

11-1-1954

Catholic Teaching on Contraception and Sterilization (III and IV)

Gerald Kelly

Follow this and additional works at: <https://epublications.marquette.edu/lmq>

 Part of the [Ethics and Political Philosophy Commons](#), and the [Medicine and Health Sciences Commons](#)

Recommended Citation

Kelly, Gerald (1954) "Catholic Teaching on Contraception and Sterilization (III and IV)," *The Linacre Quarterly*: Vol. 21 : No. 4 , Article 1.

Available at: <https://epublications.marquette.edu/lmq/vol21/iss4/1>

Catholic Teaching on Contraception and Sterilization

GERALD KELLY, S. J.

Professor of Moral Theology, St. Mary's College
St. Marys, Kansas

The first installment of this article, which appeared in the August, 1954, number of LINACRE QUARTERLY (pp. 72-79), emphasized two points: first, that the guidance of the Church is a practical necessity for appreciating the truth that contraception and direct sterilization are always morally wrong; and, secondly, that this guidance has been given repeatedly, clearly, and solemnly by Popes Pius XI and Pius XII. In the present installment we are to consider the reasons for the papal teaching, as well as some practical examples in the sphere of medicine.

III. REASONS UNDERLYING THE PAPAL TEACHING

This heading would perhaps be more accurate in the singular, because both Popes, in explaining their teaching that contraceptive practices and direct sterilization are against the natural law, stressed one reason: namely, that these things are contrary to the natural purpose of the generative act and the generative faculty. As regards sterilization, Pope Pius XI at least insinuated this when, after showing that the state has no right to mutilate an innocent person, he added that private individuals themselves "have no other power over the members of their bodies than that which pertains to their natural purposes" (italics mine). This argument from natural finality is much more explicit in his condemnation of contraception as "intrinsically against nature" and never justifiable for any reason, howsoever grave. "Since, therefore," he said, "the conjugal act is destined primarily by nature for the begetting of children, those who, in exercising it, deliberately frustrate its natural power and purpose, sin against nature and commit a deed which is shameful and intrinsically vicious."

This same argument—from finality—is given somewhat more com-

pletely by Pope Pius XII near the beginning of his address on the moral problems of married life (Oct. 29, 1951).

"The order to be observed here has been established by God's sovereign intelligence and is directed to His creative purpose; it concerns the external activity of human beings and the internal adherence of their free will; it determines what they are bound to do and what it is their duty to avoid. Nature puts at man's disposal the whole chain of causes which will result in the appearance of a new human life; it is for him to release this vital force and it is for nature to develop its course and bring it to completion. When once man has done his part and set in motion the marvellous process which will produce a new life it is his bounden duty to let it take its course. He must not arrest it or frustrate its natural development."¹

In the last analysis, the argument from finality is *the* argument against artificial birth prevention. Nevertheless, it must be admitted, as Monsignor John A. Ryan once pointed out, that the argument is to a great extent *intuitive*: one either grasps it or one does not. Moreover, being metaphysical, the argument has no appeal to the emotions, whereas the so-called arguments in favor of artificial birth prevention are cast in a highly emotional frame-work: the sick mother, the dire poverty of a tenement family, and so forth. For these reasons Catholic writers against artificial birth prevention often develop indirect arguments that are in reality secondary but which may have more popular appeal. For example, these writers show the harmful effects of artificial birth prevention on the individual character and on society; they explain how the justification of contraceptive practices, for any reason whatsoever, leads logically and inevitably to the undermining of sex ethics; and so forth.

Since my main purpose is to explain the papal teaching, I will not dwell on those other arguments. I should like, however, to quote a few paragraphs from the statement made by Father William J. Kenealy, S.J., before the Joint Committee on Public Health of the Commonwealth of Massachusetts, April 8, 1948. These paragraphs strike me as especially impressive:

"If a person can violate the natural integrity of the marital act with moral impunity, then I challenge anyone to show me the essential immorality of any sexual aberration. Allow me to explain this point.

"All men of every age have realized the sacredness of the reproductive function and its paramount importance to society; they have also

¹ This quotation is taken from the translation of the papal address made by Canon George D. Smith and published in *The Clergy Review*, December, 1951, and January, 1952.

realized that the vehemence of sexual pleasure leads to grave abuses to human and civil society. The common consent of mankind, civilized and uncivilized, agrees that it is of supreme importance that *some* line be drawn between the lawful use and the unlawful abuse of the sex faculty; not merely as to extra-marital relations but also as to the use of the sexual powers within marriage. *Where* should that line be drawn?

