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Ectopic Pregnancy and Methotrexate

by

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The moral issue posed by ectopic pregnancy and surgical intervention is not new. However, with the advent of chemotherapy and specifically the compound methotrexate (mtx) a new moral situation has arisen.

As is well known, appeal to the principle of double effect permitted the surgical removal of that portion of the fallopian tube threatened by the presence of an attached fetus. The principle of double effect acknowledged the moral reality 1) that the act, in this case the surgical removal of the threatened portion, was not evil in itself, 2) that the double effect was simultaneous, that is, the preservation of the mother’s health was not the result of the fetus’ death, 3) that a grave situation existed and 4) that the evil effect, in this case, the fetus’ death, was not intended or willed. While morally licit in terms of double effect, the medical procedure carried foreseen and unfortunate consequences for both the baby and the mother’s fertility. However, with the introduction of mtx, although both invasive surgery and the compromising of female fertility are now obviated, the child’s death as an evil effect still remains. In view of its medical advantages, chemotherapy seems preferable to surgery and at first glance may seem to substitute for it in the application of double effect. Thus, chemotherapy appears to maintain the same moral liceity as surgery. But does it in the case of mtx?

Mtx is a chemical used to prevent DNA replication and cellular division. Powerful in its control of tumors, its effect on the rapid cell division of embryos is lethal. Thus, mtx is ipso facto fetal-toxic. With knowledge of this fact, a physician in the case of an ectopic pregnancy could not without moral contradiction intend the administration of the drug but not its effect. His situation is not unlike that of a physician who relieves his patient’s pain by administering a lethal injection. Neither physician can disclaim an intention to kill despite his motivation to provide medical relief. Direct killing is the act willed and executed by the physicians irrespective of the recipients of the relief.

Relative to the principle of double effect and its application to ectopic pregnancy, the chemotherapeutic use of mtx is morally illicit, for its object is unmistakably feticide. Moreover, this act, while securing by way of consequence the mother’s well-being, is also its cause. In this respect too, the act violates the principle of double
effect. For in requiring that the good and evil effects occur simultaneously, the principle eschews as morally untenable the cause-effect sequence which would permit the doing of evil to achieve good. Yet that is precisely what takes place when through the use of mtx the direct killing of the baby secures the mother's health and fertility.

This is a salient point for those inclined to adopt consequentialist reasoning. With its pragmatic calculus, such reasoning will, of course, rightly call attention to the fact that the surgical procedure permitted by the principle of double effect eventuates in both the compromised fertility of the mother and the death of the embryo. Mtx chemotherapy, at least, preserves the mother's fertility. How then, relative to medical consequences, can a physician not prefer mtx to surgery especially when in the case of the latter the baby's death is inevitable anyway?

To one schooled in a practical science like medicine, consequentialist thinking is as alluring as the chemotherapy it justifies. Within its benefit-burden calculations, consequentialism can also cite in the use of mtx the risk-reduction of tubal rupture and hemorrhaging prior to surgery and of the possible attendant problems following it. Yet, despite its pragmatic appeal, consequentialism is inadequate to the moral situation confronting the doctor. For in recognizing the salutary effects of mtx for the mother, consequentialism makes the medical benefits of mtx the moral gauge by which to judge the intention and action of the physician administering the drug. With the benefits so obvious, consequentialism, a fortiori, judges mtx chemotherapy morally permissible.

In sanctioning the use of mtx, consequentialist reasoning confuses the physical and moral orders. Moreover, it reveals the two crucial flaws of consequentialist reasoning: its denial of intrinsically evil acts and its facile distinction between moral goods/evils and non-moral (pre-moral) goods/evils. With reference to the latter distinction, consequentialism holds that the death of the fetus through surgery is an example of a physical non-moral evil because it lies outside the deliberate intention of the surgeon. Obviously, the principle of double effect can accomodate this view. But the matter is otherwise when consequentialism allows under certain circumstances the wilful and deliberate execution of the evil itself in the interest of an overriding good or value. In the case at hand, sparing the mother invasive surgery and partial sterilization are such goods.

The use of mtx to attain these values brings to light the more fundamental flaw of consequentialism, namely, its denial of intrinsically evil acts. John Paul's encyclical Veritatis Splendor has been most emphatic on this point, recalling the Church's received tradition that certain acts irrespective of their motive and circumstances are by nature always evil "semper et pro semper" (52). As objects of man's choice, they violate the very dynamism of his will toward the good. They thereby determine his moral character, "his profound spiritual traits" (par. 71) and make the individual performing them evil (ibidem). So it is with the physician who resorts to the direct killing of the innocent unborn.

From a medical point of view, the difference may seem unimportant that in his surgery on the fallopian tube one physician permits fetal death while another directly wills and causes it in the use of mtx chemotherapy. But from the moral point of view, the difference in intention and in action is immense. It is the difference between saving life and taking life.