Sterilization: Roman Catholic Theory and Practice

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ing research in reproductive biology may lead to birth control methods the Church opposes, including early abortions. But ultimately we shall have to show that responsible parenthood as we understand it is a viable alternative to what presently reigns. Whether the knowledge required can also be used in ways of which we do not approve should not, under the principle of the double effect, restrain us from pushing for the knowledge which can be used properly. We do not oppose atomic research because it may produce better bombs when we know it may solve the energy crisis.

Recommendations

I would make several recommendations which I believe long overdue.

1. That the official Catholic Church strongly lobby for increased expenditures in reproductive biology research. Presently the administration spends less than one-third of the funds recommended by one study committee after the other. The President's personally stated repugnance of abortion should be an indicator of his willingness to concur in such expenditures. Certainly more human lives will annually be lost through abortion than through cancer and heart disease combined, yet these are the major areas of research expansion today.

2. That demographic research which is at the heart of the nature of population and reproduction problems be strongly supported by the official Church.

3. That the Vatican representatives at the official international conferences of the United Nations, during the 1974 Population Year, take the lead in advocating programs to delay age at marriage. In so doing, all those interested in lowering population growth rates, divorce rates and in improving the opportunities for the education and development of women's talents could make common front.

4. That Catholic leaders, hierarchical and private, encourage Catholic foundations to foster the establishment at Catholic universities of major research centers in problems of population, reproduction and the family. Major Catholic lay organizations like the Knights of Columbus and the National Catholic Council of Women and Men should have taken the lead in this years ago instead of just opposing abortion retrospectively.

5. That while Catholics may have serious differences with non-Catholics on other issues, they recognize, as has been shown by polls and referendum, that there are many other sectors of the American public who consider abortion a less than desirable, if not repugnant, procedure, and that they should make common front with these sectors without recrimination about lesser issues.

6. That the Supreme Court's decision should be viewed not as a disaster, but as an opportunity to reflect upon our own deficiencies in the solution of problems which we have for too long avoided and must now take the lead in correcting.

Sterilization: Roman Catholic Theory and Practice

Father Charles E. Curran

The question of the morality of sterilization in the teaching of the Roman Catholic Church has recently been raised in a number of different contexts. Vasectomy, since it is efficient and a comparatively simple procedure, has become very popular with many people in our society. In a specifically Catholic context, a recent court decision in Billings, Montana, ordered a Catholic hospital to perform a sterilization in the specific case of a woman who was going to deliver a baby with a Caesarean section. There is a third context within which questions of sterilizations arise — problems connected with the retarded. Sterilization is often recommended as a means of preventing the menstrual bleeding which becomes so burdensome in this case. In 1971, the American Bishops promulgated a new set of "Ethical and Religious Directives for Catholic Health Facilities," which include the following directives concerning sterilization:

18. "Sterilization, whether permanent or temporary, for men or women, may not be used as a means of contraception.

20. "Procedures that induce sterility, whether permanent or temporary, are permitted when: (a) they are immediately directed to the cure, diminution or prevention of a serious pathological condition and are not directly contraceptive (that is, contraception is not the purpose), and (b) a simpler treatment is not reasonably available. Hence, for example, oophorectomy or irradiation of the ovaries may be allowed in treating carcinoma of the breast and metastasis therefrom; and or-

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chiectomy is permitted in the treatment of carcinoma of the prostate.

22. "Hysterectomy is permitted when it is sincerely judged to be a necessary means of removing some serious uterine pathological condition. In these cases, the pathological condition of each patient must be considered individually and care must be taken that a hysterectomy is not performed merely as a contraceptive measure, or as a routine procedure after any definite number of Caesarean sections."

**Explanation of These Directives**

These specific directives are substantially the same as the previous guidelines and are in keeping with the generally accepted teaching on sterilization proposed by the papal teachings and explained by Catholic theologians before 1963. Pius XI in his encyclical Casti Connubii in 1930 was mainly concerned with eugenic sterilization as imposed by state laws. The Holy Office responded in Feb. 24, 1940, that the direct sterilization of a man or woman whether perpetual or temporary is forbidden by the law of nature.

