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The Siamese Twin Operation and Contemporary Catholic Medical Ethics

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In October, 1977 at Children's Hospital in Philadelphia, Dr. C. Everett Koop and a team of doctors and nurses performed a unique separation of Siamese twins. Dr. Koop had done similar dramatic surgery before, but this was different; in this operation one of the children would surely die. Within a week, Donald Drake, the Pulitzer prize winning medical writer for the Philadelphia Inquirer, published an extended account of the operation highlighting the ethical issues involved.

A few days before the operation I was called into consultation by a priest, who himself had been contacted by some nurses. These were Catholic nurses, who were scheduled to assist at the operation, and who were puzzled about the problem of the operation ending in the death of one of the twins. An answer was needed quickly; there was little time for research. On the basis of the medical data given me, I immediately felt that from a Catholic moral standpoint, the operation seemed a sound and ethically proper procedure. In Donald Drake's Inquirer account I am cited as giving the following reasons:

God expects us to act when we can act. Not to choose is to choose to allow both of these babies to die. It was not the doctors who would be killing the baby, because they would save the girl if they could, but the terminal event that had already started for her. Death may come sooner — not because they chose it for the child but as an indirect result of their attempt to save the other child.

I was satisfied that he reported the substance of our interview accurately. My aim in the interview was to state the reasons for the licitness of this operation in such a way as to keep the case from overflowing into other cases where one life could end up being “sacrificed” for another in a manner not in accord with Catholic teaching. It is this latter concern that calls for a deeper and more careful analysis of some of the elements of the case. In the above citation I was consciously speaking for the press and there one is conscious of the ease in which a nuance can be missed. Now it may be of some help to speak more fully about why the operation seemed a morally licit endeavor.

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Due Proportion: A First Look

For the sake of clarity let us start more traditionally by looking at key elements of a double-effect analysis. According to a common articulation of the principle, any action having two effects — one good and one bad — is permissible, if 1) the good effect does not come by means of the bad effect, and 2) there is a proportionate reason for permitting the bad effect. There are more complete and more nuanced articulations but these can serve sufficiently for our purpose here. It is also important to note here that contemporary moral theology has, in the past two decades, amassed an enormous body of literature on this entire area of value conflict. Much of the literature, in attempting to get at the base meaning of a long and healthy history of double-effect casuistry, seems to be viewing proportion as the key hermeneutic element.

In any case let us examine the operation of the Siamese twins according to the two double-effect conditions as stated above. Taking the second condition which states that there must be a proportionate reason for permitting the bad effect, the operation at first glance at least seems to be on safe ground. Not only was the operation necessary to save one twin's life, but it was also needed lest both twins died. This first glance at the issue of proportion will be further analyzed as we go on.

The first condition of the double-effect, namely that the good effect does not come by means of the bad effect, is an important issue in this case. In other words, there is the question of whether the effect of saving Baby B's life is achieved by means of the death of Baby A. It is important not because all ethical reasoning on this issue must follow these categories of thought, but simply because these categories can give us some initial ground from which to build some clarity into our analysis. In the case of the operation on the twins, even though at first sight there could seem to be a certain physical directness to the death of Baby A, I nevertheless believe that a second look would uphold the fact of Baby A's death being indirect. A careful analysis will confirm that one is not achieving in this case a good end through an evil means.

At a crucial point in the operation, Dr. Koop tied off the carotid artery feeding blood to the brain of Baby A. But this action, according to the medical data I can gather, was far more an act of protecting Baby B from the poisons that would start to pour into the blood as soon as Baby A's tissues would begin to die. In other words even the physical action could be seen as simultaneously an action of separation of the twins and an action of protection of the saved twin from the poisons of the twin whose life is not able to be saved.

The analogy used by the Rabbis considering the case and also used to obtain the court order was, I believe, basically a sound one, illustrating the point quite well: a mountain climber has fallen and is
dangling on a rope attached to his friend. The friend cannot hold the weight and both will soon fall to their death. He may then cut the rope even though it will lead to his partner’s death. In this case, even though the cutting action could appear to physically cause the man to fall, in reality it is merely an action of separation that is aimed at protecting the only life that can be protected. The analogy holds sufficiently then. There is, in Baby A’s death, a moral indirectness that even a deeper look at the physical facts supports. This way of moral analysis in which one sees that the two conditions of double-effect are fulfilled retains some validity today. A deeper critical look is required, however, to assure that the double-effect analysis has not simply and subtly become a wooden legalism covering up implicit assumptions. Before we speak to that deeper criticism, we must first say a word about another aspect of the problem.

Not a Form of Positive Euthanasia

One could anticipate an objection that Baby A would live longer if the operation did not take place; and therefore, if we are excusing the operation on the basis that the baby would die anyway, are we not reasoning ourselves into something that could be made an equivalent of a positive euthanasia? To someone looking at the case of Siamese twins, such an objection could be nitpicking. However, it is a serious objection because of its social implications. It is most important in solving one case that we verbalize our decision in a manner that does not throw open the doors of disrespect for human dignity in other cases. So it is quite right to object that it is not enough to say that one of the twins would die anyway, for then what is to prevent us from saying the same thing with regard to anyone who is terminally ill? One could quickly imagine that as soon as a poor person’s diagnosis reached the university hospital’s lab, eager young professionals would be coveting certain organs for transplant to save the more “useful” people. The objection does call for a serious answer.

