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THE ORAL CONTRACEPTIVES:
A Review of Moral Appraisement

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Since theological discussion of the anovulant drugs began some four or more years ago, moralists have never been less than unanimous in their assertion that natural law cannot countenance the use of these progestational steroids for the purpose of contraception as that term is properly understood in the light of papal teaching. With equal conviction theologians have commonly taught that, when these same drugs are medically indicated as necessary for the cure or control of serious organic dysfunction, they may licitly be taken even though temporary sterility may result indirectly as an unavoidable concomitant of the therapy. Both conclusions were explicity confirmed by Pius XII in his September 12, 1958, address to a congress of hematologists.¹

These two facets of the anovulants represent the most basic and most simple moral problem posed by "the pills." Further discussion of these phases of the question would be superfluous if it were not for the disturbing fact that even these elementary conclusions are in danger of becoming obscured at the popular level by certain ambiguous statements which have been appearing periodically in the secular press. Typical of these theologically misleading lucubrations is an attempt by John Rock, M.D., to resolve the doctrinal differences which characterize Catholic and non-Catholic thinking on the matter of contraception.²

Dr. Rock's Position

Dr. Rock's article treats first the question of public policy as regards legal sanctions on the practice of contraception and, second, the matter of diverse doctrines on the morality of contraception as enunciated by Catholic and non-Catholic spokesmen respectively. Little fault can be found with the doctor's sentiments on the first item. In reference to the second, however, he betrays himself as woefully deficient theologically. For after insisting quite correctly that Catholic teaching does not necessarily forbid the avoidance of pregnancy or the spacing of births by the natural method of continence, either total or partial, Dr. Rock attempts to establish that direct suppression of ovulation is

¹ Acta Apostolicae Sedis 50 (1958) 735.

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likewise a natural, and therefore licit, method of birth control:

It is my confident hope that the medication [the oral contraceptive pill] will prove acceptable to my church, since it merely gives to the human intellect the means to suppress ovulation: these means have heretofore come only from the ovary, and, during pregnancy, from the placenta. These unthinking organs supply their hormone, progesterone, at those times when nature seeks to protect a fertilized ovum or growing fetus from competition for the woman’s resources. The oral contraceptive simply duplicates the action of this natural hormone, when the woman herself feels the necessity for protection of her young—present or prospective. The Catholic moralists who have so far expressed themselves publicly, however, do not share my views.

Dr. Rock omits mention of the fact that Pius XII had likewise expressed himself publicly in repudiation of any such views. Neither ignorance of that authoritative papal statement nor conscious failure to cite it in context is excusable in one who undertakes to speculate publicly on the Catholic position regarding anovulants.

As for Dr. Rock’s argument from reason in favor of the “naturalness” of physiologic fertility control, the fallacy is evident. The fact that nature on the occasion of pregnancy provides a concomitant anovulatory period does not warrant the conclusion that one may on other occasions choose to induce that same phenomenon by artificial means. This is precisely what is denied in our teaching on direct sterilization. As any doctor will readily agree, death from natural causes is also of very common occurrence. But that biological fact does not justify one’s anticipating nature in this regard by deliberately terminating his own or another’s life, even by means which duplicate nature’s lethal processes.

On the sole evidence of his Good Housekeeping article, Dr. Rock’s position on the matter of contraception could legitimately be interpreted as being, at worst, that of an earnest but inadequately informed Catholic whose ultrarespect for the contrary conscience convictions of many a non-Catholic might in good faith tend on occasion to jump the bounds of reasonable tolerance into the forbidden area of illicit co-operation in the material sins of others. It would be exceedingly difficult to pass so kindly a judgment on another item of his authorship which appeared concurrently in the Journal of the American Medical Association. There, editorializing on the threat of a population explosion, Dr. Rock discounts as mere pious hope any expectation that periodic continence will suffice to stem the overwhelming tide of increasing births. “Only contraceptives,” he insists, “easy to use and to obtain—with the will to use them—can possibly hold the population line until the means for sustenance and improvement in the standard of living are provided.” Speaking of “the pill,” he leaves no doubt as to his approval of it as an unqualified contraceptive:

This newest addition, the oral contraceptive, is but an example of progress. It has, for most women, all the requisites except, for the moment, cheapness. As yet, it is unique in affording a truly natural method of birth control—the one the body uses to prevent conception—so it should meet no cultural, and

eventually overcome present limited religious objection. This method is obviously much more “natural” than wilful intramarital continence at a time in the cycle when Nature plans for an ovum to meet its complement, the spermatozoon.

