Lobotomy
Catholic Physicians' Guild

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

Recommended Citation
Available at: http://epublications.marquette.edu/lnq/vol15/iss3/10
Question: Is prefrontal lobotomy morally permissible in the treatment of mental disorders?

Principle
The principle to be applied in answering the question is this: Any procedure harmful to the patient is morally justifiable only in so far as it is designed to produce a proportionate good.

As long as we remain in the sphere of theory this principle is easily explained and easily understood. It simply means that to pass judgment on the morality of any mutilation one must compare the harm that might be done with the benefit to be expected. If the hope of benefit is commensurate with the danger of harm, the procedure is morally justifiable; otherwise it is not.

But when we pass from theory to the judging of a particular procedure for a particular patient, we are often confronted with many difficulties. To make a fair comparison of harm and benefit we have to answer many questions. How serious is the patient's present illness? Will the proposed remedy cure it, either temporarily or permanently, or will it merely bring some alleviation and perhaps prolong life? And will there be complications that may aggravate the illness or be the equivalent of a new illness? And if there is danger of harmful effects, is this danger greater or less than is the hope of benefit? Also, is there a simpler and less dangerous way of producing the desired good results?

In certain cases we can solve a problem immediately without explicitly adverting to some of these questions. For instance, we already know from long experience that a ruptured appendix calls for an operation. But in some of the more recent problems, we must carefully consider all the questions, and even after we have done so, we can scarcely give an answer that is more than tentative — an answer which means: "In so far as the facts are known and correctly presented, I judge that such and such a procedure is licit." For example, we have already discussed in this column a number of cases concerning castration in the treatment of cancer and in the prevention of metastasis. In none of these cases are the facts so clear as to preclude all reasonable debate: and it may be that the discovery of simpler and more effective procedures will render castration quite unnecessary and therefore illicit.

If it has been difficult to estimate the facts pertinent to castration in the treatment of carcinoma, it is thrice difficult to estimate the facts relative to prefrontal lobotomy as a licit treatment of mental illness. Experts admit that the operation is still very much in the experimental stage. I would not pretend, therefore, to give exact data concerning its harmful and beneficial effects. However, from reading and from talking to members of the medical profession who have had experience with the operation, I think I can at least indicate the main points to be considered. And from these indications I can formulate what might be a helpful working rule for judging when the operation should be allowed and when it should not be allowed.

It seems appropriate to mention here that the most helpful article I have read is by Father Hugh J. Bihler, S.J., of Woodstock College, Woodstock, Maryland. Un-
fortunately, Father Bihler’s article appeared in a journal for private circulation only; hence I cannot cite it more specifically. But he has kindly given me permission to use it in any way that I might find helpful.

Effects of Lobotomy

In the operation known as prefrontal lobotomy the brain is opened and some of the projection or association fibers connecting the frontal lobes and the thalamus are severed. The principal good effect of the operation seems to be relief from emotional tension: for example, a patient suffering from a crippling anxiety is relieved of the anxiety and may, with proper help, begin to lead a more or less normal life. Just how this relief is brought about seems to be a matter of conjecture among psychiatrists; but one explanation that is often accepted as quite probable is that the operation brings about a sort of divorce between cognition and emotional response. In other words—to use an example—a thought or suggestion which before the operation might have caused the patient a veritable panic will scarcely trouble him after the operation.

One authority says that the primary observable effects of lobotomy are these: the patient manifests inertia and lack of ambition; he is indifferent to the opinions of others; he shows a tendency to be satisfied with no work or with only a little work, and this of inferior quality; he lacks what is ordinarily called self-consciousness. In themselves, such qualities are not desirable; yet they are relative benefits to a person who has been disabled by emotional tension. And it seems possible to re-educate the patient to somewhat normal behavior.

Other factors, mostly on the unfavorable side, that must be taken into account in judging the morality of lobotomy are the following: At the time when Father Bihler wrote (1947) the mortality rate was between 2 and 3 per cent. Possibly improved technique will reduce this, if it has not already done so. Not uncommonly the patients are subject to occasional epileptic seizures after the operation. The failure to make emotional responses makes it necessary to exert great care in a re-educating program. Moreover, the divorce between affective and cognitive elements seems to make the subject indifferent to pain: an effect which might be reckoned a benefit in the case of persons who are afflicted with an incurable and very painful illness, but which exposes others to great dangers. For instance, one report mentions two lobotomized men who almost died of peritonitis. Because of their indifference to pain they had not noticed the great pain that usually accompanies this ailment. Finally, in the case of patients whose entire moral code is merely "convention," the lack of human respect that follows upon lobotomy may result in the performance of immoral acts.

I believe that the foregoing survey includes most of the results, beneficial and harmful, that may result from lobotomy. Seen in their totality, they seem to point to more harm than good. However, we must keep in mind that when we are dealing with individual patients, some effects may be quite improbable. This brings us to the question: in the cases in which the operation has been used, has it proved more beneficial than harmful, or vice versa?

