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Fertility Control and the Moral Law

JOHN J. LYNCH, S. J.

Professor of Moral Theology

Weston College

Weston, Mass.

IT is certainly no secret, even outside the medical profession, that serious experiments are currently being conducted in the field of human fertility control. Although final success does not seem yet to have been achieved, the eventual perfecting of contraceptives in the form of pills, serums, and the like, would appear even now to be a mere matter of time and scientific ingenuity. And granted even that degree of reality for such antifertility techniques, it is not too early to make a moral evaluation of the various methods envisioned for regulating human reproduction.

The professional moralist would scarcely hesitate before condemning outright any process whereby human fertility is artificially controlled. However the methods now under experiment are perhaps sufficiently novel to justify a restatement, in terms of this precise problem, of familiar moral principles which the conscientious Catholic physician holds in habitual respect, and which demand on our part an uncompromisingly adverse attitude towards these latest aspirations of the contraceptionists. And merely to concretize those abstract principles, let us assume as clinically practical the method described recently by Dr. Benjamin Sieve of Boston, who claims rather spectacular success with phosphorylated hesperidin as an antifertility factor¹. The actual validity of the doctor's claims is irrelevant to our purpose. Even as mere theory or hypothesis, his method can serve as a typical example of fertility control—and the moralist's appraisal of that technique will likewise apply to any and all variations of artificially induced sterility.

Dr. Sieve proposed to induce temporary sterility by impregnating the ova of the female, the spermatozoa of the male, and the surrounding interstitial fluids with an hesperidin derivative which would form a viscous barrier around the ovum and thus render it immune to the penetrative properties of spermatozoa. The most soluble form of hesperidin, which could be administered either orally or intravenously, proved to be a phosphorylated compound; and because oral administration would obviously be the more

convenient for general use, the tablet form of that derivative was selected for experimental purposes.

As the result of a rather extensive experiment on some 300 married couples, Dr. Sieve offered several tentative conclusions, subject to ultimate substantiation by further tests. It would appear, first of all, that the drug can be taken over an indefinite period without toxic effects and without danger of permanent sterility. Before antifertility action can be assured the medication must be taken by both partners for ten consecutive days, and thereafter continued by both at the prescribed daily dose for as long as sterility is desired. Fertility can allegedly be restored within 48 hours merely by discontinuing medication; but again to induce certain infertility the 10-day conditioning process must be repeated.

The experiment also indicated that the drug is most effective if administered with each of the daily three meals; a fourth dose at bedtime was recommended in some cases. The purpose of regular dosage at frequent intervals was to maintain a fairly constant level of blood saturation, said to be a most pertinent factor in the effective use of this procedure. Daily requirements were calculated in proportion to individual weight level, specifically 5 mg. of phosphorylated hesperidin for each kilogram (2.2 lbs.) of body weight, plus an extra allowance to insure against faulty absorption and excess elimination. Thus a subject weighing 150 lbs. (68 kg.) would require a daily dosage of about 500 mg., and would be advised to consume two 100 mg. tablets at both the morning and evening meal, and one such tablet at mid-day. Dr. Sieve's report of this experiment claims 100% efficiency for the hesperidin diet as an agent of fertility control, and further alleges that, after abandoning the diet, 220 wives conceived within three months.

It is the prerogative of medical science to judge the validity of these or similar claims. They are cited here merely by way of example of the fertility-control methods which may yet be offered the public. Whatever specific method may eventually be perfected, its function will designedly be to induce temporary sterility according to individual preference—and it is that intention and effect which betray fertility control as morally reprehensible.

BASIC REASON FOR CONDEMNATION

By way of point of departure to a moral condemnation of fertility control, perhaps none is more appropriate than the familiar excerpt from the encyclical "Casti connubii." In the words of Pius XI:

"Christian doctrine establishes, and the light of human reason

makes it clear, that private individuals have no other power over their bodies than that which pertains to their natural ends; and they are not free to destroy or mutilate their members, or in any other way render themselves unfit for their natural functions, except when no other provision can be made for the good of the whole body."

(*Encyclical on Marriage*, America Press Edition, pp. 21-22.)