"If we study the nature of the reproductive faculties, the line obviously should be determined by *the natural integrity of the marital act*. But, if the natural integrity of the marital act does *not* determine the line, what does? What reason would we have for declaring *any* unnatural act between spouses immoral? If medical or economic or other considerations justify artificial contraception, why would not the same reasons justify sodomitic and other unnatural intercourse between husband and wife? I have never read or heard a logical argument to show an essential difference which would justify the one and outlaw the other."²

To return to the papal teaching, we should add here that the Popes consider their interpretation of the natural law to be confirmed by divine revelation. Thus, Pope Pius XI, after giving the reason why contraception is intrinsically against nature, added: "Small wonder, therefore, if Holy Writ bears witness that the Divine Majesty regards with the greatest detestation this horrible crime and at times has punished it with death. As St. Augustine notes, 'Intercourse even with one's legitimate wife is unlawful and wicked where the conception of the offspring is prevented. Onan, the son of Juda, did this and the Lord killed him for it.'"

The story of Onan, to which this passage refers, is given thus in the Douay Version of the Old Testament (Genesis, 38: 8-10): "Juda therefore said to Onan his son: Go in to thy brother's wife and marry her that thou mayest raise seed to thy brother. He knowing that the children should not be his, when he went in to his brother's wife, spilled his seed upon the ground, lest children should be born in his brother's name. And therefore the Lord slew him, because he did a detestable thing."

The reference here is to what is called the Levirate Law—a Jewish law according to which, if a man died without offspring, his brother or next-of-kin was supposed to marry the widow and raise up children for his deceased brother. Some non-Catholics have interpreted Onan's slaying as being a punishment for his unwillingness to fulfill this law, his

² For the entire text of Father Kenealy's excellent statement, see "Contraception—A Violation of God's Law," *The Catholic Mind*, September, 1948, pp. 552-64.

selfish disregard of his deceased brother's interests. This interpretation is by no means universal even among non-Catholics; both Catholic scholars and Catholic tradition reject it and say that Onan was slain precisely for frustrating the marriage act. Pope Pius XI cited St. Augustine, not for the saint's personal view, but because his teaching may be taken as typical of early Christian tradition. Twelve centuries after Augustine, St. Francis de Sales, a doctor of the Church who was noted for his charming graciousness, wrote these strong words on the same subject: "Of a truth, the shameful and execrable act committed by Onan in his marriage was detestable in the sight of God as the holy text says in the thirty-eighth chapter of Genesis; and although certain heretics of our age . . . have tried to prove that it was the perverse intention of this wicked man which displeased God, the Scripture nevertheless speaks quite otherwise, and asserts emphatically that the *thing* itself which he did was *detestable* and abominable in the sight of God." (*Introduction to the Devout Life*, translation by Allan Ross, p. 210.)

IV. SOME APPLICATIONS TO SPHERE OF MEDICINE

There was a time when diaphragms, spermicidal jellies, and so forth, were generally advertised under the euphemistic heading of feminine hygiene. This is sometimes done even today, but the prevailing tendency seems to be to call a spade a spade and advertise them as contraceptives — "the ideal contraceptive," as many of the advertisements put it. Whatever be the advertising, it is obvious that these things are purely and simply contraceptives; hence the use of them is contrary to the natural law; and so too is prescribing or advising their use.

What is said of feminine contraceptives is true *a fortiori* of the use of a condom, as well as of the Onanistic practice of withdrawal with ejaculation outside the vagina. In both these cases, not only are the natural effects of *coitus* impeded, but the *coitus* itself is rendered unnatural because the minimum essential of natural *coitus* is ejaculation within the vagina. (Concerning the difficult question of using a *perforated* condom to obtain a semen sample, cf. *Medico-Moral Problems*, II, 15-16.)

In recent years there has been much talk about the so-called infertility pills, consisting of phosphorylated hesperidin. As Father Lynch explained in the two articles previously referred to, the use of these pills is clearly a contraceptive measure—a temporary direct sterilization; and, since they are such, or at least intended as such, it is morally wrong to use them or to prescribe them.

The preceding brief paragraphs about contraceptive practices are

sufficient for our purpose. Of greater concern to the physician are the various surgical procedures (and their equivalent, e.g., irradiation) that effect sterility. It is my impression that physicians usually refer to all these procedures under the one general term, "sterilization;" but from the moral point of view it is important to avoid the general term and speak more specifically of *direct* sterilization, in which sterility is purposely induced (e.g., when healthy tubes are ligated to prevent a pregnancy that would be dangerous because of heart disease), and *indirect* sterilization, in which the resultant sterility is an unintentional by-product of a genuine therapeutic procedure (e.g., when a cancerous uterus is removed). Since a direct sterilization is really a contraceptive measure it is never permitted; an indirect sterilization, like mutilations of non-reproductive organs, is permitted when sound medical reasons call for the therapeutic procedure.