The textbooks of Catholic moral theology generally discussed sterilization under the heading of mutilation, although it constitutes a distinctive type of mutilation. Mutilation is governed by the principle of totality. According to Pope Pius XII, the principle of totality affirms that the part exists for the whole, and that, consequently, the good of the part remains subordinate to the good of the whole; that the good of the whole is the determining factor in regard to the part, and can dispose of the part in its own interest. Man can thus legitimately sacrifice a part of his organism for the good of the whole. In this case good medicine is good morality because sound and conscientious medical practice permits a mutilation only when this is for the genuine good of the patient and when that same good cannot be obtained by some simpler and more reasonably available means.

Sterilization, however, constitutes a special type of mutilation because it concerns the generative faculties of man. The individual does not have the same stewardship and dominion over his generative faculties which he has over the other parts of his body. The generative faculties of man do not exist only or even primarily for the good of the individual but for the good of the species. The whole being and finality of the other parts of man are totally subordinate to the good of the individual, but the generative faculties cannot be totally subordinate to the good of the individual. The generative functions and organs have a twofold aspect and meaning. Man does not have the right to subordinate the generative aspect of these functions to the good of the individual. Only when these generative organs and functions in themselves and apart from their generative function cause harm to the whole person, they may be suppressed or sacrificed for the good of the whole.

Pope Pius XII addressed this particular aspect of the question in his talk to the Italian Society of Urologists on Oct. 8, 1953. If the generative organ itself (e.g., fallopian tube, testicle) is itself diseased or can truly be called pathological or if the organ itself is not diseased but its preservation or functioning directly or indirectly entails a serious threat to the whole body, then the organ can be removed. The specific cases mentioned in Directive 20 of the Catholic Hospital Code exemplify this type of situation.

**Direct-Indirect**

The principle is thus established that direct sterilization is morally wrong, for man is not able to sacrifice the generative functions quæ generative for the good of the individual. Indirect sterilization of the generative functions not qua generative but qua relating to the individual is permitted for a proportionate reason when there is no simpler treatment readily available. In indirect sterilization the action has multiple effects, one of which is sterilizing, but the sterilization is neither directly done nor directly intended. The generative function is only indirectly sacrificed or suppressed.

Pope Pius XII described direct sterilization as that which aims at making procreation impossible as both means and end. The Pope later applied this principle to the case of the anovulant pills. In common parlance these pills are often referred to as contraceptive pills, but strict theological terminology classifies them as a form of sterilization. Contraception interferes with the sexual act as such, whereas sterilization interferes with the sexual faculty; as in this case, by preventing ovulation. The anovulant pills constitute a temporary sterilization.

Such medication, according to the Pope, may be used to treat a malady of the uterus or of the organism. "But one causes a direct sterilization, and therefore an illicit one, whenever one stops ovulation in order to preserve the uterus and the organism from the consequences of a pregnancy which they are not able to stand." Examples given by Pope Pius XII well illustrate the difference between direct and indirect sterilizations. Sterilization is often recommended to prevent a new pregnancy because of the danger to the life and health of the mother. However, it is a direct sterilization and consequently immoral if the danger arises from other diseased organs such as the heart, the kidneys or the lungs. The sterilization is direct because the danger arises only if voluntary sexual activity brings about a pregnancy. The danger does not arise from the presence or normal functioning of the generative organs or from their influence on other diseased organs.

**Punitive Sterilization**

In the light of this official papal teaching, theologians discussed other possible cases which came to their attention. The first question to arise chronologically concerned punitive sterilization. Punitive sterilization was mentioned by Pope Pius XI in his encyclical Casti Connubii. The original version of the official text seemed to condemn it, but later the Pope corrected the text in such a way that the question of punitive sterilization was left open for debate among theologians. Although the majority of
theologians condemned punitive sterilization, those who defended it had to reconcile it with the later condemnation of direct sterilization. The influential Francis Hurth, for example, argued that such a sterilization was not direct. One could also argue to the licitness of punitive sterilization on the basis of analogy with the right of the state to take the life of the criminal, which right has generally been admitted in theory by Catholic theologians although today many would (rightly I believe) argue against capital punishment. In some theories this would be a direct sterilization, but the principle would be nuanced to read that the direct sterilization of the innocent on one’s own authority is wrong.

