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MORALITY OF ANESTHESIA AND ANALGESIA IN CHILDBIRTH

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It may seem pointless to bring up the subject of using analgesia and anesthesia in childbirth when this practice is seemingly accepted as routine matter in modern hospitals. Very little investigation, however, is needed to show that from the point of view of morality, and even from the aspect of relative safety and utility, there is still considerable variance of opinion on this subject among moralists and even physicians, and there is still considerable uncertainty among those directly concerned, namely, expectant mothers. In an article entitled, "Less Painful Childbirth," Helena Huntington Smith comments thus: "The most enlightened type of doctor will see that you have it (viz., anesthesia throughout the second stage of labor). But there are plenty of physicians still practicing who, from conservatism or heaven knows what, think that what you ask is 'unnecessary.'"¹

There are still marked differences of opinion on this matter among moralists, or at least we find considerable vagueness in their conclusions. The Rev. P. A. Finney, C.M., in his widely distributed book, "Moral Problems in Hospital Practice," still condemns as unsafe and therefore immoral the use of "Twilight Sleep."² The well-known text-books of Theological Morality (1936 edition) by Noldin, Aertnys-Damen and Merkelbach, allow the use of safe anesthetics only in extraordinary difficult labor, but not in ordinary child-labor, on the plea that pain in childbirth pertains to the function of motherhood, and this by divine ordinance (so Aertnys-Damen), or by natural law (thus Noldin and apparently Merkelbach).³ Father Pruemmer allows the use of light or intermittent anesthetics in cases of ordinary labor.⁴

From a practical viewpoint this is all very confusing and not exactly helpful to the conscientious physician, nor to the priest who is requested to give advice in this matter, and to the expectant mother, who has a right to as much assistance as is licit. Is there no clear-cut solution? We feel justified in stating that considering the present views on the subject both in its moral and medical aspects, it is indeed possible to settle on some very practical and definite conclusions.

The stumbling-block in this matter has ever been the well-known text of the Bible regarding the pronouncement by God of the sentence of punishment against the

N. B. The Editors present this paper without wishing to take sides in any subsequent controversy.
first woman for having sinned. I quote the Vulgate text: "I will multiply your sorrows and your conceptions; you will give birth to children in pain" (Gen. 3:16).

What exactly is the import of this divine pronouncement inflicting punishment on womankind in the capacity of motherhood? There is question here of a form of punishment. Punishment consists in the imposition of some hardship proportionate to a wrong-doing. Now note well that this imposition of hardship may be done directly, or indirectly. This distinction is important as it has a decisive bearing on our question. Imposition of hardship in punishment is directly done when the infliction of penalty consists essentially in determining the hardship as to kind and amount, and positively binding the guilty person to this specified penalty: thus a fine of $30 and a month’s imprisonment.

The imposition of hardship in punishment is indirectly done when the proper authority imposes the loss of privileges, not strictly one’s due, and well determined as to kind and amount, with a view also to make the guilty person liable to the hardships that logically flow from this specified privation. These latter hardships that flow from privation of privileges are indirectly imposed. Now these hardships of an indirect kind, from the very nature of things, lack positive determination, and unless one is also forbidden by some other legitimate law, a person is fully justified in seeking and using means to obviate even entirely these hardships.

The text and context of the divine ordinance in question would have us understand that the hardship of great pain in childbirth which was inflicted on womankind in the person of the first woman, was indirectly imposed. This hardship of pain is viewed by God as flowing from the essential and directly imposed part of the punishment, namely, the loss of the supernatural life of Grace and the deprivation of the preternatural privileges of immunity from death and from infirmities of body and soul. It is worthy of notice that only a few striking infirmities are indicated by God as flowing from the deprivation of privileges; this is of the very nature of penalties indirectly imposed, lacking as they do positive determination.

St. Thomas of Aquinas analyzes the imposition of punishment for original sin in just this way. Similarly the great theologian Billuart accounts for the variations of pain in childbirth on the basis of penal infirmities indirectly imposed by God.