In the subsequent paragraphs I shall run through the more common sterilizing procedures and try to point out which are direct, and which are indirect. Before doing this, however, I should like to make some general observations:

1) It is obvious that the excision of a generative organ for a diseased condition which threatens the life or physical welfare of a patient *independently of pregnancy* is not a direct sterilization. Sterility is merely an unavoidable by-product of such an operation. No moralist would consider it illicit. Moreover, even if the operation included the excision of healthy tissue, there would be no objection to the removal when it is in conformity with sound medical practice. This observation applies to such things as the removal of a cancerous uterus or of cancerous ovaries with concomitant removal of the uterus, and so forth.

2) There are some cases in which it is not easy to judge whether the sterilization is direct or indirect. This is especially true when an existing morbid condition is contingent on pregnancy for its further development. Differences of opinion among moralists as to the licitness of such operations are to be expected; but it should be noted that the differences concern the evaluation of the facts and not a moral principle. This observation is especially pertinent to hysterectomy with repeat cesarean, as will be mentioned later.

3) The mere fact that sterilization is indirect does not necessarily mean that an operation is permissible. There must be a medically sound reason for the operation; otherwise it is unnecessary surgery and, as such, it is morally unjustifiable. In my survey of procedures I am stressing the distinction between direct and indirect sterilization; I am not

trying to give a final judgment concerning the necessity of the surgery.

4) In cases which I have already thoroughly discussed in *Medico-Moral Problems*, I shall merely indicate this and thus avoid much useless repetition.

Having made these preliminary observations, we can now consider specifically the various sterilizing procedures. Roughly speaking, these are: ligation or resection of Fallopian tubes; oophorectomy; hysterectomy; ligation or resection of the *vasa deferentia*; and orchidectomy. There can be combinations of these procedures (e.g., the Porro Operation); but for judging these it is sufficient to note my first general observation. Also, the equivalent effects of surgery can be produced by other means (e.g., irradiation). What is said here of surgical operations applies also to these other procedures.

Ligation or resection of Fallopian tubes — Some years ago I was asked, under rather embarrassing circumstances, to give a moral appraisal of the Falk Operation, which, as I understand it, consists essentially in the cornual resection of infected tubes — the resection being done to prevent recurring infection from below, and the tube being left *in situ* to conserve the blood supply from the ovary. I say that I received this problem under rather embarrassing circumstances because, when the question arose in one of our hospitals, two physicians distinguished for both conscientiousness and competence disagreed strongly about it and I was supposed to settle the disagreement. Upon further investigation I have found much disagreement among other physicians, too, but with a rather evident preponderance of opinion that the operation is not medically indicated. Whatever be the final judgment as to medical necessity of advisability of the operation, it does seem to me that the procedure is not a direct sterilization: first, because its purpose is to prevent recurring infection, not pregnancy; and, secondly, because in many cases the tubes have apparently already lost their patency.

With the possible exception of the Falk Operation, it seems that tubal ligation or resection is always a direct sterilization—at least, in actual medical practice. This statement can be illustrated by a brief consideration of an article entitled "Indications for the Sterilization of Women," by James F. Donnelly, M.D., and Frank R. Lock, M.D., F.A.C.S. The article first appeared in the *North Carolina Medical Journal*, January, 1953, and was reprinted in the *Bulletin of the American College of Surgeons*, May-June, 1953, pp. 97-102. The authors begin by explaining and praising the North Carolina eugenics law; then under the heading of "Voluntary Sterilization" they consider two groups of cases in which tubal ligation is done. In the first group, which com-

prises cases in which the authors believe that sterilization is indicated are the following: hypertensive cardiovascular disease, heart disease, tuberculosis, hereditary diseases, psychiatric disturbances, repeated cesarean sections, and multiparity. In the second group, comprising cases in which sterilization is not indicated, are: Rh incompatibility, heart murmurs, difficult delivery, *hyperemesis gravidarum*, repeated fetal loss, associated operative procedures (e.g., sterilization with appendectomy), lack of desire for children, disability of husband, economic and social factors.

It should be noted that the authors' division between indications and non-indications is not iron-bound. They do not consider that tubal ligation is always indicated in the cases of the first group or that it is never indicated in the cases of the second group. This point is not of pertinence here. The special value of the article for my purpose is that it gives a rather complete listing of the cases in which tubal ligation is sometimes practiced. In every case the precise purpose of the operation is to prevent future pregnancies, and the operation itself has no immediate effect as a therapeutic measure. The operations, therefore, are direct sterilizations.

Oophorectomy—In recent medical literature there have been many references to unnecessary removal of the ovaries. This practice, like other unnecessary surgery, is certainly immoral. Moreover, in some of these cases the *real* reason for the operation may be a desire to sterilize; and, if that be the case, the oophorectomy is a direct sterilization.