Thus is expressed, authoritatively for us, the undeniable philosophical truth that, as beings who owe their total existence to the creative act of God, we can claim no more than an imperfect right of dominion over our lives and bodies, over which we may and must exercise an ordinate power of *use*, but of whose *substance*, total or partial, we may not licitly dispose at will. In other words, we are stewards only, and not proprietors, of our bodies and their members. As stewards therefore we must respect the exclusive right of God over bodily integrity, guarding as His, and not as our own, the members and faculties with which we have been entrusted. Only if and when it is necessary in order to safeguard the integral whole (which is of superior importance in relation to its parts), may we sacrifice an individual member or faculty—and in so doing we act merely as responsible caretakers of the inviolable property of another.

It is from that basic fact of God's exclusive perfect dominion over the bodily members of human creatures that the generic prohibition against corporal mutilation emerges. And upon the principle of the essential subordination of integral part to whole is based the exceptive clause which permits, or on occasion commands, bodily mutilation whenever it is reasonably necessary to sacrifice a member for the preservation of total life or substantial health.

CONCEPT OF MUTILATION

Mutilation in this context should not be totally identified with amputation, excision, or external disfigurement. In its strictest technical sense, the term "mutilation" denotes *any action whereby an organic function or the characteristic activity of a corporal member is suppressed or notably diminished.*² Somewhat distinct from this concept (though some theologians legitimately consider it a minor species of mutilation) is the notion of "vulneratio" (wounding), which implies an infliction of bodily harm which does not, however, destroy or even notably handicap an organic function or corporal member. With due regard for parity of matter, this latter activity is, of course, no less opposed to the precepts of the fifth commandment; but it is well to note the possible distinction, if only to focus attention on the

essential note of strict mutilation, viz., suppression or notable diminution of an organic function or of the characteristic activity of a bodily member.

Thus, for example, no one would hesitate to condemn the needless amputation of a leg, whereby a substantial bodily member is destroyed; nor an addiction to drugs which notably impair, perhaps entirely destroy, the exercise of the rational faculties of intellect and will; nor even serious and unnecessary physical disfigurement which, though perhaps not mutilation in the strictest sense of the first two cases, does constitute grave bodily harm. On the other hand, to pierce milady's ear lobes, or mercenarily to sell a pint of one's blood, would be neither mutilation nor, in itself, injury serious enough to warrant the accusation of sin.

The point to be insisted upon is this: mutilation is not entirely synonymous with damage inflicted by surgical means, but looks primarily to the suppression or substantial diminution—bloodless and painless though it be—of any organic function proper to man. For unnecessarily to mar the integral perfection of the God-given and "God-owned" organism which is entrusted to each individual in his body, is to usurp authority which is exclusively divine. And one need not amputate limbs nor excise internal organs in order so to impair bodily integrity.

DIRECT STERILIZATION IS ILLICIT MUTILATION

Unique among species of mutilation is that which affects the generative faculty in such a way as to render one incapable of procreation, and which is commonly designated as sterilization. That it does constitute mutilation is inescapably evident from the very definition; for to deprive oneself of procreative power is to suppress a major organic function and thus to diminish substantially bodily integrity. That it is unique in the category of mutilations is no less evident from the essentially social nature of the procreative function, i. e. from the fact that men are endowed with generative ability, not primarily for their personal benefit, but for the good of the very species. Hence, regardless of methods employed or reasons alleged, *directly* to suppress this faculty is totally beyond the range of those limited rights communicated to individuals by natural law. In other words, we can never *directly* interfere with the human generative faculty because, as an essentially social function, its natural subordination of part to whole says primary and direct respect not to the human individual, but to human society.

Thus it was by no means novel doctrine which the Holy Office proposed when in answer to the question, "Whether the *direct* sterilization of man or woman, *either perpetual or temporary*, is licit" (italics added), that Sacred Congregation in 1940 replied: "In the negative; it is forbidden by the law of

nature . . .".³ And though scalpel and cautery and roentgen ray may yet yield to the sugar-coated pill, that ecclesiastical emphasis of natural law remains unchanged, as does also the definition of direct sterilization.