Neither did God ordain by law that means must not be taken to mitigate or, when possible, to obviate even entirely these hardships of fallen nature that indirectly form part of our punishment for sin. There is no law of this kind in the Old and New Dispensations. Quite the contrary. All through history, God has bestowed upon man various means to overcome
these very hardships.

Certain authors seem to hold that the suffering of pain in childbirth is a necessity of nature for effecting normal delivery, and not due properly to a diseased condition. They seem to assert that the sensation of pain is naturally required to stimulate the womb and the vaginal tract to the end of effecting delivery. We find a misleading statement of this kind in the article already cited: "Less Painful Childbirth," namely: "In the early part of the process the pains are gradually dilating the neck of the womb..." Now because of this view of the matter, there are moralists who would contend that to artificially interfere with this natural pain-process in childbirth, involves a kind of perversion of nature's design.

Even if pain were a natural stimulant in childbirth, the alleviation or removal of the consciousness of these pain sensations would not logically constitute a perversion of nature's structure. In any sickness, pain serves the natural purpose of a danger signal; still, when in pain we rightly seek sleep and it is common to take an aspirin or the like to help induce sleep.

The premise of this contention, however, appears to be false. Dr. Edwin L. Zander, M.D., in summing up the views of the physicians present at the Guild meeting, states: "In regard to the matter as to whether pain in childbirth acts as stimulation to the functioning of the womb and the vaginal tract, it must be said that this is a wrong supposition, as the contraction is what produces the pain. The contraction of the muscle fibers on the nerve terminals is what produces this feeling of pain, and these contractions will persist regardless of what type of analgesia or anesthesia is produced. Pain is not necessary in itself in order to produce stimulations of the uterus and has no relation to other functions that occur during this period of labor." Indeed in such circumstance, pain and fatigue are natural enough, but it is also in accordance with nature's design to take means to allay and remove such pain and fatigue. By the design of God All-Good, pain naturally presents itself as an evil to be removed. To allay pain and to repair injury are both the acts of the Good Samaritan.

It is objected at times that though the end of alleviating the pains of childbirth may be in itself good and licit, still the means that must be used constitute in the normal cases of labor a disproportionate violence to nature. In other words, the artificial means used to bring about the loss of consciousness are helpful to the body at the cost of a great good to the reasoning part of human nature.

In the first place we must beware of attaching exaggerated importance to the mere loss of consciousness, otherwise we might end up by finding even normal sleep illicit, as when sought without great necessity, in an afternoon nap. We must note that the morality of temporary privation of

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the use of reason through artificial means does not consist precisely in a kind of violent obstruction of the reasoning faculty, but consists rather in the ordinate or inordinate motives for bringing about this forced unconsciousness. Of course to bring this about without reason, would be naturally inordinate and wrong; but given a just reason—as the good of the body—the action is in accordance with nature’s purposes, and therefore licit; on the other hand, if the motives are evil, then indeed inordinate violence is done to nature. This is the explicit teaching of St. Alphonsus Ligouri, who in turn appeals to St. Thomas Aquinas. Thus, for motives of gluttony, the act is gravely illicit; for the sake of sport, this loss of consciousness is permitted, as in boxing. Must we say that the reason of childbirth with its serious implications for the good of the mother and child is insufficient reason when compared with the reason of sport?

Neither do we admit the contention of some that it is cowardice for a mother not to make great sacrifices even in order to be consciously present at this time of her triumph. Frankly, who is reasonably conscious and reliably attentive to important matters when racked with acute and prolonged pain? If a person thinks at all at such moments, one easily makes erroneous and harmful decisions. Helena Smith in the article cited above refers to cases of mothers who have declared after having undergone this ordeal of delivery consciously witnessed: “Never again. Not even a baby is worth it.” Foolish words! Rather, they are the unreasoning words of one distraught with great pain. Make no mistake about it; many abide by decisions made in such moments of shock. Nothing much is gained here by being conscious, and a great deal that concerns the good of the body and the soul is risked.

