Uterine Isolation: A Euphemism?

It is no secret that Catholic hospitals are struggling with their policies on sterilization. Against the current obstetrical milieu that routinely endorses therapeutic and elective contraception and sterilization, it is increasingly difficult, first, to conform the content of a hospital's sterilization policy to the Church's teaching that all directly contraceptive sterilization is seriously immoral and, second, to persuade the obstetrician-gynecologists on staff to accept this teaching and put it into practice.

The controversy surrounding a procedure called uterine isolation (henceforth, UI) is a case in point. The question we want to ask is this: Given medical indications, is the procedure involved in UI—the isolation of the uterus at the tubal adnexa—morally acceptable because it is only indirectly contraceptive, or is it directly contraceptive and hence immoral? After attempting to answer this question, the article concludes with recommended action for ethics committees of Catholic hospitals.

Background

In the 1970's Father Thomas O'Donnell took up the question of whether it is morally permissible to substitute UI for a cesarean hysterectomy when, because of previous cesarean sections, the mother's uterus was incapable of supporting another pregnancy and, therefore, in danger of rupture if such a pregnancy should occur (cf. The Medico-Moral Newsletter, October, 1979; see also Thomas O'Donnell, S.J., Medicine and Christian Morality, revised edition, 1991).

Although O'Donnell concluded that it was morally probable to make the substitution, he cautioned that this opinion was not a blanket approval for an indiscriminate use of UI. Certain circumstantial criteria are morally relevant: At the time of the cesarean section, the mother is too physically taxed to undergo yet another major surgery, and her uterus, because of repeat cesarean sections, is in such a pathological condition—scarred or severely weakened—that the probability of uterine rupture in any subsequent pregnancy is very high. O'Donnell further cautioned that without a prudential employment of UI the procedure would not only be an excuse for direct sterilizations but also a possible source of scandal to others.

It should be noted that, initially, UI was analyzed as a sort of truncated version of an abdominal hysterectomy, i.e., as the first step in a hysterectomy which, instead of being completed by the removal of the uterus, was stopped at the first step, the tubal ligation, with the uterus left "in situ" or isolated at the tubal adnexa. The moral reasoning behind the sanctioned substitution was that if the cesarean hysterectomy was morally acceptable with its morally problematic "first step" of a tubal ligation, a procedure that simply stopped after that "first step" would present no further moral objections.

Why is this procedure controversial? First of all, appeals from directors of nursing service, for example, indicate that their policy permitting UI (or tubal ligation following a cesarean section, as the case may be) is being abused. Based on the percentage of hospital deliveries that are cesarean sections and the small percentage of those that are repeat c-sections, the number of women with a pathologically weakened uterus incapable of another pregnancy without the threat of rupture should be relatively small. Yet a large number of requests for UI are made, leading some obstetricians to remark candidly, when speaking of UI, that this is simply Catholic sterilization.

Second, doubts have been raised whether uterine isolation is truly only "indirectly" contraceptive as O'Donnell maintains.

It is important to be intellectually honest on this issue. Obstetricians whom I have consulted suggest that the procedure involved in UI should be called by its proper name, tubal ligation, rather than be described euphemistically as the "first step" of a distinctly different surgical intervention, namely, cesarean hysterectomy. This suggestion seems sound. Thus,

(continued on page 2)
our purpose is to determine whether UI is directly intended to prevent uterine rupture and only indirectly contraceptive and hence morally permissible, or whether it is simply a euphemistic way of describing a tubal ligation directly intended as a means of preventing conception.

The Relevance of the Principle of Double Effect

When any action (e.g., UI) has two effects, one good and one bad, it is morally right to perform such an act only after one shows that it satisfies the criteria of the principle of double effect. According to this principle, an action having both good and bad effects is morally permissible if and only if the following criteria are fulfilled: (1) the act, precipitating from its bad effect, is not morally wrong; (2) the good effect is directly intended, whereas the bad effect is only indirectly intended; (3) the bad effect is not the means for attaining the good effect; and (4) there is a proportionately serious reason for permitting or tolerating the bad effect.

UI has a double effect, for it (1) prevents the rupturing of the weakened uterus from a subsequent pregnancy (the good effect) and (2) causes the woman to be sterile (its contraceptive or bad effect).

To see whether UI, which we will call Case A, meets these criteria of the principle of double effect, it is useful to compare it to a cesarean hysterectomy, done at the time of a cesarean section, which we will call Case B.

The first criterion of the principle of double effect is that the act under consideration must be morally good or at least morally neutral. In Case B, the action—a hysterectomy, is morally neutral. The same is true of Case A. The isolation of the uterus at the tubal adnexa, or tubal ligation, is morally neutral in itself, prescinding from a consideration of intention and circumstances.

The second criterion of the principle of double effect is that the good effect must be directly intended, i.e., the direct object of the human will, and the bad effect only tolerated or permitted, i.e., "indirectly intended," even if foreseen. In Case B, (cesarean hysterectomy) the immediate or present direct intention is to remove an organ, the uterus, which is badly damaged and incapable of carrying out its purpose, and the further or ulterior intention is to prevent uterine rupture is a subsequent pregnancy should occur, i.e., to prevent a life-threatening situation for the mother. Thus, in Case B, the second criterion of the principle of double effect is satisfied. In Case A, however, the immediate or present direct intention is to prevent a pregnancy by "isolating the uterus," i.e., by performing a tubal ligation. The further or ulterior intention is to prevent uterine rupture should a pregnancy occur and thus to prevent a life-threatening situation for the mother. But in Case A, the immediate, present direct intention is to prevent a subsequent pregnancy, i.e., the present direct intention is to render the woman sterile.