Thereupon Dr. Rock issues this challenge to the medical profession as a whole:

While the enlightened ones (among whom should be all physicians) try to increase everywhere the knowledge and the availability of current contraceptives, they should strive to invigorate motivation to use them where required. Furthermore, the enlightened must work hard to improve and supplement contraceptive techniques, so that one or another means, including periodic continence, is on hand everywhere to meet every requirement: cheapness, harmlessness, ease of use, and acceptability within every variation of mores, habitat, and religion.

Expressed by one who publicly associates himself with Catholicism, this is indeed strange counsel. Stranger still is the philosophy underlying it:

Within human reason, conception is good only if it can be expected, through the essential help of parents and society, to result in a healthy, constructive, adult component of family and group. It follows that conception is bad if parents and society cannot protect, sustain, and train the infant through childhood and adolescence. Exploding populations make this quite impossible today over large parts of the globe. Obviously, to man’s God-given reason, man is not intended to beget young merely to have them die of starvation or violent death after a bare, beastly existence. Reason manifests that man’s intellect was provided, among other objectives, to prevent this, but without violating his sexual nature or his marriage [by intramarital continence], through which this is fulfilled. Toward this end, his intellect, I submit, has evolved “the pill.”

Some months later Dr. Rock’s tactics had allegedly changed to some extent. According to an Associated Press dispatch of January 25, 1962, the doctor assured the annual meeting of the Chicago Area Planned Parenthood Association that “Their [the pills] use is completely moral,” though on the same occasion he reportedly conceded that his position on the matter is at variance with official Catholic teaching:

The church hierarchy opposes use of the pill as immoral, but among communicants there is an increasing willingness to accept it. Close to half a million women are using the pill for contraceptive purposes. And it is hard for me to believe these women are all Protestants.

The purpose of quoting at such length from these various statements of one proponent of physiologic fertility control is to illustrate the sort of specious reasoning, unreasoning emotionalism, half-truths and fallacies to which the faithful are being exposed on this elemental question of the oral contraceptives. To counteract these adverse influences, we have had an abundance of theological literature on the subject over the past four or five years. But little or nothing of what is written in clerical journals is ever seen in the original by most of the laity, who consequently remain largely dependent upon their priests and physicians to provide definite answers to their doubts in this matter. And if there is one decisive answer which can and must be given relative to the anovulant drugs, it is an unqualified negative to the question as to whether they may licitly be used as a means of preventing conception’s resulting from conjugal intercourse.

This fundamental phase of the ethical problem presented by the infertility pills is theoretically a
closed issue. Both by virtue of the principle which governs the morality of direct sterilization and by reason of the authoritative statement of Pius XII on the more specific matter of the anovulants, only one conclusion, viz., a denial of licitness, can emerge from any orthodox discussion of the drugs as their use results in sterility by direct intent. As declared recently by Richard Cardinal Cushing, Archbishop of Boston, it is the unquestionable obligation of Catholics to accept and to abide by this clear and unmistakable teaching of their Church:

The teachings of the Catholic Church on the question of contraceptive birth control are well known and universally applicable. Every method of contraception which interferes with the progress of marital activity towards its natural goal of conception is intrinsically wrong and in violation of the natural law. The use of pills for the immediate purpose of impeding fertility, whether in the male or the female, represents likewise an unnatural interference with the natural tendency of reproductive activity. These principles are accepted by all theologians of the Catholic Church, and they must be the starting point of any discussion of secondary questions on the subject of population control about which there may be difference of opinion and possibility of deeper insight.

It is the moral obligation of individual Catholics, regardless of their professional competence, to accept the teachings of the Church in this matter, and to refrain from any public statement or expression of opinion which would imply rejection of, or contempt for, the authority of the Church which presents these teachings in their application to contemporary problems. Those who are specialists in the pertinent areas of the natural sciences have every right to continue their research and experimentation within the limits imposed by the moral law. When their conclusions come into relation with the teachings of Catholic moral theologians, however, they have no right to express themselves independently. The teaching of moral theology is the proper function of the Church. The explanation and application of moral principles is the work of theologians who carry on their work under the authority of the Church.

As we hear from time to time of individuals who question the validity of the Church's teaching on the subject of contraception, we are constrained to call to their attention the fundamental moral evil of their attempt to usurp the Church's position of authority in matters which pertain to the observance of the moral law. As Catholics, they must cooperate with the Church in bringing about reasonable and constructive coordination between the teachings of theology and the discoveries of modern science. The theologians of the Church are always ready to discuss with persons of recognized competence the infinitely variable situations in which moral principles must be applied. They cannot be expected, however, to surrender their own right to make moral judgments to those whose competence lies within more restricted fields.