Another case involved the weakened and scarred uterus which was frequently discussed by Catholic moralists. Is it permissible to remove a uterus which in the opinion of competent physicians has been so badly damaged by previous Caesarean sections that it would likely create a serious danger for the mother in a future pregnancy because of rupturing? Theologians differed in their responses. Some argued that such a procedure would be a direct sterilization, for the danger is not now present and arises only when and if there is a new pregnancy.

Others argue that the sterilization was only indirect. The root cause is the organ itself which can be regarded as pathological because it is not able to carry out its proper functioning without danger to the mother. There are two effects of such an action, one of which is sterilization, but the effect which is directly done and directly intended is the removal of the “pathologic organ” to prevent a future hemorrhage. E. Tesson added a further refinement. In such a case it cannot be a priori excluded that the doctor is permitted to lose the abcesses rather than remove the uterus. By this process one isolates the uterus, which is a less radical procedure than the removal of the uterus.

Danger of Rape

In the 1960’s, another question came to the fore in the light of the predicament of the sisters in the Congo in danger of rape who took the pill to prevent the possibility of conception. Most Catholic theologians allowed the use of the pill or any other contraceptive in these circumstances on the basis of legitimate defense against the possible consequences of unjust aggression.

Punitive sterilization and sterilization in the form of defense against the possible consequences of unjust aggression in rape modified somewhat the teaching condemning direct sterilization. However, in both these cases there are parallels with the question of the direct taking of life. Some Catholic theologians in the middle 1960’s argued that the exceptions in the cases just mentioned tended to indicate the arbitrariness of the whole Catholic teaching on sterilization. Although I too am opposed to such a teaching, I believe there is a logical consistency to it even with the exceptions mentioned above provided that one grants the basis on which the whole teaching is based.

The application of this accepted teaching to the questions raised at the beginning of this paper have all been answered except for those arising in the case of retardation.

There does seem to be a true parallel between the sterilization of the retarded girl to prevent the possible conception which might follow from the fact that through fear or ignorance someone takes advantage of her and has sexual intercourse with her and the sterilization of those who are in danger of rape. The condition of the retarded girl is more permanent and could call for the more permanent form of sterilization. I would, however, add the important caution that society must respect the rights of the retarded which all too often are not safeguarded.

In the case of sterilization to prevent the menstrual bleeding of a girl who is not able to provide for her own hygiene, there seems to be a true case of indirect sterilization. The menstrual bleeding for this particular girl causes her hygienic problems and difficulties and may even necessitate that she be removed from her family environment because her family cannot care for her. The sterilization is indirect because there are two effects, the suppression of the menstrual bleeding and the sterilization, but what is directly intended and directly done is the suppression of the menstrual bleeding.

One might retort that the menstrual bleeding is normal and does not constitute a pathological condition. However, the sterilization can still be indirect if the normal functioning of the generative organs is detrimental to the health of the whole person as in the case of cancer of the prostate or cancer of the breast. Even though the physical health of the girl might not be injured in this case, the bleeding is detrimental to the total well being of the person. In 1954, John Connelly, S.J., perceptively pointed out that the good of the whole which could justify a mutilation and even an indirect sterilization is not just the good of the body or the good of the physical organism but the total good of the person. Thus I argue that even in the context of the accepted Catholic teaching until the 1960’s, sterilization in the two cases concerning the retarded is a morally acceptable procedure.

Counter Catholic Positions

I disagree with the past Catholic teaching on sterilization and maintain that in practice Catholics can dissent from the authoritative Church teaching condemning direct sterilization.

