands of the husband that he fulfill his marital duties at regular intervals." In fact, this duty of sometimes using marriage rights is considered so sacred that divorce would be preferable to continuing a union which demands total continence.

These particularized statements about birth control practices are perhaps more than a little out of focus if not considered in the light of the Jewish attitude toward the large family. Rabbi Jakobovits stresses this in a paragraph which strikes me as well worth preserving.

"The factor which should be emphasized above all others," he writes, "is the positive attitude of Judaism towards large families. Unlike even Roman Catholicism, Jewish law regards the procreation of children as a cardinal duty, in fact as the first divine commandment given to man. People who refuse to put at least a son and a daughter into the world and thus replace themselves and those who combined to give birth to them are looked upon as social pariahs who reduce the glory of God and contribute to the extinction

of His human creatures. The Torah stresses the fact that every one of ur matriarchs craved to be blessed with children after an agonizing perio of barrenness so as to perpetuate this outlook from the very birth of our pe le. Moreover, the one- or two-children-system has proved destructive of he delights and attractions of true Jewish home life; this suicidal system as helped to displace the home as the center of Jewish life and to pro ote selfishness among parents and children alike, because neither are tr ed how to sacrifice things for other members of the family and society. en more vital, perhaps, is the demographic factor. Few realize what sca of human reproduction will be required gradually to replace the disas ous losses inflicted upon our people through its three-fold decimation withi he last decade. In terms of sheer survival no service to the Jewish cause an even remotely rival that rendered by the Jewish mother, and no mon is more fruitfully invested than in the rearing and education of a large fa y."

From the foregoing it seems clear that, with the exception of eir rejection of absolute continence and their guarded approval of contrace ion for medical reasons, the authoritative Jewish attitudes on family limit ion are much like our own. But very fundamental indeed is the differen of attitudes on the inviolability of fetal life. "Jewish law," the author ys, "does not attribute human inviolability to the unborn embryo even if is viable, nor does it consider the vitality of the child as definitely establ hed until its birth, or—in some cases—until it has lived for at least thirty d s." For this reason, the Jewish attitude, unlike our own, would sanctio the destruction of the unborn child in the (hypothetical) mother-or- ild dilemma.

MATERNAL SAFETY

In recent years I have seen several tables of comparative stat tics concerning maternal deaths in hospitals where therapeutic aborti is practised and in hospitals that exclude it. (Cf. *Hospital Progress*, pril 1953, pp. 64-65.) These statistics show that the mother is at least as safe in hospitals that exclude therapeutic abortion as she is in those that allow it. However, the statistics cover only a limited area; and one can hardly read them without wishing we had something more extensive.

Dr. Roy J. Heffernan and Dr. William A. Lynch, who gave us the splendid article, "Is Therapeutic Abortion Scientifically Justified?" (LINACRE QUARTERLY, February, 1952), now provide us with the desired extensive survey. They sent questionnaires to 367 hospitals in this country and received replies from 171. One result of their survey is the following

table of *maternal mortality:*

	No Therapeutic Abortions			Therapeutic Abortions		
	Deaths	Deliveries	Rate/1000	Deaths	Deliveries	Rate/1000
1940-45	827	642,788	1.28	971	599,685	1.61
1946-50	642	1,038,201	.61	587	975,032	.61
Totals	1469	1,680,989	.87	1558	1,574,717	.98

This, and much other information about the survey, is in Dr. Heffernan's article, "The Nurse and Catholic Motherhood," in *The Catholic Nurse,* December 1952. (The printed totals contained what was obviously a typing error in the fifth column; hence I corrected it.) Dr. Heffernan notes that in the series there were 2,717 therapeutic abortions. If statistics mean anything at all, these were not only morally objectionable but scientifically unjustifiable as well.

"One of the most serious implications of this whole question," observes Dr. Heffernan, "is concerned with the training of the physician of tomorrow. This survey demonstrates that in at least seventy-nine teaching obstetrical clinics, the young doctor is taught, in effect, that in a not inconsiderable number of cases, no amount of prenatal care, no recourse, however great, to the armamentarium of modern medicine will avail him to the objectives of a live and well mother and baby. In effect, he is being taught that in 1 out of 418 obstetrical cases 'to heal the mother you must kill the baby.' This false philosophy is naturally being imparted to the nurses in these hospitals by the physicians instructing them."

THE CATHOLIC NURSE

The Catholic Nurse is the title of the new official journal of the National Council of Catholic Nurses of the U. S. A. The Most Reverend Richard J. Cushing, D.D., is the Editor-in-Chief, and will hold that post till 1954, when the Council will take over the work itself.

