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Medical-Moral Opinions: Vasectomy and Sterilization

Catholic Physicians' Guild

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Medical-Moral Opinions:

Vasectomy and Sterilization

To The Editor:

I wonder if you could provide an answer to the following question, with the aid of any consultants you might wish to use:

"It is now accepted that surgical sterilization, i.e. ligation of the fallopian tubes in the female, or of the vas deferens in the male, can be reversed restoring fertility to the patients in a varying percentage of cases (10-50%). One can then look upon these operations as temporary surgical sterilization, as compared to permanent chemical sterilization, with the use of contraceptive pills. The Catholic Church, as I understand it, still categorically would oppose surgical sterilization. Chemical sterilization, however, is obviously debatable, and in fact appears to be acceptable to the majority of the Church, according to conscience, although, of course, not officially sanctioned.

The question is what the moral and theological objections are to surgical sterilization, and whether they are valid today in the face of increasing concern about population. This has been further aggravated by public concern about the use of the contraceptive pills, which has increased the demand for sterilization considerably. Personally, as one who has spent considerable time and effort defending the Church's position against abortion, on biological and scientific grounds, I find it difficult to defend the Church's position on sterilization, particularly when there is such a large segment of the theologians, hierarchy and laypeople in the Church who accept chemical sterilization."

Yours sincerely,

L. L. de Veber, M.D., F.R.C.P. (C)
Associate Professor, The Departments of Pediatrics, and Pathological Chemistry, The University of Western Ontario.

This letter was submitted to our panel of medical-moral consultants. Their replies to the questions raised by Dr. L. L. de Veber are as follows:

To The Editor:

Dr. de Veber's question is a mosaic of subtle errors:

1. Accepting his statistic that anastomosis after surgical sterilization is functionally successful in from 10 to 50 percent of cases, one could only compare these procedures to pathological sterilization if the latter resulted in permanent sterilization in over 50 percent of the cases in which it was used. It does not.

2. Whatever the rate of moral lapse and disobedience may or may not be in the Church at this time, one cannot say that "chemical sterilization is obviously debatable" when it has been implicitly condemned by the Second Vatican Council (in their directive to follow the Roman Pontiff in this regard) and explicitly condemned in a current Encyclical.

3. To say that "there is such a large segment of the theologians, hierarchy and laypeople in the Church who

Letter from England

A stranger coming across the title "The Horse Shoe Club" might be forgiven for supposing it was a stiltfasee. Actually it was formed about twenty years ago by several disaffected members of the profession to welcome American and Canadian doctors on a visit to London. Cocktail parties are held twice a year or so when doctors of the two countries can meet. The chief object of the club was at the start to facilitate exchanges for post graduate students and to make a profit. Much good work has been achieved in this respect. Young English doctors going to work in the United States have been helped to overcome the red tape that exists in the National Health Service here and American doctors wishing to find places here for study or post graduate work have been helped to find suitable posts. The good work continues and it is the only club which does not enact a subscription from its members. Success is due to the work put in by Dr. Nicol of St. Bartholomew's Hospital and its committee which meets regularly in the office of "The Practitioner," 5 Bentinck Street, London 101. In passing it is worthy of note that "Barts," as the hospital is generally known, is over 700 years old and was founded by a Monk, Rahere!

Contrary to what one might be led to believe by the writings and utterances of certain leftist intellectuals, students, and politicians, English people have a genuine concern for the welfare of America, our ally of two World Wars, this has been particularly noticeable during the past year when both financially and politically the USA was encountering heavy weather. Of course England has experienced all these troubles in the great Empire days, now these are a thing past. The most pressing problem is to accommodate in a small country the millions of its far flung dominions. An area the size of Warwickshire changes from a green and pleasant land to cement each year. London is gradually becoming semi-Austrian in its population. Small wonder that many of our young Catholic doctors are in revolt against "Humanitarianism." The population problem is acute enough, not counting immigration.

"March comes in like a lion and goes out like a lamb" so runs the old saying. Our National Health Service on the contrary came in like a lamb but is now going on like a lion. Every phase of medicine from education to retirement comes more and more under bureaucratic control, so much so that a doctor is dictated to as to where or where he may not practice. Politicians are not slow to make profit from it when occasion arises, taking off charges one day, passing a bill to legalize abortion another. Little did Beveridge, whose baby child it was, think that the cost to the nation would top 2000 million sterling and still go on rising. Yet Lady Stocks, among others, reckons it is the best health service in the world. From personal experience we would agree with this but then a doctor has the great advantage of being able to choose the specialist who will look after him. On the last occasion we were in hospital, one of the nurses, a French Canadian a nun, one of the best nurses we have met by the way, said "You are very lucky to have such a health service, when I was a child my mother had to have an operation. We had to sell all the stock on our farm to meet the costs." So there are advantages and disadvantages. S. S. Cosmas and Damian would not doubt approve of patients not having to pay when they are ill, but would take a poor view of the doctors joining the general hue and cry for more money that is increasing inflation and making life very hard for pensioners and others on fixed incomes.