The condemnation of direct sterilization as proposed by Catholic moral theologians before 1963 involves three related but different moral principles. The principle of stewardship which determines the power that man has over his body and its organs, especially in this case his sexual organs; the principle of totality; and the principle of the double effect by which indirect sterilization is distinguished from direct sterilization. Many theologians in the last few years have disagreed with the teaching which was generally accepted before 1963, but they have proposed different
reasons for their disagreement. My disagreement with the accepted teaching goes to the most basic and fundamental level — the stewardship which man has over his sexuality and generative functions. Those who disagree primarily by questioning the concept of direct and indirect or the principle of totality without going to the ultimate level do not, in my judgment, adequately come to grips with the question of sterilization.

In the question of sterilization, a non-Roman Catholic such as Joseph Fletcher and a Catholic writer such as Thomas Wassmer have insisted on their disagreement with the concept of direct and indirect sterilization. Wassmer sees inconsistencies in the condemnation of direct sterilization when sterilization is allowed as punishment or as defense. Although he does consider the other questions of the principle of totality and the stewardship which man exercises over his generative organs or his sexuality, Wassmer devotes the greater part of his article to the distinction between direct and indirect sterilization.

Perhaps this emphasis is explained by the fact that Wassmer was writing somewhat early in the controversy about sterilization. In addition, Wassmer was obviously using this occasion to express his disagreement with the notions of direct and indirect effects and also with the concept of intrinsically evil. I too have difficulties with the accepted explanation of the principle of the double effect with its understanding of what is direct, but the question of sterilization must be ultimately resolved on a deeper level. Why did the accepted teaching say that direct sterilization is wrong and why do many contemporary theologians argue that direct sterilization is morally acceptable?

Others approach the question of sterilization in terms of revising the principle of totality. The principle of totality also exercised an important influence on the question of transplantation and experimentation, for these were forms of medical operations which were generically treated as mutilation and considered in the light of the principle of totality.

**Totality**

On the basis of the principle of totality, it seems impossible to justify either transplantation or experimentation. Catholic teaching enunciated by the Popes and explained by the theologians insisted that the part could be sacrificed on the condition that its meaning and finality were totally seen in terms of the whole for which it was sacrificed. Thus the state cannot sacrifice an individual for the good of the state because the individual has a meaning and finality apart from the state.

In reaction to the pretensions of totalitarian states, Pope Pius XII stressed the fact that the physical organisms of human beings, unlike the moral unity of the state or of the community, has a unity of its own in which each of the members, e.g. hand, foot, heart, eye, is an integral part destined to its whole being to be inserted into the totality of the organism itself. Such a rationale appears to limit the application of the principle of totality just to physical organisms. Some few theologians thus denied the morality of transplantation and experimentation, but the majority found other justifying reasons, especially charity. Later, however, Pope Pius XII himself maintained that to the subordination of particular organs to the organism, one must add the subordination of the organism to the spiritual finality of the person himself. Martin Nolan has interpreted this papal teaching to reason that the total good of the person is achieved in activating oneself in one's innermost reality which is relationship to God and to others. The human person and his good are seen in terms of relationship to God and to others. On the basis of this understanding, Nolan now employs the principle of totality to justify both transplantation and experimentation and thus reconciles charity and the principle of totality.

Such a revised understanding of the principle of totality could also be applied to sterilization. Perhaps even in sterilization, according to Nolan, the discussion should not be confined to the organs in question and their relationship to the organism, but rather the good of the whole man and his relationship to his family, community and the larger society must be taken into account. Such an approach echoes the often heard complaint that an older Catholic theology emphasized too much the finality of particular organs and did not give enough attention to the person and his relationships with others.

Totality has been expanded to justify sterilization in two different ways. Warren Reich succinctly pointed out both possibilities and described the first as an attitude among some Catholic theologians to extend the principle of totality to apply to all those pathological cases in which the life of the mother is imperiled by a new pregnancy. One recently approved and promulgated policy manual for a Catholic hospital does accept such an approach. "In our view, this 'isolation procedure' describes quite well how a tubal ligation may be a good and necessary procedure in applying the principle of totality to a woman who, because of a serious pathological condition other than a damaged uterus, may not be able to support a future pregnancy without grave danger to her life and health." Somewhat similar proposals are now under discussion in some dioceses in the United States.

