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# THE FALK PROCEDURE

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THE FALK procedure is described as a cornual resection of the fallopian tubes in the presence of recurrent salpingitis due to recurrently exacerbating gonorrheal infection. The infection is implanted from below, invading by way of the cervix and reaching the tubes by direct extension along the endometrium of the uterus, and it is believed to be self-limited in the tubal area. The purpose of the Falk procedure, therefore, is to break the uterine-tubal pathway, thus permitting the healing of the tubal inflammation and at the same time blocking the avenue of any recurrent gonorrheal infection insofar as the tubes are concerned. This procedure, moreover, by leaving the tube in situ, is designed to conserve the ovarian blood supply.

Disagreement among physicians regarding the advisability of the Falk procedure<sup>1</sup> has not helped the theologians arrive at a clear cut analysis of the morality of the operation.<sup>2</sup> The question is an intriguing one since it represents what to date seems to be the only case of tubal ligation which is not directly contraceptive sterilization.

<sup>1</sup>TeLinde, M.D., Richard W., *Operative Gynecology* (2nd ed., Philadelphia, 1953, J. B. Lippincott Co.) pp. 539 ff.

<sup>2</sup>Kelly, S.J., Gerald, *Medico-Moral Problems V.* (St. Louis, 1954, Catholic Hospital Association of the United States and Canada) p. 33 and also in *Theological Studies*, 17, 3 (September 1956) p. 339.

The operation as described above evidently does not envisage the suppression of the generative faculty, precisely as generative, either as a means or as an end, since its sole purpose is to divide the pathway of a migratory infection, and its prophylactic value is in no way enhanced by its contraceptive result.<sup>3</sup>

Moreover, the fact that the procedure is designed immediately merely to limit the field of growth of the disease presents no moral problem, since this can properly be done even in the case of tissue which is not itself diseased, to say nothing of tissue which is itself a pathological site of infection. Pius XII, in his address to the 26th Annual Convention of the Italian Society of Urologists, said:

It can also happen that the removal of a healthy organ and the suppression of its normal functioning will remove from a disease, cancer for example, its field of growth, or, in any case, essentially change the conditions of its existence. If there is no other means at our disposal, surgical intervention on the healthy organ is permitted in both cases.<sup>4</sup>

It is precisely the last sentence in the above quotation which seems to pinpoint the moral obscurity

<sup>3</sup>One could envision a tubal resection, in view of the partially occluded condition of the tube, to prevent the possibility of subsequent tubal pregnancy. This would clearly be a case of direct sterilization.

<sup>4</sup>*L'Osservatore Romano*, October 10, 1953.

which has arisen in the matter of the Falk operation.

The fact that a therapeutic procedure is accompanied by a foreseen but unintended contraceptive effect, and can be thus essentially fitted into the framework of the principle of double effect does not immediately tell us that the procedure is permitted. The other very important consideration of the required proportion between the good effect and the evil effect, plus the consideration of whether or not the good effect can be reasonably achieved in some other way, without the concomitant evil effect, must be given careful scrutiny.

For the consideration of the proportion between the good effect and the evil effect, one must remember that gonorrheal infection of the cervix accounts for about 60% of all acute pelvic inflammatory disease.<sup>5</sup> Moreover, it seems that reinfection by no means depends on renewed sexual contact, but the gonorrheal focus can be a constantly smouldering infection in the cervix, with periodic flare up into endometritis. As the infection again travels along the uterine endometrium and into the tubal area, one is not confronted with just an infected set of fallopian tubes, but the angry tube becomes occluded and distended, and the purulent exudate may escape from the distal end, giving rise to acute pelvic peritonitis and pelvic abscess, as well as adhesions at the site of the adjoining pelvic structures, or be-

<sup>5</sup>Novak, M.D., Emil and Novak, M.D., Edmund, *Textbook of Gynecology* (5th ed., Baltimore, 1956, Williams and Wilkins) p. 397.

tween these and the small intestine, sigmoid, and rectum.

In such a situation the tube is so occluded that the patient nearly always is, or soon will be, sterile; and still subject to further pelvic devastation by the recurrent infection.

Since the therapeutic and prophylactic effect of the Falk procedure is to isolate the infected tubal area, allowing the self-limited infection to subside and breaking the pathway to reinfection, and since whatever contraceptive result there may be (if the lumen of the tube still has any patency) will only be anticipating a soon to be expected sterility due to infection-occlusion; there is evidently an acceptable proportion between the good effect and the evil effect, from the moral viewpoint.

As regards the other requirement of the principle of double effect: that the good effect cannot be reasonably achieved in some other way, without the concomitant evil effect; it must be pointed out that antibiotic therapy has not been dramatically effective against the sophisticated gonococcus. Antibiotic therapy, in the circumstances described above, would be, to say the least, a much less effective and secure way of combating the particular situation; while adding little or no hope for sufficient patency of the tubal lumen to achieve fertility.

In view of these considerations we would say that the Falk procedure is definitely not a directly contraceptive sterilization and that when it is gynecologically indicated the surgeon may safely proceed, from a moral viewpoint, under the principle of double effect.