At the time I write, three numbers of the new magazine have been published. Each issue contains many items that would be of great interest to Catholic doctors. For instance, the September 1952, number has "Helping the Acute Alcoholic," by John C. Ford, S.J., and "Nursing and the Administration of Justice," by Richard Ford, M.D. Fr. Ford's article stresses the need of providing medical care for alcoholics in our general hospitals. Dr. Ford's very informative article shows how nurses (and this would also apply to doctors) can help in the administration of justice by the proper care of the clothing of injured persons, as well as of objects found on such persons, blood and urine specimens, and so forth. He also points out the great value of dying declarations as evidence in court.

LOBOTOMY RE-EXAMINED

Also in the first number of *The Catholic Nurse* is "Lobotomy Re-examined," by Hugh Bihler, S.J. Fr. Bihler had previously written about lobotomy and concluded that the operation is morally justifiable as a last resort in the case of hopeless psychotics. As regards neurotics, he preferred to reserve judgment until more information was available. In his second article Fr. Bihler presents a splendid survey of scientific works published in recent years. His concluding paragraphs are of sufficient value to warrant full quotation:

"What changes, if any, do the facts of lobotomy, as we know them today, suggest for our moral judgment of lobotomy? We should, I think, adopt an attitude of conservatism. The operation should never be taken lightly; in fact, it must remain a last resort measure. Tucker and Dynes ["Indications for Lobotomy" *Lahey Clinic Bulletin,* 6, Jan. 1949, pp. 95-96] adopt such a conservative attitude when they recommend it for those who suffer from chronic agitated depression, various kinds of schizophrenia with large emotional or paranoid elements. And here we are supposing that other therapies have failed. The same authors indicate that the condition of the patient should be such that he would not be expected to respond to any other type of treatment. The same authors allow it in the case of some chronic severe obsessive-compulsive and some chronic severe hypochrondriacal neuroses. But again, it is a question of cases that failed to respond to other therapies. Then there is the question of lobotomy for intractable pain due to metastatic malignant cancer, especially where the condition is linked with drug addiction. Tucker and Dynes would not consider the operation indicated where there is organic brain disease. There are other indications required: the degree of suffering and incapacity must be sufficient to justify the operation; the family situation should be favorable for the rehabilitation of the patient and finally the expected postoperative condition must be considered a sufficient improvement to justify the operation.

"The last condition raises problems for the neurosurgeon. But Schrader and Robinson ["An Evaluation of Pre-frontal Lobotomy through Ward Behavior," *J. of Abnorm. and Soc. Psychology,* 40, 1945, 61-69] have provided some criteria, based on preoperative adjustment in the hospital, which can provide a rational basis for predicting post-operative advantages.

"It is obvious that all persons who are to be lobotomized must be prepared for a fatal accident. And they should even be urged to make a will and set their estate in order. But, of course, these precautions hold for any major operation, except that in the case of lobotomy there may be a likelihood of personality impairment.

"In warranting these indications, I feel it necessary to assert that not any and every psychiatrist or neurosurgeon is to be entrusted with this operation. How can we judge? By the results of his previous work, with which one will wish to become acquainted."

Fr. Bihler is exceptionally well-informed on the scientific literature and exceptionally competent to evaluate it. That is why I quoted his conclusions at some length. These conclusions agree substantially with what moral theologians have said on the subject. The theological attitude has been conservative, but not negative. The facts seem to show that in some cases lobotomy, and similar operations, do more harm than good; they turn a man into a sort of vegetable. But the facts also indicate that when this happens it is because the operation has been too extensive. When the operation is properly performed on properly selected patients it can be beneficial in cases of mental illness and of intractable pain. In such cases, when less radical procedures are not available or would be useless, there is no moral objection to the operation. (For more on this topic, particularly with reference to the address of Pope Pius XII on experimental medicine, see *Theological Studies,* March 1953, pp. 44-45.)

Federation Executive Board Meeting Scheduled

The Executive Board of the Federation of Catholic Physicians' Guilds will meet at 9:30 a. m., June 3, 1953, at Hotel Commodore, New York City. Election of officers will take place at this meeting.

The Board comprises the elective officers of the Federation and one delegate from each active constituent Guild.

Nominations for new officers may be made before the above date. Mail names to the General Offices of The Federation of Catholic Physicians' Guilds, c/o Rev. J. J. Flanagan, S.J., 1438 So. Grand Blvd., St. Louis 4, Missouri.