In evaluating such an approach, one must honestly recognize that such a proposal runs counter to the explicit teaching of Pius XII. Also in my judgment, the approaches as stated here are too limited. The policy manual limits the justification of tubal ligation to cases in which there is a pathological condition of the mother and a permanent major threat to her life and health. Such a requirement calls for a much more serious reason than is required in other mutilations. Economic, sociological or demographic reasons are apparently judged not sufficient. Also the policy does not explicitly allow for the sterilization of the male in such cases even.
though this is a much simpler medical procedure. While I applaud such attempts to break away from the teaching of the past, this particular reasoning does not go to the ultimate level on which the question must be settled.

Another approach invoking the principle of totality to justify sterilization argues that the marriage of the family itself constitutes a totality and a part may be sacrificed for the good of the marriage or the totality of the family. A number of Catholic theologians have advocated this line of reasoning which overcomes many of the objections to the first extension of the principle of totality. However, such reasoning logically involves a discussion of the stewardship over sexuality and generative functions.

**Stewardship**

In my judgment the proper level for the discussion of sterilization is the stewardship which man exercises over his sexuality and his generative functions. Since sterilization was first categorized by theologians as a surgical operation, it was treated in the manuals of moral theology under the heading of mutilation and brought into the area primarily governed by the principle of totality. A somewhat similar problem arose in the questions of experimentation and transplantation which were placed in this same category.

There are many convincing reasons to justify the contention that sterilization must ultimately be considered in terms not of the difference between direct and indirect, not primarily on the basis of the principle of totality, but in the light of the stewardship that man has over his sexuality and his generative faculties. From the ethical perspective this means that sterilization must be seen in the same basic terms as contraception.

Even before the overt controversy in Roman Catholicism about contraception, Gerald Kelly pointed out the need to distinguish between non-contraceptive mutilation and contraceptive mutilation which is defined as "any procedure which is either explicitly or implicitly directed to the permanent or temporary suppression of the power of procreation." Thomas J. O'Donnell, who strongly upholds the condemnation of direct sterilization, recognizes where the issue ultimately lies, for he defines direct sterilization as directly contraceptive sterilization and distinguishes it from indirect sterilization. Kelly argues that except for the cases of punitive sterilization and consent to compulsory sterilization, the discussions of contraceptive sterilization belong more properly not to the treatise on mutilation but to the treatise on the abuse of sexual faculties.

The widespread discussions about the anovulant pill in Roman Catholic theology in the 1960's indicate again that sterilization must be considered under the rubric of man's stewardship over his sexuality and his generative faculties. The anovulant pill was popularly called the contraceptive pill, and the debate was characterized as a debate over contraception. However, in accord with strict ethical terminology, the anovulant pill involved sterilization and not contraception. Contraception interferes with the act of sexual intercourse, whereas sterilization interferes with the generative faculty. The pill interferes with the generative faculty by preventing ovulation. In technical terminology, the pill brings about a temporary sterilization. Pope Pius XII in his condemnation of the pill as direct sterilization and Catholic theologians debating the pros and cons of the issue realized that they were talking about sterilization and not contraception.

**Contraception**

Dialogue with Protestant and Jewish ethicists also indicates that the question is basically the same as the question of contraception. Sterilization is not discussed primarily in terms of the principle of totality. Those non-Catholic authors who frequently agree with many Catholic positions in the question of medical ethics disagree on contraception and sterilization.

Their argumentation points out that both these questions must be considered in terms of man's stewardship over his sexuality and generative functions. It lies beyond the scope of this paper to marshal the theological and ethical arguments in favor of the morality of artificial contraception, since these arguments have been formulated so often in the last few years. In general those who accept artificial contraception understand human sexuality in terms of its relationship to the individual person, to his spouse or family and to all of society. In the light of these multiple relationships, the individual has stewardship over his sexuality and his reproductive functions. He has the right to intervene in these functions in the light of the multiple relationships, but this does not per se give anyone else, e.g., the state, the right to intervene or coerce the individual in the control of his reproductive functions.

