Orchidectomy for Carcinoma of Prostate

Catholic Physicians' Guild
ment is only indirect. It is not clear to me that he is actually defending the treatment as permissible, but he seems to imply it. He concludes with the statement that "all cancers of the breast are likely to grow slower and spread less rapidly if not affected by ovarian secretion, than if this secretion were present."

The Ecclesiastical Review, CIX (August, 1943), 125-27. Writing on "The Morality of Indirect Sterilization," Father Honoratus Bonzelet, O.F.M., admits that the irradiation of the ovaries for the cure of cancer of the breast would be an indirect sterilization, but he expresses his opinion that it would be illicit in the cases referred to by Father Kremer because there would not be a proportionate reason for it. I am not sure that Father Bonzelet touches the point at issue in the questions proposed to me. He seems to be thinking only in terms of curing the primary cancer of the breast by means of suppressing ovarian secretion, and not of preventing metastasis. He cites a Mayo authority to the effect that the procedure of choice would be removal of the breast carcinoma followed by roentgen therapy of the excised area.

Theological Studies, IV (December, 1943), 588-89. In reviewing the articles written by Fathers Kremer and Bonzelet, Father John Ford, S.J., agrees with Father Bonzelet that there must be a proportionate reason for indirect sterilization, but he believes that the judgment of this reason is chiefly a medical one.

Medical Ethics for Nurses, by Charles J. McFadden, O.S.A., Philadelphia, F. A. Davis Co., 1946. See pp. 224-25. Father McFadden says practically the same as Father Bonzelet, as referred to above.

**QUESTIONS: IS IT PERMISSIBLE FOR A DOCTOR TO PERFORM AN ORCHIDECTOMY, PRIMARILY FOR THE RELIEF OF PAIN, ON A PATIENT WHO HAS CARCINOMA OF THE PROSTATE GLAND?**

**Previous Discussion**

The problem presented here is quite similar to the question concerning the suppression of ovarian function in cases of carcinoma of the breast, a question that was discussed in Hospital Progress, XXIX (April, 1948), 147-48. It was pointed out in that discussion that a treatment or mutilation of the reproductive organs which results in sterility is morally justifiable only when three conditions are fulfilled: (1) the purpose of the treatment or operation must not be contraceptive; (2) the procedure must offer some hope of benefit to a patient who suffers from serious pathology; and (3) a less drastic procedure which offers more or less equal hope of benefit is not reasonably available.

In the article referred to, I indicated how these three conditions might be fulfilled in the case of oophorectomy or irradiation of the ovaries for the prevention of metastasis from carcinoma of the breast. First, these procedures are not precisely contraceptive measures, because they are directed to the suppression of the endocrine,
not the exocrine function of the ovaries. Secondly, according to a theory held by eminent physicians, the internal secretions of the ovaries stimulate the growth of neoplastic tissue; hence the suppression of these secretions offers a hope of benefit to a patient suffering from carcinoma of the breast. Thirdly, at least in many cases, a simpler effective remedy is not available. It seems that in some cases removal of the breast, with subsequent mild irradiation that does not induce sterility, will effect a cure; and in such cases there is no moral justification for the more drastic procedures that induce sterility. Obviously, the judgment of the relative value and advisability of the various procedures in individual cases must be made by competent medical men.

The Present Problem

The present question may be discussed along the same lines. But before considering the conditions required for the moral justification of orchidectomy, it will be well to give a brief survey of the pertinent medical facts.

Carcinoma of the prostate gland is a disastrous and excruciatingly painful disease which is rarely diagnosed at a sufficiently early stage to admit of complete cure. The growth and spread of the disease is fostered by androgens, which are supplied principally by the testes. Even when a cure is impossible, the patient can obtain considerable relief and even be enabled to lead a fairly normal life for some time, if the supply of androgens is diminished or their effects neutralized. A neutralizing effect can be produced by the administration of estrogens; and the testicular output of androgens can be suppressed by orchidectomy or by irradiation of the testes.

Each of the procedures mentioned (hormone therapy, orchidectomy, and irradiation of the testes) induces sterility; but in the case of hormone therapy this effect need not be perpetual, whereas in the other two procedures the sterility, once effected, is irremovable. Estrogen treatment, however, sometimes involves disadvantages not connected with the other procedures: e.g., hypertrophy of the breast, and gastric disorders. Moreover it may require more careful supervision of the patient over a long period of time.