For the purpose of clarity, I would first speak of a traditional formulation of ordinary and extraordinary means to get at the problem. And here one cannot forget that we are dealing with a case of Siamese twins, and precisely a case where the means of sustaining the life of Baby A is now not a machine but the potentially and rightfully autonomous body of Baby B. That is, Baby B has some right not to have her body used as a means of keeping Baby A alive precisely in a manner that will definitively lead to the death of both. In this case clearly the limited protection offered by Baby B’s body given at the expense of her life would constitute an extraordinary and therefore unrequired means. The death of Baby A is coming from its own pathology of incompleteness and not from any positive act of euthanasia on the part of the doctor. While the use of these categories of ordinary
and extraordinary means may, in this case, seem strained, it will help to realize that the purpose for using them is not so much to solve the case as to indicate as invalid any assumption that we are allowing a form of positive euthanasia.

Moreover, since we have used terminology about rights over one’s body, it would be important to indicate why a positive solution to this case does not lead to principles allowing for abortion. Admittedly, the very language could not help but remind us of the argument for abortion used in certain quarters, namely, the woman’s right over her body. The case here is quite different. The slogan in its common usage proclaims a right over one’s body in that individualistic sense that does not measure the rights of the fetus to life. Here, on the contrary, we have felt it necessary to consider Baby A’s rights and to evaluate them within some hierarchy of values. Here Baby B’s right over her body is taking clear precedence only in the face of the threat of death to both. The parallel then to this case is not just any abortion but only a case where an omission of medical intervention would lead to the death of both fetus and woman. This hierarchy of values is in continuity with Catholic teaching which has, in the case of a cancerous uterus or an ectopic pregnancy, allowed a separation that indirectly brings an earlier death to the fetus, which fetus would not have been able to survive anyway.

A Deeper Look at Proportion

I have so far spoken of the case using somewhat traditional Catholic terms such as direct and indirect, ordinary and extraordinary means. This offers an advantage of a certain clarity. However, recent studies examining the double-effect principle have persuasively shown that in our effort to prove that a good effect does not come through a bad effect, we sometimes are controlled more by a judgment of proportion already made even if implicitly made. Moreover, not always has even the best of Catholic casuistry confined itself to analyzing a conflict of values case within double effect categories. Sometimes a previous judgment of proportion forces the ushering in of new principles.

For example, the severing of an arm in order to keep a man’s body from being mangled in a machine has always been allowed. Yet the severing of an arm would be an evil means to a good end if we were applying double-effect mechanistically. In an effort to articulate why the instinctive solution was correct, a principle of totality would wisely be brought in since an appeal to a literal sense of double-effect would lead to a solution that went against common sense. This principle of totality states basically what everyone knows, namely, that a part of the body can be mutilated for the sake of the health and life of the total organism. Here note that even though physically — at first glance at least — the good effect seems to be coming through the bad
effect, nevertheless a very human sense of proportion forces us into deeper analysis and the invocation of another and equally valid principle.

A similar dynamism was contained in the historical discussion of kidney transplants. There was a recognition that a strict mechanistic application of double-effect would find here that the good effect of a saved life came through the evil means of the donor's mutilation of his own body. Yet there was an instinctive recognition that the transplant was licit. Again a certain sense of proportion forced moralists into new principles, here, for example an overarching principle of charity (if one can give a life, then certainly one of two organs), or into a deeper analysis of the human action.

A similar reasoning has been present in the Church for centuries whenever it came to discussing self-defense. Some would try to use double-effect with some difficulty; others would recognize that a right to self-defense would have to stand autonomously as its own principle since any effort at reducing it to a double-effect application would be strained. The point is that even if double-effect were to be used, the very arrangement of what was considered an effect would indicate that a judgment of proportion was a more fundamental and controlling determination.

This review of an extensive literature of two decades (admittedly too broad a review) allows us to say a word directly related to the separation of the Siamese twins. Let me state some principal elements of proportion in this case.

The very first judgment of proportion, which the facts of the case force upon us, is this: To save the life of one twin is better than to save the life of neither. The medical fact was that the twins could not both live while still united. If nothing was done, then both would die. Medically it has been stated that in cases where twins have been joined at the heart in the way in which these twins were joined, neither one had ever lived more than nine months.

A second point which is more a corollary of the above is that losing the life of one of the twins does have a reluctant acceptability because there is an acceptable proportion in the fact that the only life that can be saved will be saved. Great care is needed here. Proportion is an ambiguous word. There is a hierarchy of values underlying each one's sense of proportion, and as Marx would have it, each class's sense of proportion. For example, not to dislocate the labor distribution on the domestic front has been seen as a value significant enough to deprive Third World countries of an untariffed market outlet for their manufactured goods. Certain ideologies limit one's imagination for alternatives. Here the value attached to the nation state predetermines the judgment of proportion. I make this point quickly from another field simply to give quick allusion to how slippery a term

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proportion can be, and how subject our sense of proportion can be to subtle cultural influences.