FERTILITY CONTROL IS DIRECT STERILIZATION

Much has been written by moralists on the lawfulness of various medical and surgical procedures whose effect is two-fold, viz., the preservation of the life or substantial health of a patient, together with subsequent sterility. Those cases all admit of valid application of the familiar principle of double effect, and thus exemplify the more specific principle that under certain precise conditions *indirect* sterilization is not illicit.⁴ But no such exception can be admitted for any instance of *direct* sterilization, which term comprises every interference with the generative function wherein sterility itself, either perpetual or temporary, is intended either as an end in itself or as a means to a further end. And if the sole effect of a particular therapy is to induce sterility, it cannot logically be maintained that that effect is not directly intended. The elemental principle of sufficient reason still obtains.

Hence in the light of currently available data regarding proposed methods of fertility control, it is simply impossible to justify their use as an instance of double effect. There just is no second effect involved. The sole intrinsic purpose (*finis operis*) of such therapy is contraceptive, and no other direct effect, which could be admitted as licit, has yet been seriously alleged⁵. If competent and conscientious physicians should ever discover any genuine therapeutic value that would constitute a legitimate second result directly imputable to antifertility pills or serums, then that will be the time to consider the possibility of indirect sterilization. But as of now, we must in honesty admit that the only intrinsic purpose to be admitted for fertility-control methods is temporary sterility, a direct effect which has been emphatically condemned by Church authority as contrary to natural law.

Furthermore, even on the supposition that a legitimate purpose should eventually be found for such therapy, its use would still be subject to the rigid test of the several conditions which must be verified before the principle of double effect is applicable. Of supreme importance among those requirements is that the agent's intention likewise be licit; specifically in this matter, that the subject undertaking such diet or treatment *not intend its concomitant sterilizing effect*. How many of the men and women, anxiously awaiting the day when antifertility pills will be available at the corner drugstore, can sincerely say that the purpose of their diet would not then be contraceptive? Intended—as in reality it would be—to induce

temporary sterility in order to avoid conception, the action would even then be sinful for them by reason of that sinful direct intent.

Hence, fertility control, as it is presently envisioned, derives its initial and essential malice from its opposition to the fifth commandment in its precept against that form of self-mutilation known as direct sterilization. Far from confounding Catholic morality, as one prominent educator has already implied that they would, these antifertility techniques are patently at odds with elemental moral principles.

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REFERENCES

1. Cf. "A New Antifertility Factor" in *Science*, Oct. 10, 1952 (pp. 373-85), a preliminary report from which the following clinical data have been extracted. For one rather skeptical reaction to the doctor's report, see the newsweekly *Time*, Oct. 20, 1952, pp. 85-87.
2. Theologians, it is true, are not unanimously agreed as to the precise extension to be accorded the concept of mutilation. However, as Fr. B. J. Cunningham, C. M., demonstrates in the *Morality of Organic Transplantation* (Washington, D. C.: Catholic University of America Press, 1944, pp. 1-17), modern authors, keeping pace with advanced medical and surgical methods, are generally agreed that the elements included in the above definition represent the minimum essentials for an adequate definition of grave mutilation in the theological sense of that term.
3. *Acta Apostolicae Sedis*, 32 (1940), p. 73.
4. For an excellent exposition of the principle of double effect, cf. Fr. Gerald Kelly, S. J., *Medico-Moral Problems*, I, pp. 11-13. Two other articles in this same volume concern the application of this principle to therapies which result in sterility: "Suppression of Ovarian Function to Prevent Metastasis," pp. 21-24; "Orchidectomy for Carcinoma of Prostate," pp. 25-29. (The Catholic Hospital Assn., 1438 So. Grand Blvd., St. Louis 4, Mo.)
5. Dr. Sieve in his report mentions 3 couples who, prior to the hesperidin diet, had experienced a long period of questionable sterility, and who after terminating the diet required but one menstrual cycle before impregnation. The doctor's own conclusion: "Apparently some correction may have occurred, which suggests the possibility that phosphorylated hesperidin may possess fertility-stimulating, as well as antifertility, activity. However, further study is essential before a definite explanation can be elicited." o. c., p. 384.