I might add here that it seems practically impossible to treat carcinoma of the prostate without inducing sterility: for even in the rare cases when a cure can be accomplished by removal of the prostate gland, it seems to be difficult to perform the operation without injuring the reproductive tract to a degree that impedes fertility. Moreover, many competent physicians do not feel confident of a successful cure unless they eliminate the testicular output of androgens. Hence it seems that sterility is an almost inevitable result of any treatment of carcinoma of the prostate, whether curative or merely palliative.

One final fact: The victims of carcinoma of the prostate gland are usually not young men; the disease generally occurs after middle age, at a time when a less serious reason might be required for justifying a sterilizing procedure than would be required if the patient were young. However, it can occur in younger men; and it seems to me that the disease is so disastrous that the age factor need not be stressed when the morality of the curative or palliative procedures is discussed. Furthermore, it seems that the disease itself, independently of therapy, tends to induce sterility.

Such are the medical facts. In the light of these facts it is not
difficult to estimate the conditions required to justify orchidectomy in the treatment of carcinoma of the prostate gland.

1. The purpose of the procedure must not be contraceptive. We hardly need delay on this condition. It seems obvious that the purpose of the operation is to suppress the internal secretions of the testes; the sterility induced by the procedure is an unavoidable but indirect effect. In this we have a perfect parallel with the suppression of ovarian function in the treatment of carcinoma of the breast.

2. The procedure must offer some hope of benefit to a patient suffering from severe pathology. It is unquestionable that carcinoma of the prostate gland is serious pathology. And from the medical data on hand, it seems also unquestionable that the suppression of the testicular output of androgens offers hope of considerable benefit to the patient, even when cure is impossible. The patient is not only relieved of pain; his appetite is improved, he gains weight and strength, and is often enabled to lead a fairly normal life for several years.

(Note: In the question proposed at the beginning of this article, it was asked whether the orchidectomy could be performed "primarily for the relief of pain." An eminent urologist whom I consulted in preparing this material suggested that I call attention to the fact that this expression might be misleading; he believes that in view of the many good effects produced by orchidectomy the relief from pain can hardly be considered as "primary." His view seems to be a more accurate presentation of the complete medical picture. I believe, however, that even aside from other good effects, relief from great pain may be considered as a great benefit to a patient and, especially in the case of an incurable disease, it may constitute a legitimate reason for a drastic mutilation, provided the pain cannot be relieved by simpler means and provided, of course, that the patient is not able and willing to endure the pain. It may be worth while to discuss this topic more at length in a subsequent article.)

3. A less drastic and equally effective procedure is not reasonably available. This condition brings us to the crucial test for the moral justification of orchidectomy. Surgical castration seems to be the most serious of all the remedies or palliatives suggested for the treatment of carcinoma of the prostate gland; hence it is permissible only when other means cannot be used or would not be equally effective. As a matter of fact, it seems that excision of the prostate gland, without suppression of androgens, is rarely feasible. The simplest of all the means of suppressing the effect of the androgens is hormone therapy; hence, in cases in which this treatment would be effective, it must be preferred to orchidectomy. But if hormone therapy cannot be used or will not produce the desired effect, either orchidectomy or irradiation of the testes is permissible.

Confirmation

A few years ago Father John J. Clifford, S.J., published a very complete article on the present subject. (See "The Morality of Castration for Carcinoma of the Prostate," in Theological Studies, V [Dec., 1944], 439-52.) His conclusions were as follows:

"1) Estrogens should be employed first. 2) If estrogens prove ineffective, all ethical objection to orchidectomy ceases. 3) If further scientific evidence proves orchidectomy with subsequent use of estro-
gens the most effective way to prolong life, then orchidectomy may be employed first with a subsequent use of estrogens. 4) If further evidence bears out Huggins' claim that a protracted use of estrogens alone is carcinogenic, all ethical objection against the immediate use of orchidectomy disappears. 5) X-ray treatment of the gonads is morally objectionable.

Concerning Father Clifford's conclusions I would make two observations. First, he is considering the usual case: namely, when the disease is discovered too late to be cured by removal of the prostate gland itself. Secondly, he objects to irradiation of the gonads because, at the time he wrote, this treatment seemed to be only doubtfully effective. A distinguished urologist has advised me to modify this conclusion somewhat, for he believes that irradiation is frequently just as effective as orchidectomy.