My impression is that the reports vary considerably from place to place. This variation may be partly explained by the condition of the patients at the time of the operation, by the skill with which the condition was diagnosed and
the operation performed, by the
quality of post-operative care, and
so forth. Recently I visited an in-
stitution which has a decidedly
conservative policy (it uses lobot-
omy as a last resort and only
when all other possible therapeutic
methods have failed) and which
had nine cases under observation.
Five cases had shown no change;
two seemed to be slightly worse;
and two had decidedly improved.
At another place where the policy
is also quite conservative, a super-
visor told me that they have kept
no statistics, but their general
impression is that the operation is
beneficial; their major doubt at
present concerns the permanency
of the benefit. A clipping sent to
me a short time ago runs as follows:
"No complete cures have been
effected in 20 brain lobotomy op-
erations performed on mental pa-
tients at the Oregon State hos-
pital, the state board of control
was advised Tuesday. William C.
Ryan, superintendent of state in-
stitutions, made the announcement
in seeking a board rulinq on
whether the operations should be
continued. Ryan said, however,
that the operations have helped
some patients. The board voted to
leave the decision with Portland
physicians who are performing the
operations, stating they could best
determine if the experiment should
be continued."

This account is taken from an
ordinary newspaper and, as it may
lack the exactness needed in sci-
entific matters, it is quite fallible.
Nevertheless, I could accept the
account as true and still approve of
the board's decision to leave the
matter to the physicians. But I
would point out to them that, since
they are dealing with a dangerous
experimental remedy, they must
abide by the rules governing such
experiments. This means that the
experiment must not be used if
more certainly effective remedies
are at hand; nor must it be used
unless the hope of benefit is com-
mensurate with the illness and the
risk of the operation. Ordinarily
we should add that the patient
must consent to the use of the
dangerous remedy; but I imagine
that in many of these mental cases
the patients are not capable of giv-
ing a valid consent; hence the con-
sent should be supplied by the
guardian.

Conclusions
Father Bihler's conclusion after a
very thorough study of this prob-
lem is that there is "no reason for
raising moral objections to the
operation when it is confined to
hopeless psychotics who have not
been benefitted even by the vari-
ous shock therapies." In other
words, the hopeless psychotic
starts out with such a handicap
that he has almost nothing to lose,
but much to gain. As for the licit
use of the operation on neurotics,
Father Bihler thinks that we
should reserve judgment until we
know more of the possibilities of
re-educating them and thus avoid-
ing any permanent harmful result
of the operation.

Since I began to organize the
material for this discussion Father
Patrick O'Brien, C.M., has pub-
lished an article entitled "Prefrontal Lobotomy: Its Present
Moral Aspect" in The American
Ecclesiastical Review, CXIX
(Sept., 1948), 196-201. Father
O'Brien is of the opinion that the
operation may be allowed in the
case of a true psychosis that is
affective in character, truly dis-
abling, and of sufficient duration
to allow for a reasonable medical
judgment that time or situational
changes will not effect a cure. He
demands however that other appli-
cable therapy be tried first, and
that there be assurance of compe-
tent care for a long period after
the operation.
I believe that Fathers Bihler and O'Brien have brought out excellent points. However, in stating my conclusion in some kind of formula, I should like to keep it a little more general and make allowance for competent medical judgment that may go somewhat beyond the conclusions just stated. For instance, good psychiatrists have told me that in some cases psychoneurotics can be cured by the operation. These psychiatrists have also assured me that the operation is sometimes beneficial in cases of chronic schizophrenia, which, if I am not mistaken, is not technically classed as an affective psychosis. I think we can make due allowance for such competent medical judgment by the following rule:

Lobotomy is morally justifiable as a last resort in attempting to cure those who suffer from serious mental illness. It is not allowed when less extreme measures are reasonably available or in cases in which the probability of harm outweighs the probability of benefit.

The italicized statement was recently included in a number of propositions submitted for criticism to a fairly large group of theologians and physicians. No one took exception to it. Catholic hospitals may take it as a guiding norm for competent physicians, and may allow the physicians to apply the rule in particular cases according to their own expert knowledge and experience.

NARCO THERAPY IN CATHOLIC HOSPITALS

Question: What is the official attitude of the Catholic Church on the examination by a psychiatrist of a patient to whom sodium pentothal has been given? In particular, may such treatment be allowed in Catholic hospitals?

The use of sodium pentothal for the cure of mental illness is graphically described by Doctors Grinker and Spiegel in their book Men Under Stress. A typical example of the treatment, as recommended and practiced by these doctors, would be somewhat as follows:

Suppose the psychiatrist's patient is suffering from some neurotic illness. By means of interviews the psychiatrist first establishes a relationship of confidence with his patient and learns all that he can about the repressed emotional situation or situations that brought on the neurotic condition. When the psychiatrist realizes that further recall would require too much time or that it is too difficult, or perhaps impossible, he resorts to the pentothal treatment. Pentothal is given intravenously, and the patient is told to count backwards from 100. When the counting becomes confused the injection is discontinued. In this narcotic condition the patient usually talks freely about himself. Sometimes his talking will spontaneously follow lines pertinent to his illness; sometimes he must be skillfully directed by the psychiatrist. Very often the patient will literally relive an entire frightening experience, verbally, emotionally, dramatically. Often, too, as the effects of the drug begin to wear off, the patient begins unconsciously to gain an insight into his troubles and to make appropriate readjustments. After that, the psychiatrist's task is simply to aid the patient to a completion of the insight and readjustment.