The third criterion of the principle of double effect requires that the bad effect must not be the means to the good effect. In Case B, the cesarean hysterectomy has two good effects: (a) the removal of a seriously damaged organ incapable of carrying out its purpose and (b) the prevention of a potentially life-threatening situation for the woman. The ulterior good effect (b) is achieved by means of the present good effect (a), and the bad effect of the intervention, the sterilization of the woman, is not the means for achieving either of these goods but is rather an inescapable effect of the removal of the damaged uterus. Thus Case B satisfies the third criterion of the principle of double effect. In Case A, (UI) on the other hand, the prevention of uterine rupture and of a life-threatening situation to the mother (the good effect) is achieved only by ligating the tubes and thereby preventing conception. It thus seems that the tubal ligation is a straightforward contraceptive procedure. Unlike the removal of a pathological uterus by means of a hysterectomy, the tubal ligation is not done to correct a pathology in the fallopian tubes. These are healthy. The good effect sought in this procedure—prevention of uterine rupture that might threaten the mother's life—is achieved by means of the bad effect, the sterilization. Thus Case A does not satisfy the third condition of the principle of double effect.

The fourth criterion of the principle of double effect requires that there be a proportionate reason to tolerate or permit the bad effect. Even if the bad effect is not directly intended and is not the means for achieving the good effect, one nonetheless ought not to cause this bad effect without a "proportionate reason." What does this mean? The second and third criteria of the principle of double effect prohibit actions in which evil is done for the sake of good to come (cf. Romans 3.8). But we can act immorally in other ways, for instance, when we needlessly or unjustly cause evil.

How does all this apply to a cesarean hysterectomy or to Case B? [The relevance of the fourth condition of the principle of double effect to UI will not be considered, since it has already been shown that UI does not satisfy the second and third conditions of the principle of double effect and is, therefore, not morally permissible.] It seems that, apart from emergency situations such as a uterine hemorrhage or rupture at the time of the cesarean section, a cesarean hysterectomy does not satisfy this condition of the principle of double effect. The procedure itself can have serious complications, and there are alternative ways of coping with the situation that entail neither the woman's sterilization (the bad effect of the procedure) nor the medical complications of a hysterectomy (namely, reliance on methods of fertility awareness that will enable the woman and her husband to inexcorporate their use.]
E.T.—Fact or Fantasy?

On October 12, 1992, in honor of the discovery by Christopher Columbus of the New World and new races of human beings heretofore unknown to Europeans, NASA launched an intense and comprehensive search for intelligent life outside of our solar system (see The Washington Post National Weekly Edition, October 12-18, 1992, p. 38). This project is known as SETI (Search for Extraterrestrial Intelligence) and involves a search of the heavens (but for the present restricting the search to the stars in the Milky Way) with radio telescopes for signals whose characteristics are not due to any known natural source. Of course, radio signals coming from sources on our planet have to be screened out as well as signals from the sun and other objects in the solar system. The two principal groups conducting this search are the Ames Research Center in northern California using the giant Arecibo radio telescope in Puerto Rico and the Jet Propulsion Laboratory in Pasadena, California, using the antenna in Goldstone, California. The first group will scan the skies of 14 million channels for evidence of intelligent life but will limit their search to about 1000 stars similar to our sun, focusing on each, one at a time. The other will scan the entire Milky Way on eventually 32 million channels (see Thomas R. McDonough, "Is anyone out there?", Discover, November 1992, p. 85).

The idea that rational life—apart from humans on earth—exists on some other planet has titillated the imagination of writers and readers for many decades and possibly more. Many writers of fiction, especially those whose works appear in film or video have kept public interest alive and, indeed, stimulated. Such films as E.T., Encounter of the Third Kind, and Stars Wars have whetted public appetite for more of the same. These films and their video tape counterparts have made considerable money for their producers, underlining the continued interest in matters extraterrestrial.

We are alone!

When NASA some years ago (1976) sent an exploratory unmanned space probe to Mars looking for life, any kind of life, there was a fervent hope among space enthusiasts as well as among some segments of the scientific community that life would be found on that planet. But to the dismay of many, no evidence of any life forms was discovered, past or present. One newspaper boldly proclaimed with a somewhat disappointing tone, "We are alone!"

In light of the present NASA enterprise of searching the heavens for radio signals that would indicate intelligent life "out there", one can reasonably ask whether there is anything in revelation or in Church teaching that would absolutely rule out the possibility of rational life existing in the universe apart from human life on earth.

Relevant Church Teaching

No such assertion has been made officially by the Church. True it is that the Church teaches that beyond the point of supporting another pregnancy. Second, in order to minimize negative reaction from obstetrician-gynecologists or family practice physicians who will be affected by a possible restriction, the ethics committees need to be personally involved and convinced of the wisdom of the 'why' behind the 'what' of Catholic teaching on sterilization and why it restricts procedures that are directly contraceptive. Concomitantly, the moral option of periodic continence as a morally good solution to the difficulties faced by the woman should be presented.

Third, this knowledge and conviction need to be shared with the physicians directly involved in obstetrical procedures through existing in-house educational formats. The reasonableness of the Church's teaching, given its theological and philosophical premises, should be tenable whether or not the individual physician is a Catholic. Promotion of human goodness and fulfillment within marriage is the desired objective of conforming to the Church's teaching on sterilization.

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