Our attitude towards Catholics who declare themselves independent of the authority of the Church must be one of official condemnation. We leave to the judgment of God the question of their moral guilt. We point out to them that they must settle their personal problems of conscience in the tribunal of the Sacrament of Penance, and that they cannot conscientiously receive the sacraments as practicing Catholics if they refuse to submit to the direction and guidance of ecclesiastical authority.

**SUBSIDIARY PROBLEMS**

To the theologian, therefore, it is preeminently clear that the use of anovulants for contraceptive purposes cannot be reconciled with the dictates of moral law. We are still left, however, with several peripheral problems which arise from the fact that, apart and distinct from their contraceptive potential, the drugs in question can also produce certain desirable effects which are legitimate objects of direct intention. The doubt

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4 *Pilot* (Boston) June 30, 1962, p. 16.
which then is invariably raised is the familiar query as to the applic-
ability of the principle of double effect to a situation in which ster-
ility, either temporary or continual, is ostensibly of the indirect variety. In some instances a solution can readily and confidently be provided, because both the medical facts of the case and the application of relevant principles are clearly evident. We have medical assurance, for example, that the progestational steroids are effective as remedies for certain serious anomalies of menstruation, and moralists from the beginning — even before the opinion was confirmed by Pius XII — did not hesitate to concede that use of the drugs in these circumstances would not be wrong, provided only that the postulates of the principle of double effect could be satisfied.5

But certain other cases depend for satisfactory moral solution upon accurate knowledge of facts which are not as yet entirely evident. In this latter area moralists can give only conditional answers, sometimes with the uncomfortable suspicion that they may not be dealing with practical reality but with mere hypotheses which may forever remain conjectural or which may even eventually be disproven.

“Regularizing the Cycle”

Currently one of the most common of such questions relates to the licitness of using the pills in an attempt to regularize the ovulatory cycle in women whose ovulation periods are so irregular, and consequently so unpredictable, as to make the practice of rhythm unreliable as a means of avoiding pregnancy. On this point there is sharp difference of opinion among theologians, although of those who have discussed the matter the majority would seem inclined to judge the procedure as permissible. It is of major importance, however, to understand the assumptions upon which they base their favorable solution and to realize that, if one or more of these assumptions should be proven incorrect, the proponents of this opinion would be forced to change their position.

First they assume that it is the normal and natural thing for women in general to enjoy a more or less regular and predictable ovulatory cycle. Consequently, any considerable departure from normalcy in this regard, i.e., any irregularity in ovulation so pronounced as to make the effective practice of rhythm impossible, is equivalent to a pathological condition which one has a right to correct by legitimate means.

They further assume that what is envisioned as the ultimate result of treatment is a regular monthly cycle of both ovulation and menstruation. They do not mean to condone any procedure which would regularize only the successive periods of menstrual bleeding while repeatedly and indefinitely suppressing all ovulation.

And finally they assume, on the

5 For more detailed discussion of this phase of the anovulant drugs, cf. LINACRE QUARTERLY 25 (Aug., 1958) 96-98.
authority of certain doctors who have proposed the treatment as medically feasible, that the regularity of ovulation eventually to be achieved is not due causally to the temporary period of sterility which also occurs in the patient, but is rather the immediate effect of the restoration of proper hormonal balance which the medication achieves. Temporary sterility, in other words, is not the directly intended means whereby regularity of ovulation is accomplished, but rather an indirect by-product of therapy whose direct result is regularization of the ovulatory cycle.

On the strength of these suppositions, the question of regularizing the cycle is understood by theologians to mean that for some few months (three or four would appear to be the approximate number which doctors have in mind) the steroids are ingested according to prescribed dosage for twenty consecutive days beginning on the fifth day following the onset of menstruation. They are then withdrawn temporarily in order to allow the next menstruation to occur, are again resumed on day five for another twenty consecutive days, and so on for the allotted span of several months. During this entire period no ovulation will have taken place, nor will it ever take place as long as the pills are continued according to the twenty-day-per-month regimen. (Menstruation will have occurred with calendar regularity, but this is by no means the regularization which moralists have in mind when they discuss the matter.) But once the medication is totally withdrawn after the several months' treatment, there will thereupon follow — in the expectation of those doctors who express faith in the theory — a regular and predictable cycle of ovulation.