The problem we have been discussing is not mentioned in the old surgical code for Catholic hospitals. Among the recently printed diocesan codes, those of Los Angeles, Toledo, and Grand Rapids all list orchidectomy for the treatment of carcinoma of the prostate as one of the procedures that may be allowed in Catholic hospitals. The code of Grand Rapids demands previous consultation; Los Angeles and Toledo do not demand the consultation, but they insist that the hospital has the right to demand it.

The Healthy Organ

In this discussion there has been question of mutilating an apparently healthy organ. In the article on the suppression of ovarian function to prevent metastasis, I indicated how such a mutilation might be morally justified; yet I have found from experience that this point bears frequent repetition, for the impression that a mutilating treatment or operation can be directed only against an organ which is "diseased" in the technical sense seems to be very common.

The essential requisite for the licitness of mutilation is simply this: the sacrifice of an organ or function must be required for the well-being of the whole body. This requisite can be present without "disease" in the technical sense. For example, if a man's foot is caught in a railroad track, the foot is not really diseased, yet its amputation may be a necessary means of saving his life. Or, to cite another example often given by theologians, if a tyrant threatens to kill me unless I cut off my hand, the sacrifice of my hand (which is clearly not diseased) may be necessary for the preservation of my life. The amputation of the healthy foot or hand in these cases would be allowed by theologians, and it squares perfectly with the principle enunciated by Pius XI in the encyclical on Christian Marriage: namely, that private individuals may mutilate themselves when this is required for the good of the whole body.

In the case of orchidectomy for the treatment of carcinoma of the prostate gland, it may be that the testes are healthy; yet, since their internal secretions foster the growth and spread of the cancer, they are clearly a menace to the patient's well-being. We might say that, under the circumstances they should no longer be considered healthy; or we might say that, though they are healthy, their removal is required for the good of the whole body. Whether they are considered as healthy or unhealthy, their removal can be justified according to the principle enunciated by the Pope and explained by theologians.
Conclusion

In view of the preceding discussion, the answer to the question proposed is that orchidectomy may be permitted in the treatment of carcinoma of the prostate gland provided that some simpler therapy such as the administration of estrogens would not be equally effective. Whether estrogens should be tried first or whether the orchidectomy should be performed immediately (or whether X-rays should be applied to the testes) should be left to the judgment of competent physicians.

PROBLEMS CONCERNING EXCESSIVE UTERINE BLEEDING

Question: In your April Number (pp. 147-48) you allowed the suppression of ovarian function by irradiation or excision of the ovaries for the prevention of metastasis from carcinoma of the breast. Are these same procedures ever permissible for the cure of excessive uterine bleeding? And may hysterectomy ever be allowed as a remedy for such bleeding?

The principles to be applied in answering these questions were explained in the April number of Hospital Progress (XXIX, 147-48. According to these principles, hysterectomy, oophorectomy, or suppression of ovarian function by irradiation may be allowed to cure uterine bleeding if these two conditions are fulfilled: (1) since each procedure results in sterility, there must be a sincere desire to remove pathology and not merely to induce sterility; and (2) there must be a proportionate reason for using the extreme measure.

It is not difficult for a moralist to judge the first condition when the case presented to him involves a physician whom he knows to be competent and conscientious. But he must be very careful when giving general answers or when solving particular cases that involve unknown physicians; for there are some doctors who have what I might term a "sterilizing mentality." They believe that certain classes of patients should be sterilized. Yet they realize that a conscientious Catholic woman will not permit this, and they also know that they will not be permitted to perform a patently sterilizing operation in a Catholic hospital. Consequently, under the guise of attacking pathology, they recommend treatments or operations which produce the desired result of sterilization, though under another name. These doctors have what Father John Ford, S.J., referred to in The Linacre Quarterly (X, 4-5) as a "disguised contraceptive intent." I do not say that there are many such physicians, but there are enough to make any experienced moralist cautious in giving his answers.

Proportionate Reason for Procedures

Granted that there is no contraceptive intent, the procedures suggested in our question may be allowed for a proportionate reason. To judge whether there is such a reason one must know how serious is the pathology involved and whether it can be conveniently and effectively cured by less severe remedies. Here again the moralist's problem is not extraordinarily difficult if the case is presented by a