A specifically modern problem concerns oophorectomy as a means of palliation and for the prevention of metastasis in cases of carcinoma of the breast. This problem is discussed in *Medico-Moral Problems*, I, 21-24; and II, 23-25.

Hysterectomy—Unnecessary hysterectomy seems to be among the most common forms of unnecessary surgery. As such, it is morally objectionable; and, if the operation is performed in order to induce sterility—as it seems to be in some cases—it has the added stigma of contraception.

Some special questions about hysterectomy are discussed in *Medico-Moral Problems*, I, 30-34; and IV, 35-37. Here I should like to make particular reference to the question of hysterectomy with repeat cesarean by quoting the provision contained in *Ethical and Religious Directives for Catholic Hospitals* (p. 6) and by pointing out what is clear and what is not clear in this provision. The provision reads: "Hysterectomy is not permitted as a routine procedure after any definite number of cesarean sections. In these cases the pathology of each patient must be considered

individually; and care must be had that hysterectomy is not performed as a merely contraceptive measure."

From this directive three things are clear. First, *routine* hysterectomy after any certain number of cesareans (e.g., two or three) is not permitted. Whatever may be said of the past, such routine hysterectomy is not good obstetrics today, and for this reason, if for no other, it is not good morality, either. Secondly, hysterectomy is *never* permitted for the precise purpose of sterilizing, i.e., as a contraceptive measure. Thirdly, hysterectomy is certainly permitted when the damage done by previous cesareans or by any other cause is such that the cesarean hysterectomy is required in order to protect the mother from a danger that is *now* present, e.g., hemorrhage, infection, etc.

Another problem is not clearly solved by the directive. This concerns the uterus which has been severely damaged by previous cesareans, but not to the extent that it creates danger here and now. For example, suppose that, when he does a cesarean section, the doctor finds that the uterine wall has become "paper thin," or that the scar is getting very weak. He then presents this problem; "I can sew up this uterus, but I cannot repair it so that it will function safely in gestation. Because of the weakness of the wall or scar, or because of other damage, it is very likely that it will cause serious danger in another pregnancy. May it be removed now instead of waiting till the actual danger develops in another pregnancy?"

Theologians do not agree in their answer to this question. Some think that, since the actual danger would arise only in pregnancy, the removal of the uterus now would be a contraceptive measure. Others think that, since the damaged condition that would cause the danger is already present, the uterus may be removed now because it is already a seriously pathological and relatively useless organ. This problem is thoroughly treated by Father John C. Ford, S.J., and myself in our Notes in *Theological Studies*, XV (March, 1954), 68-71. Our conclusion is that, in the present state of the discussion, both opinions are solidly probable.

Resection or ligation of the vasa deferentia — Father Charles J. McFadden, O.S.A., mentions that, according to reliable medical authorities, an enlarged prostate can sometimes be treated successfully by the ligation or irradiation of the *vasa deferentia*. I have never had this case presented to me, but I would agree with Father McFadden that the ligation would not be a direct sterilization, since its immediate purpose is therapeutic; and I would also agree with his judgment that, if the prostatectomy itself would be either impossible or gravely dangerous,

there would be a sufficient reason for the ligature. (Cf. *Medical Ethics* 3rd ed., p. 300.)

Much more familiar to me is the problem of vasectomy *with* prosta tectomy, as a means of preventing epididymitis and orchitis. This question is treated lengthily in *Medico-Moral Problems*, II, 35-41; and summarily in *Hospital Progress*, April, 1954, p. 67. It suffices to say here that the vasectomy seems clearly not to be a direct sterilization; on the other hand, in view of the fact that we now have the sulfa drugs and antibiotics, the justifiable indications for the vasectomy are much less frequent than they used to be.

Aside from special cases like those just indicated—in which ligation or resection of the *vasa* serves a definite therapeutic purpose — the destruction of the *vasa* is always a direct sterilization.

Orchidectomy—Excellent medical authorities say that some form of castration is called for in the treatment of carcinoma of the prostate—the reason being that reduction of the supply of androgens alleviates pain and retards the growth of the cancer. As I have explained in *Medico-Moral Problems*, I, 25-29, castration in this case is not a direct sterilization and it can be permitted. More recently, Pope Pius XII gave the same affirmative answer to a convention of Italian urologists (cf. LINACRE QUARTERLY, 20 [Nov. 1953], 106-107). I think this is the only problem that merits mention in this section. It would be rare indeed that doctors would recommend orchidectomy merely as a sterilizing procedure.



The Executive Board of the Federation of Catholic Physicians' Guilds will hold the mid-winter meeting at 9:30 a. m., Saturday, November 27, at the Jung Hotel, New Orleans, Louisiana. The officers of the Federation and one delegate from each active constituent Guild constituting the Board will conduct business.