It is not for theologians to pass judgment on the medical theory itself. But it is only on the understanding that this is substantially what is meant by regularizing the cycle that some moralists have tentatively committed themselves to a defense of the procedure. That their opinion is presently both intrinsically and extrinsically probable — and consequently that it may with easy conscience be followed in practice — would appear to be beyond reasonable doubt.  

Postpartum Sterility

Over the years another vexatious appendage has erupted from the basic thesis enunciated of the oral contraceptives. This problem looks to the postpartum period of lactation in women and presupposes that for some months after childbirth ovulation is normally suspended in the generality of mothers who nurse their babies. In the event, however, that nature should fail — as at least sometimes

6 Since it is assumed in what has preceded that suppression of ovulation is not the means of regulating the ovulatory cycle and consequently need not be directly intended, the statement to which this note is appended does not contradict what will be said below about the suppression of ovulation during the lactation period. Cf. infra n. 7 and corresponding text.
it does — to provide this period of natural sterility, can justification be found for using the pills in order to insure oneself against the “accident” of ovulation which, through nature’s oversight as it were, might otherwise occur?

Some few writers have expressed themselves as favoring the view that suppression of ovulation in these circumstances would be permissible, and they reach this conclusion via the premise that to suspend this excessive ovulation is but to correct a defect of nature and is therefore not a direct sterilization in the acceptable sense of that term. In other words, these authors — at least by implication — would understand direct sterilization as the direct suppression of normal generative function. But, they would then reason, since ovulation during the lactation period is not a normal generative function, its calculated suspension by artificial means does not contravene the natural-law prohibition against direct sterilization.

Both the major and the minor premise of this syllogism are open to challenge, and the burden of proof would appear to rest on those who choose to defend them. Is it established, for instance, as a rule of nature that women should not ovulate during the lactation period? And if so, for what minimum length of time should maternal physiology prevent postpartum ovulation? These are questions, it would seem, which have not yet been answered categorically and unequivocally by medical experts. Consequently, can it yet be said with any degree of certitude that ovulation even in the early lactation period is truly an anomaly of nature?

Even if it could be proven, however, that the ovulatory process in women should normally not resume until lactation has terminated, there would still be a major theological difficulty to overcome in the attempt to justify the artificial suppression of ovulation in those women whom nature may have failed in this respect. It is altogether clear that the use of anovulants in these circumstances would represent a direct temporary suppression of generative potential, for the only conceivable purpose of the medication in this case would be to prevent ovulation and conception. Moralists have always equated to direct sterilization any such procedure as this, and they have never in principle explicitly restricted the prohibition against direct sterilization to calculated suppression of normal generative function. May and should that principle be so refined, or would the revision deviate from papal teaching on the subject?

With all respect to theologians who may see the problem in a different light, it seems to me that we would find ourselves in an untenable theological position if we endorsed the emendation. Thus, for example, on the perhaps medically absurd supposition that a married woman would continue to ovulate regularly and to bear children up to her sixtieth year (un-
questionably an anomaly of na-
ture), would our principles relative
to sterilization allow her to submit
for that reason to a direct sup-
pression of ovarian function? And
if someone should allege theologi-
cal justification for an affirmative
answer to that question, what
minimum age in women would he
then propose as the ultimate limit
beyond which the prohibition
against direct sterilization need no
longer apply? Such an example
could be multiplied repeatedly, but
the one would seem sufficient to
illustrate the theologically treach-
erous sort of corollary which
might logically be drawn if we
were to restrict the concept of
direct sterilization to the suppres-
sion of only so-called normal gen-
erative function.

SUMMARY AND CONCLUSION

While both theology and medici-
ne should profit considerably
from any legitimate speculations
and disagreements regarding the
morality of certain subsidiary uses
of the anovulant drugs, a great
deal of caution is required at the
clinical level. In popular estima-
tion the pills are now regarded,
primarily if not exclusively, as an
effective means of avoiding preg-
nancy without necessary recourse
to even periodic continence. We
must make altogether clear that
their use for this directly contra-
ceptive purpose is contrary to
moral law. Only when it is evi-
dent that some genuine malady
requires the remedial effects of the
drugs in question can we begin to
think and speak in orthodox terms
of an indirect suppression of gen-
erative function which may be
allowed for sufficiently serious
reason.

7 Precisely because suppression of ovula-
tion is in this instance directly intended,
one may with consistency question the
morality of this procedure even while
tentatively conceding the probable lic-
teness of regulating the ovulatory cycle
with the aid of anovulants. Cf. supra
n. 6 and corresponding text.