As a previous editor we regret the non appearance of the Catholic Medical Quarterly. It is now nine months since the last issue. The Guild is seeking means to remedy this and hope an issue will soon be in the hands of subscribers.

W. B. J. Pemberton

Linacre Quarterly

February, 1971
accept chemical sterilization" is a gratuitous assertion at best. That such an assertion is totally erroneous as regards the hierarchy can be readily documented. With regard to "the theologians", I fail to find evidence that it is true with regard to the recognized professional moral theologians in their writings since the publication of the Encyclical on this subject. With regard to the laity, the remark is simply gratuitous.

Thus I believe that the writer's attempted defense of the moral acceptability of surgical sterilization for contraceptive purposes is founded on a false premise.

Very sincerely yours,

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TO THE EDITOR:

Dr. de Veber's proposal contains an elementary misconception of Catholicism and of what it means to be a Catholic in fact as well as in name. The kernel of that misconception is to be found in the concluding two sentences of the first paragraph of his proposition: "The Catholic Church, as I understand it, still categorically would oppose surgical sterilization. Chemical sterilization, however, is obviously debatable, and in fact appears to be acceptable to the majority of the Church, according to conscience, although, of course, not officially sanctioned."

To say that chemical sterilization is "obviously debatable" and in the same breath to concede that it is "not officially sanctioned" (i.e., remains condemned by the magisterium) is to contradict oneself theologically. If and when we have the clean and authentic teaching of the supreme magisterium with respect to a matter of faith or morals — even when presented in nonanalyzable form — that matter is no longer debatable in any practice sense of providing an individual choice of behavior. In other words, in a situation of this kind objective justification cannot be found for human conduct that would contravene official teaching of the Church in condemnation of that conduct.

Beyond any legitimate question, the teaching Church, from the time she first felt constrained to speak on the matter, has consistently condemned any and all forms of direct contraceptive sterilization, whether permanent or temporary. This condemnation most certainly includes chemical sterilization. It is likewise beyond all reasonable doubt that due to vasectomy or bilateral fallopian tube ligation for the direct purpose of avoiding conception is also a form of direct contraceptive sterilization, either temporary or permanent. Finally, it necessarily follows that the surgical procedures mentioned are also included in the magisterium's rejection of both temporary and permanent direct sterilization.

Catholic theologians who would question or even deny the absoluteness of the doctrine reviewed in the previous paragraph must in honesty admit that their teaching represents a departure from and a rejection of the authentic teaching of the supreme magisterium. The same must likewise be said of any prelate — of whatever ecclesiastical rank inferior to that of the supreme pontiff himself — whose theological opinion on this matter differs in substance from papal teaching. It was as teaching as 1964 (Lumen gentium, #25) that the bishops of the world convened at Vatican Council II reaffirmed traditional doctrine which in substance maintains that "Bishops, teaching in communion with the Roman Pontiff, are to be respected by all as witnesses to divine and Catholic truths" [emphasis added]. Readers of IQ are invited to supply the obvious anathema of this pronouncement.

The reason underlying the absoluteness of the natural-law prohibition against direct contraceptive sterilization is the undeniable fact that one of the essential purposes of the human sexual faculty is the procreation of children. Directly to deprive oneself, even temporarily, of this potential is to exceed one's right of dominion over his own physical person. Thus does the supreme magisterium teach most clearly and authentically. Any difficulty on the part of a Catholic in accepting and complying with such teaching is one of the difficulties inherent in being a practicing Catholic.

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Jamaica, W.I.
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To the editor:

I should like to address a few brief remarks to the question of Dr. L.L. de Veber.

By way of introduction, a few clarifications are in place. First of all, Dr. de Veber states that "surgical sterilization can be reversed restoring fertility to the patients in a varying percentage of cases (10-50%)." He then proceeds to conclude that "one can look upon these operations as temporary surgical sterilization..." Is there not a rather big jump here from 10-50% to "these operations"? One should, I would think, conclude that some of these operations, or this or that operation can be viewed as surgical sterilization of a temporary type. But not simply and without qualification "these operations." Actually, medical men have always insisted on individualizing their diagnoses. The same should be true of their definitions, at least in instances like this.

