
Eugene F. Diamond

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

Part of the Ethics and Political Philosophy Commons, and the Medicine and Health Sciences Commons

Recommended Citation
Available at: https://epublications.marquette.edu/lnq/vol45/iss2/19
Not to be overlooked are articles on the mentally retarded, the resolution of conflicts which may arise between the values of the therapist and those of the clients, and organ transplantation.

In addition to the small type, the text is occasionally marred by typos, e.g., "interviewer" for "interviewee" (p. 6), "iatrogenesis" for "iatrogenesis" (p. 58), and by the consistent misspelling, "iatrogenesis" for "iatrogenesis" (pp. 58-60). But for $1.75, should one complain? In sum, this work could be considered as a small sampler of selected issues in medical ethics.

— Albert S. Moraczewski, O.P., Ph.D.

The Sterilization Controversy: A New Crisis for the Catholic Hospital?

Rev. John P. Boyle


The recent annual meeting of the National Federation highlighted the issue of "geographical morality" with regard to the issue of direct sterilization in Catholic hospitals. Seldom has a subject been so completely emphasized and clarified as the immorality of direct sterilization. The clear prohibition of *Humanae Vitae* was incorporated into Directives 20 and 21 of the Hospital Code which was, in turn, overwhelmingly accepted by the bishops of the United States. When questions arose as to the applicability of exceptions based on the principle of totality, the common good, the existence of contrary opinion, etc., a further clarification came forth from the Holy See which was forthright and unambiguous in its condemnation of all direct sterilizations and the possibility of their performance in Catholic health facilities. Nevertheless reports persist of "sterilization committees" functioning in certain dioceses, apparently adjudicating in these geographical pockets of deviation, what is incontrovertibly prohibited elsewhere in the universal Church.

*The Sterilization Controversy* is a blueprint for the justification of such committees. Father Boyle does not deny that the Pope and the bishops clearly teach that direct sterilization is objectively immoral nor does he deny the Church's authority to make pronouncements regarding moral matters. He does suggest, however, that such pronouncements should be regarded as merely "provisional" because of the existence of contrary theological opinion. The usual galaxy of advocates of the ethics of proportionate good are Father Boyle's sources of theological opinion and these are cited exclusively without reference to a balance of opposing theological viewpoints. Father Boyle and his supporting theological sources do not admit of the existence of objectively and intrinsically evil moral actions. In the case of sterilization, the pre-moral or ontic evil is judged to be proportionately less than the future good to be derived from the guarantee of the non-pregnant state. Other advocates of the same moral theory have claimed proportionate goods to justify direct abortion but Father Boyle is not willing to go that far. The author would assert the right of Catholic hospitals to perform direct sterilizations justified on the grounds of material cooperation. No mention is made of the need to consult the local ordinary in such a decision-making process. His rationalization is similar to that propounded by Fathers Charles Curran and Kevin O'Rourke. This rationale has been effectively rebutted in the
The persistence of geographical variation on the morality of direct sterilization has been a major source of scandal and has been divisive of and injurious to the witness of the Catholic health apostolate. Hospital administrators and staff members in following the Ethical and Religious Directives are offering a set of values to a society sorely in need of conscientious direction. Father Boyle has developed a set of ground rules for accepting the popular morality of a pluralistic society as an alternate set of guidelines for Catholic hospitals. Many short-term administrative problems could seemingly be solved by accepting this solution to "the sterilization controversy." There is serious question, however, as to whether the long-term survival of a Catholic medical presence would be similarly well-served.

— Eugene F. Diamond, M.D.
Loyola University Stritch School of Medicine

---

Population and Family Planning Information
Dr. Maria Mascarenhas

Family Welfare Centre, 21 Museum Rd., Bangalore, India.

This inexpensive booklet has been prepared by Dr. Mascarenhas, a fascinating woman, who has basically the same philosophy as Drs. John and Lyn Billings. Its cover shows a map with the overpopulated and underpopulated areas of India delineated.

It defines Family Planning as the exercise of the basic human right to decide on the spacing and number of children for the purpose of enriching the quality of life in the family. Its benefits are good health, economic stability, better education, increased family welfare, better marriage adjustment, well developed personalities, and cultural growth.

The booklet encourages late marriages, a long interval between births, breast feedings as long as possible, fewer children, better education and health care for existing children. The number one priority for population control is better education, especially for women. There is a clear link between educational status and family size. Only 9% of rural women are literate.

Advantages, disadvantages, and effectiveness are outlined for seven methods of Family Planning. These are permanent, behavioral, natural, chemical, mechanical, hormonal, and loops.

The disadvantages of contraceptive pills and coils are apparent and make them unattractive. Most space is devoted to the Natural Method. A typical chart is shown. The significance of dry days and mucus days is stressed. Peak day is the last day on which a woman observes any wetness or dampness and/or discharges stretchy mucus. Ovulation follows the peak within 24 hours.

"Natural Family Planning is defined as a dialogue leading to responsible parenthood. It is based on an educated awareness and acceptance of the cyclic phases of fertility," Dr. Mascarenhas says.

"I can teach a chimpanzee how to give an injection, but I need human beings to go to the villages and change the masses towards health."

— John J. Brennan, M.D.