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STERILIZATION

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It is permitted to mutilate the body for the sake of the health of the whole body. The degree of mutilation allowed must be measured in proportion to the amount of harm which threatens the body. A man can cut off his hand in order to save his life—or even to escape from long imprisonment.

The same principle applies to the organs of generation. When the health of the whole body requires their elimination they may be eliminated. But since this mutilation involves the destruction of a very important function, only a threat to the life of the individual or a proximate danger of serious disease justifies such an operation. When such danger to life or health is present it is not forbidden to destroy the ovaries (or the testes) and make use of this *directly* as a means to the health of the whole body.

The thing that is never permitted is the mutilation of these organs on purpose to prevent future conception, *e.g.*, in a case where such a conception would be a grave threat to life or health. This would be equivalently a contraceptive practice. In such a case the sufferer has another means of escape from the danger—abstinence from intercourse. If it were permitted to sterilize in such cases, some might argue plausibly that birth control itself was permitted. But when the ovaries themselves are seriously diseased, or are the

cause of serious disease in the body, it is not forbidden to remove them on purpose to prevent such disease.

Lately I have had one or two cases referred to me in which doctors wished to destroy the ovaries in order to cure cancer of the breast, or to cure other malignant growths—or at least diminish such growths.

I notice that one doctor says in this connection, "I believe the action on the ovaries, putting them out of commission, is the effect desired because then, the same as in the menopause, when the effect of the ovary is removed from its action on the uterus the uterus shrinks as do the tumors." This practice and intention on the part of the doctors is not illicit provided the danger to the woman's health is so serious that it justifies such a grave mutilation—and provided there is no concealed contraceptive intent. There is no need of invoking the principle of the double effect, any more than we would invoke it when the doctor removes a rectum because it is a threat to the health of the patient (*e.g.*, perhaps cancerous). The objection may be made: It is one thing to remove a *diseased* rectum, and quite another to destroy *healthy* ovaries. I reply that if the ovaries are a *cause* of disease in some other part of the body, they are to that extent diseased themselves and can be treated like

diseased organs as far as the general health of the body is concerned.

Now to come closer to the case of irradiation to cure menorrhagia. I do not know whether excessive uterine bleeding at the time of menstruation is a serious disease or not. In some cases I imagine—though I cannot quote the book on it—that this would be a comparatively minor inconvenience. But when the bleeding is due to fibrous growths—especially if they are the type that might become cancerous—then there is every reason to think that some serious disease is present. Obviously it is up to the doctor to decide whether there is a serious threat to life or health in any individual case of menorrhagia.

When he decides that there is such danger what may he do? May he excise the uterus, extirpate the ovaries, use radium or X-ray with danger of sterilization? I believe that with the consent of the patient, and in the absence of disguised contraceptive intent, he may do any of these things, or whichever one seems to be best for the patient in the circumstances.

Obviously, if he can cure her without destroying the function he must do so. And reputable doctors would be just as anxious as moralists are to preserve in a patient the generative faculty. Their own principles would prohibit them from risking sterilization where it could be avoided.

To my mind, therefore, the

problem is primarily one for the doctors to decide, *i.e.*, is the woman's condition a serious threat to her life or health which justifies causing, or risking sterility? And the woman herself must have the say whether she wants to undergo such a risk. In estimating the gravity of the situation the age of the woman is an important factor. It is not such a serious matter to deprive a woman of forty-five of the power of generation as it is to deprive an adolescent, who still looks forward to marriage and a family.

Another point, mentioned above, but which needs emphasis in practice, is the danger that doctors will yield to the importunities of patients who really want sterilization for contraceptive reasons, and make use of some minor ailment as an excuse for being sterilized.

Finally, there is the danger that doctors who are unscrupulous, or of low ethical ideals, would *experiment* on their patients. For instance, they might have an unsubstantiated *theory* that it is the ovaries, or the hormone secretions of the ovaries, that are causing the trouble, and would proceed to extirpate the ovaries, on the remote possibility that thus they could cure the trouble. Such dangerous experimentation is illicit. But where there is a well-grounded probability that elimination of the ovaries will prevent a serious danger to life or health, then with the consent of the patient and in the absence of "contraceptio larvata" the doctors can go ahead.