Of course the licit use of anesthetics and analgesics in childbirth is dependent on the all-important condition that they are reasonably safe. It has been our impression that too many who deal with this subject have adopted an alarmist attitude. In fact it is easily proven that some base themselves in their alarm on the results of antiquated and generally discontinued methods in the use of anodynes and anesthetics.10

This is a matter for competent physicians to decide; hence we appeal to the opinions and experiences of modern experts in this line and to the views of well-known and very capable Catholic physicians who were present at this Guild meeting and who took active part in discussing various phases of the question.

Regarding the administration of inhalation anesthetics in the last stage of labor, Dr. Joseph DeLee of the Chicago University Medical School states: “The risk is so little in fairly competent hands, that women in general really ought to have the benefit of
it.” Dr. J. W. Williams of Johns Hopkins argues against the charge that if pain is relieved in the second stage, delivery will be halted: “In many cases small doses (of an inhalation anesthetic) even appear to stimulate the uterine contractions, and by diminishing the sensation of pain, enable the patient to bring her abdominal muscles into full play, which she previously may have been unwilling to do, and thus hasten the completion of labor.”

A discussion among Catholic physicians brought out definitely the view that the use of analgesia and anesthesia in childbirth is safe in the hands of the common run of physicians today. They were agreed that unquestionably great progress has been made in recent years in the use and understanding of anesthesia and analgesia for childbirth. It was pointed out that in large measure the secret of success is to pay close attention to the particular conditions, indications and requirements of each individual patient. Indeed, haphazard administration can be dangerous. It was stressed that even in ordinary cases when special difficulties are not foreseen, even when the mother is desirous of remaining conscious during delivery, still there are urgent reasons for insisting on administering anesthesia during the last stage of labor. One of the reasons is to render the patient far more manageable and fit for scientific obstetrical maneuvers by the operator, which naturally results in greater safety for mother and child. This consideration alone easily offsets the slight reasons for maintaining consciousness at this time. (Consult Aert-nys-Damen regarding light obligation.) It was also stated that normally a mother runs fewer risks and has far less distress in bearing children if she has her first child (the child who prepares the way for the others to follow) before the age of 25, than if after 30 years of age. This is a worthwhile consideration today for those who would arbitrarily avoid having children till later in life. Nature here strongly supports moral issues.

In the capacity of Secretary of the New Orleans Guild of Catholic Physicians, and at the request of the physicians present at the meeting, Dr. Edwin Zander put on record the following observations of the physicians in answer to certain leading questions. Thus he states: “Many are the cases when through the use of some type of analgesia or anesthesia, it is possible to save children who otherwise would be born either crippled or dead, as a result of prolonged pain or where labor continues without satisfactory progress.”

Regarding the injurious effects to the mother that can easily arise if she is consciously in acute pain throughout the last stage of labor, Dr. Zander remarks: “There is no question that the pains of childbirth as well as the fear of past experiences of labor frequently bring about many nervous disorders in the mother. The fear of
labor has also resulted in many a child being born either injured or dead, as a result of operative obstetrical maneuvers.” By removing the fear and consciousness of pain, a great deal of this harm can be readily avoided, for he adds: “Most cases of labor are considered normal and in my experience there are probably less than one in twenty to twenty-five which may have some abnormality, depending on the ability of the physician who is attending the case to give proper prenatal care.”

Dr. Zander voices the opinion “that no case should be delivered at any time without either some anesthesia and at all times analgesia. There is no reason at the present time for delivering a patient without an anesthetic, as it is only by use of anesthesia that operative damage to the child and to the mother can be avoided.”