Secondly, Dr. de Veber sees, if I read him correctly, a marked difference in the attitude of the "Catholic Church" toward surgical sterilization and chemical sterilization. Actually, at the so-called official level, it must be said that there is no difference in attitude. If, however, the "Catholic Church" is taken to refer to the people in the Church, I wonder whether such a marked difference actually exists. Concretely, those who approve of chemical sterilization would, at least in many instances, approve also of surgical sterilization if this proved necessary in the circumstances.

But now to the question: "what (are) the moral and theological objections to surgical sterilization, and whether they are valid today in the face of increasing concern about population?" The answer to this question involves one immediately in the controversy over contraception. I mean that ultimately and in last analysis sterilization will be judged morally evil (or not) precisely as contraceptive sterilization. It is the contraceptive quality which is the deepest root of its moral quality. Therefore, those who find themselves in total agreement with the condemnation of contraception found in Humanae vitae would simply point out that surgical sterilization is but another and more radical form of contraception. Indeed, that is the reason why the encyclical, to be consistent, had to condemn also sterilization, whether chemical or surgical.

Those, however, who find it difficult to agree with the absolute exclusion of contraceptive practices as intrinsically evil, will also find it diff-
difficult to accept the absolute exclusion of sterilization, whether chemical or surgical. The reason again: the root malice attributed to all of these things is their contraceptive quality. That is why, for example, the so called Majority Report of the Papal Birth Control Commission stated that sterilization is generally wrong. Not being able to condemn contraception in all instances, the majority of theologians found that they could only disapprove of sterilization generally (sc., not in all instances).

Therefore, to give an answer to the question raised by Dr. de Veber, one must immediately take a position on the issue of contraception. Dr. de Veber knows that there is deep division in the Church on this subject. He also knows that all forms of contraception (and therefore contraceptive sterilization) have been condemned by the magisterium. That is where we are now: condemnation by the Church (officially), widespread disagreement with this. Because I have found myself in a position of modified dissent against traditional teaching as repeated in Humanae vitae. I have also found it difficult, even impossible to produce persuasive reasons ("moral and theological objections" to use Dr. de Veber’s language) which would exclude surgical sterilization in a case absolutely. Of course, any knowledgeable person can think of reasons which would generally disapprove of surgical sterilization. For example, these surgical procedures are not reversible in all cases, perhaps not even in a majority. This means that the couple, without the ability to foresee their future circumstances and the future of their children, are at least running the serious risk of terminating their procreative life. And so on.

But these reasons do not lead to an absolute exclusion of surgical sterilization. They constitute a profound human caution. To discover the basis for an absolute exclusion one would have to turn to those theologians who feel comfortable with the analysis found in Humanae vitae. I do not, and therefore I can only say that I agree with Dr. de Veber when he says that he finds it difficult "to define the Church’s position on sterilization.

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Describing two recent advances in the area of genetics – treatment of arginemia, and preconceptual sex determination – Dr. Wegmann calls for medical scrutiny of the field and for a responsible and wide ranging discussion of goals and consequences.

**Prospects for Genetic Bioengineering: Fact and Fantasy**

Thomas G. Wegmann, M.D.†

The medical profession, in this country and elsewhere, has for a long time felt confident that it could ignore the field of genetics, and rightly so. What possible relevance could experiments on peas and fruitflies have to human problems? Also the overly eager and uncritical champions of eugenics, with their naive postulates about the mendelian heredity of such traits as violent temper, gave the field of human genetics an unsavory appearance. This early period culminated in the Nazi eugenic laws of 1933, with the apparent complicity of such leading human geneticists as F. Lenz and O. von Verschuer. Ever since that time eugenics has been a word with nasty connotations. Even so, certain eminent and critical geneticists have proposed theoretically workable eugenic schemes for the improvement of whatever characteristics are decided on. The most notable plan is that of H. Brewer, extended and advocated by H. J. Miller, a pioneering geneticist who won the Nobel prize in 1945 for his work on X-ray mutagenesis. The scheme involves the use of sperm banks to store the genetic material of accomplished men. These sperm would be available to "enlightened" women who wanted to have offspring better than those that their husbands could furnish them with. First of all, it is clear that to make this plan workable would require a vast rearrangement of societal views and organization. Secondly, it is not clear which criteria would be used to select the eminent donors. Dunn has pointed out that Muller’s first list (1935) included Marx and Lenin. A later list he compiled did not contain these names, but had

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