A Roman Catholic advocating the moral lictness of direct sterilization must also respond to the fact that such a proposal is against the authoritative teaching of the Church. The right to dissent from the authoritative teaching on contraception has been sufficiently demonstrated in many places. Interestingly, even proponents of the official teaching on sterilization before Humanae Vitae admitted that the magisterial commitment to the condemnation of direct sterilization was not as strong as in the case of contraception. Humanae Vitae, citing both Casti Connubii and the 1940 response of the Holy Office, puts the condemnation of direct sterilization in the same paragraph as the condemnation of contraception. Thus in proving the possibility of dissent from contraception, one also proves the possibility of loyal Catholics dissenting from the condemnation of direct sterilization.

**Differences**

Despite the basic similarity between sterilization and contraception, there are some morally significant differences. Sterilization, especially in terms of vasectomy and tubal ligation, tends to be per-
manent, so there should be a reason commensurate with the fact that the individual may lose his or her reproductive potential to justify such actions. Sterilization also does involve a greater interference in the human system, and there may be some side complications which arise. This ultimately rests on medical facts, but it is a factor that must be taken into account in any prudent decision regarding sterilization.

This position is very similar to that briefly proposed by Richard A. McCormick, S.J. McCormick rightly indicates that sterilization and contraception must be considered together, but points out that the possible permanent nature of surgical sterilization constitutes a profound human caution, but does not lead to an absolute exclusion of surgical sterilization. My disagreement with McCormick, if there is any difference, is one of emphasis. I think there are many occasions when other reasons can justify the permanent destruction of the reproductive capacity although it is important to realize the far reaching consequences of surgical sterilization.

The thrust of this article has been to situate and evaluate properly the Catholic teaching on sterilization. Proper ethical discourse must place sterilization in the same generic category as contraception, governed by the stewardship which man has over his sexuality and generative functions. Those who, like myself, argue in favor of contraception must logically also accept so-called direct sterilization with the realization that the more permanent nature of some sterilization and its more radical interference in bodily functions must enter into the decision about the proportionate reason justifying sterilization.

REFERENCES:
2. L. Cary, "Court Ordered Sterilization Performed at St. Vincent Hospital, Billings," Hospital Progress, LIII (Dec. 1972), 22.
5. The date 1963 is employed because it was only in this year that Roman Catholic theologians began to publicly question the hierarchical teaching on artificial contraception. Today it is safe to say that the majority of Catholic theologians who are currently involved in research and writing disagree with this hierarchical teaching.
7. A.A.S., XXXII (1940), 73.
10. Denis O'Callaghan, "Fertility Control by Hormonal Regulation," Irish Theological Quarterly, XXVII (1960), 1-4. This summary and the generally accepted reasoning proposed by the hierarchical teaching and in the theological explanations. Note that some authors such as O'Callaghan have later changed their views on this question. O'Callaghan's explanation here is a good example of Catholic moral theology's attempt to base morality on the physical teleology of the organs themselves. He speaks on the innate teleology of the generative organs.
16. This question was first discussed and adjudged affirmatively by P. Palazzini, F. Hürth and F. Lambruressini in Studi Cattolici, V (1941), 64-72. These were three very influential Roman theologians.
18. Joseph Fletcher, Morals and Medicine (Boston: Beacon Press, 1960), pp. 141-171. Fletcher does mention the other aspects of sterilization, but uses this discussion primarily to question the concept of direct and indirect effects.
23. Ibid., p. 247.
29. Ibid., p. 247.
32. Ibid., p. 174-192.
34. Gerald Kelly, S.J., "The Morality
Prenatal Diagnosis and Selective Abortion

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The practice of prenatal diagnosis raises a number of serious ethical dilemmas. I shall focus here on one of these: the selective abortion of defective fetuses. Selective abortion is commonly recognized as the central ethical dilemma in prenatal diagnosis, and it receives new urgency in light of the recent decisions on abortion by the United States Supreme Court.

The questions being raised here are first, what justifications are of-