Frequently during the first part of labor only a little courage is needed to bear with the attending discomfort. Still even during this stage of labor it is important to give relief to the patient whenever she finds herself apprehensive whilst in distress or pain, or if losing courage somewhat. On this point, the views of the physicians were summed up as follows: “Pain in the first stage is absolutely unnecessary and if it can be relieved with safety (other complications must be considered) it should be accomplished, as the pain if severe will produce a mild amount of shock in the mother which makes her unwilling to co-operate in the late stages of labor.” Ordinarily the administration of some form of analgesia handles the situation. He continues: “Anesthesia in the first stage is not used as a rule, unless it is deemed necessary due to contractions that are too severe in the early stages, or because the patient is exhausted as a result of long labor.”

Regarding the use of the much-discussed analgesia of scopolamine in combination with morphine—commonly called “twilight sleep”—Dr. Zander had this informative comment to make: “The use of scopolamine and morphine analgesia is adopted by quite a few men in the City of New Orleans, as well as in other cities of the South. This type of analgesia, however, cannot be used universally, and at the present time is not considered best or safest by obstetricians and gynecologists throughout the country.”

We concluded from the observations made that in some individual cases, just as long as constant clinical attention is guaranteed throughout the time that the patient is under its influence, “twilight sleep” can be safely and licitly administered by an operator who is fully familiar with this type of analgesia; otherwise, it should not be attempted as the risk is disproportionately great, and other kinds of anodyne can well serve the required purpose.

The physicians present were also agreed that anesthesia can be administered easily and safely in the home for cases of childbirth:
“Anesthesia in the home can be carried out very successfully. The use of ether is not dangerous and can be given satisfactorily by any member of the family (following the directions of the operator). Chloroform has been used by the speaker (Dr. Zander) and has been used by the Child Welfare in the City of New Orleans from the beginning and is still being administered by nurses without any bad effects up to the present time.”

It was stated, however, that physicians are not all agreed as to the relative merit of ether and chloroform or other drugs of the kind; but they were definite in stating that the use of such drugs in childbirth is safe in competent hands, although there may be variations in preferences and methods.

Since some make much of alleged casualties and risks due to the use of anesthetics and various analgesics in childbirth, it is interesting to note that the physicians were positive in stressing the point that such casualties are altogether exceptional and very rare when the operators are fairly competent. The only difficulty is that there are some midwives who have no more business doing obstetrics than they have the right and the ability to perform a difficult brain operation.

As we have taken up moral considerations in this treatment, the following statement of Dr. Zander has weight in this direction: “There is no doubt that many marriages which are childless are the result of the fear of childbirth, because of the dread of both the pain and the dangers that are encountered in childbirth.”

It was reported that in some cases the patient is led by this fear to even induce abortion; in other cases many adopt the immoral practice of artificial birth-control. The observation was tellingly made that frequently a physician has only to assure a patient that he really can provide for quite a painless delivery, and it is thereupon decided to seek to have a baby, or to desist from plans for procuring abortion. The moral importance of this consideration is self-evident.

The conclusion to be drawn from all this is very definite in our mind. Today competent physicians and obstetricians are fully justified in taking artificial means to alleviate or even remove the consciousness of the pains of childbirth, both in ordinary and extraordinary labor. Expectant mothers can justly request and seek this alleviation of pain both in the first and second stages of labor; they must, however, leave the choice of means in the hands of a competent operator.

It is true that physicians may be confronted at times with a serious moral problem in this matter, but note that it will be in the cases of extraordinarily difficult childbirth, if proximate danger of death for the mother develops during delivery; in that case, as far as it is reasonably possible for all concerned, and to the extent that it is required for her spiritual
good, the patient must be allowed the opportunity to prepare for death, even at the cost of considerable distress. But this is not specifically the problem of alleviating the consciousness of pain in childbirth.

We feel that in this view of the matter, we have the reliable support of such authorities as H. Davis, S.J., M. A. Schumacher, and Medicus. We believe that this is also, in principle, the view of D. H. Pruemmer, O.P., and of H. Merkelbach, O.P.

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11. J. B. DELEE, M.D., as cited by H. H. SMITH, op. cit., p. 100.


14. H. MERKELBACH, O.P., op. cit., p. 73, n. 4, a, b.