In the case at hand then when we say that the loss of one life is in acceptable proportion to saving another life, we must give quick and careful qualification lest such an equation of proportion be understood wrongly.

We are not speaking of a mere equation of quantity as though it is enough to say that one life is proportionate to one life, or as though it would be immediately acceptable to take a life as long as a life is being saved. This too easily becomes a utilitarianism that may begin with a certain respectability but in the end has a way of extending itself into a deep disrespect for human dignity. One person’s life is never subordinate to another’s. Each life has an autonomous and inalienable dignity; it is an end in itself, not a means to a “proportionate” good.

Therefore the proportion in this case is not merely a life for a life, but rather a life-that-is-able-to-be-saved over against one-that-is-not-able-to-be-saved. Moreover the “not-able-to-be-saved” quality of Child A is not due to a willful intention of the doctor but due rather to an event beyond the doctor’s will and capacity, namely an event equivalent to a terminal illness already afflicting Child A. In this case in layman’s language there was only one and one-half hearts. Baby girl A had only a stunted two chamber heart. The hearts were fused in a manner that prevented a neat separation that could have saved both. Therefore it is key here that the proportion is not to be articulated as though it were a killing of Baby A in order to save Baby B. Rather it is a saving of Baby B that incidentally and unavoidably allows the terminal illness of Baby A to take its course.

Is Death Direct or Indirect?

This carefulness in making qualifications to some may seem to be excessive analysis. Yet in the background of some contemporary situations, this carefulness is important. In an American context where Puerto Rican women can be chosen to test fertility pills, where black men can be used to test the ravages of syphilis without the aid of antibiotics, where a national commission was needed to moderate fetal experimentation, in such a context efforts at distinctions that may seem tiresome to some are, in the end, a necessary effort at keeping a civilization civilized. So far in this paper my purpose has been to articulate the solution of the case in a way that would keep it within careful limits. This would prevent the case from becoming a precedent for later abuse in situations that are only apparently similar, but not really.

I have basically covered three points. First I have given a brief explanation on the concept of proportion. Secondly, I determined
that the good effect did not come by means of the evil effect. Thirdly, I enlarged upon the point of proportion. Finally, I would say a few words on why the life of Baby B is not occurring by means of the killing of Baby A. This, in other words, is the question of whether the death of Baby A is direct or indirect. I have already shown in our second point that it was indirect, but there may be still uneasiness for some since, in fact, the cessation of blood supply to the brain of Baby A could seem to some to have a certain directness to it. So let me add a word on this.

One of the points recognized in the conflict-of-values discussion in Catholic moral theology of the past decades is precisely the difficulty of determining what is direct and what is indirect. An excessive physicalism looks at the words direct and indirect as reflecting purely physical realities and loses sight of the full indivisible human action. The cutting off of the blood supply to Baby A may happen first physically, but that does not mean it is a morally direct action. An analogy can be found in self-defense. The killing of the aggressor may be physically direct, but morally it is an indirect effect of saving myself. One can immediately see how a view of proportion can be the controlling factor as to what in an individual case can be considered direct or indirect.

In this case I have earlier indicated that the action of the doctor tying the artery carrying the blood supply to the brain of Baby A was not to be seen as an act of killing to prepare for a separate act of saving. Rather the tying of the artery was an integral part of the one single act of separation and protection of the viable twin. I have argued that therefore Baby A's death was indirect not only with an intentional indirectness, but that this intentional indirectness was even in this case reflected physically.

It is not as though we can neglect physical realities in this case or any case and appeal too vaguely to intentionality or to a sense of proportion. For while we are avoiding too physical an understanding of direct and indirect, we must also avoid falling into the opposite extreme of pure intentionalism. Human intention is limited by physical realities. I cannot kill a man simply because I need a heart for transplant and then call the killing indirect simply because my intention is to save another man. Humans are not only intention-making creatures. Rather we are bodies-in-the-world. My intention to save is limited by physical possibilities that are inherently tied to the dignity of other individuals. So theologians grope for a middle ground that tries to articulate sensible solutions in careful enough ways to avoid slippery slopes to social abuse.

In this case we are arguing that Baby A's death is a morally indirect effect. It is an inevitable side effect and therefore not a bad means to a good end. Thus, in so arguing we are not appealing to good intentions.
alone. Rather the moral indirectness of Baby A’s death is reflected in the physical realities of the case, namely, the impossibility of saving both children, the union of their bodies in such a way that there is life support enough for only one, the fact that, if nothing is done, both will die. These realities give flesh to the concept of moral indirectness. They are such as to allow that the death of Baby A is unintended and that it is therefore not a morally evil means, but rather a premoral physical incidental misfortune. The total reality of the case then assures that a life can be saved without intentionally violating the dignity of anyone. And this in the end is what the tradition of Catholic medical ethics and the double-effect principle are all about.