

Selective Termination: Doing Evil To Achieve Good? - I

It is probably true that almost every medical cure has its undesirable side effects. Drugs which effectively treat human infertility are no exception. As the *Physician's Desk Reference* (1986 ed.) cautions, one of the undesirable effects of a fertility drug treatment involving human menopausal gonadotropin (HMG, trade name: Pergonal) and human chorionic gonadotropin (HCG) is the induction of higher order multifetal pregnancies (or grand multiple gestations), i.e., one mother gestating three or more embryos. Of the estimated 20,000 U.S. women who take Pergonal annually, approximately 10% will gestate twins and 1% will gestate a higher number of conceptuses.

The principal drawback of grand multiple gestations is the pregnancy complications it creates for mother and child. Not only is the health and/or life of the mother at substantial risk, but the odds of not bringing the embryos to viability increase in direct proportion to the number of embryos being gestated. The higher the number of gestational sacs, the less likely it is that these preborn babies will ever see the light of day.

This reflection will concern itself with an ethical evaluation of the procedure called selective termination which, in cases involving the gestation of triplets or more, is a medical alternative to either aborting the entire pregnancy or trying to bring the pregnancy to term. This procedure, also called selective abortion or selective reduction, is one in which usually all but two of the fetuses are directly aborted in hope that the remaining two will have a chance to grow and develop normally. The question we will address, then, is whether this treatment is an ethically acceptable medical alternative. First, though, to better appreciate the emergency nature of the situation and the moral character of the available medical options, we need to review a real case of grand multiple gestations where, for one couple, what is statistically very rare became a reality (Cf. *People*, "A Dramatic Medical Rescue . . .", May 9, 1988, pp. 51-3, 55).

The Schellin Case

For seven years Beth and Dale Schellin were one of

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an increasing number of couples for whom conception was problematic. For seven years they tried to conceive a child but without success. In May of 1986, after submitting to a regimen of fertility drugs including Pergonal, Beth's pregnancy test proved positive. The Schellins's exhilaration was short-lived, however, when ultrasound revealed that Beth was gestating nine embryos.

The couple was advised to abort all but two fetuses or face the probability of losing the entire pregnancy and her own life as well. The Schellins consented to selective abortion. Shortly thereafter, during the eighth and ninth week of gestation, geneticist-gynecologist Mark I. Evans of Hutzel Hospital, Detroit, using ultrasonic visualization to guide a 20-gauge needle, injected a solution of potassium chloride into the chest cavity of each of three living fetuses until a heart beat was no longer detectable. A week later, the same procedure was performed on three of the five remaining fetuses. At 35 weeks the two surviving male twins were delivered vaginally.

A Moral Evaluation in Light of Catholic Teaching

Although official Catholic teaching has not addressed the particular issue of selective termination in higher order multifetal pregnancies, the Church is unequivocal in its prohibition of direct abortion under *any* circumstances. Even in conflict cases when tragic consequences (e.g., loss of human lives) might be avoided by doing a morally reprehensible act (e.g., abortion), "it is never lawful, even for the gravest reasons, to do evil that good may come of it" (*Humanae Vitae* # 14).

The *Declaration on Procured Abortion* reiterates this teaching. Where weighty reasons such as life of the baby and/or life and health of the mother are at risk, the Church declares that ". . . none of these reasons can ever objectively confer the right to dispose of another's life even when that life is only beginning" (#14).

Applying this teaching to selective termination, it is clear that the Church would consider the procedure morally evil. In other words, it is morally wrong to *directly* abort innocent human life even when doing so may save the life of the mother and her babies. A good end does not justify an evil means.

This principle, that one may not do evil that good may come of it, with its Scriptural roots in Paul's exhortation to the Romans (Roms. 3:8), is true but not self-evident. Unpacking the philosophical presuppositions undergirding this principle demands a clarity regarding the relationship between personal goodness or badness and human free choice as well as the qualitative difference between physical and moral evil.

Emergency situations are effective catalysts; the degrees of goods and evils that are often at stake in

the alternative solutions are brought into focus. If a good moral choice is to be made in these cases, we must answer the following: What is the difference between a moral good or evil and a physical good or evil? How do the effects of a moral evil on those who choose it differ from the effects of physical evil on those who endure it?

Physical Evil Vs. Moral Evil

A physical evil is a lack of a physical good, of an integrity or perfection which should be present in the physical make-up of things. In reference to human beings it implies a lack of physical, psychospiritual perfection or the non-conformity to an anthropological exemplar. For example, a normal human hand has five fingers; the loss or absence of a thumb would constitute a limitation, a physical evil. Pain, blindness, insanity, mutilation, and death (none directly willed as such by the person who suffers them) are physical or ontological evils which threaten the wholeness or integral unity of a living human being.

An important factor in the discussion at hand is this: although the physical, psychospiritual perfection of a human being is threatened (e.g., mutilation, pain) or irrevocably lost (e.g., death), the physical evil is not selected for itself by human choice. Therefore, in the mere endurance or toleration of a physical evil there is no threat to personal moral goodness. It follows, then, that we do not say that a person is good or bad merely because he has four fingers or because he is insane. So, too, in the case of the decision which must be reached in grand multiple gestations, the physical deaths of mother and infants should be averted by every morally acceptable means and lamented if it cannot be avoided; still, the physical evil of death does not, in and of itself, vitiate the person's goodness or his final end, eternal life with God.

Moral evil, on the other hand, unlike physical or ontological evil, involves a disordered human act, i.e., a free, conscious choice on the part of the doer to choose evil. What is freely chosen, by virtue of the nature of a human free act, affects the moral character of the personal agent. The choice to do a physical evil as an end or means not only denies the basic good at stake but limits the goodness of the agent and, thereby, restricts human fulfillment. In other words, human free choice guarantees that the chooser becomes what he chooses. Karl Barth explains the intimate nexus between the human person and free choice when he observed that man "does what he is and is what he does" (*Church Dogmatics*, vol. 4, p. 405).

If we compare moral evil to physical evil, then, we see that with physical evil the person's moral status is unaffected, and the person who endures it bears no responsibility for the loss which occurs. With the free

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disordered choice of evil, however, we have quite another case. The moral status of the person is denigrated in direct proportion to the evil which is freely embraced. The constitutive character of a human act necessitates that the person (and community, if others are involved) bears responsibility for the choice. Furthermore, from a Christian perspective, we believe that each person will be judged according to the character of his free actions. In this Christian perspective, to embrace moral evil (sin) is a threat to man's final end, union with God, a God who is all good and with whom only those who are good or who have consistently chosen the good (or repented of the times they have not chosen it) can be united.

In sum, when we apply what we have discussed to the case at hand, the following conclusion can be

drawn. The choice to do a moral evil (i.e., to unjustly kill one or more preborn infants) in hope of promoting the physical good of biological life (maternal and prenatal) has greater negative temporal and eternal ramifications than the choice not to do the moral evil with the chance of incurring a physical evil (i.e., the loss of maternal and prenatal lives). Make no mistake: the loss of the physical lives of mother and preborns, if it did occur, would be a great human tragedy indeed, but in that loss, the *final* end, the *ultimate* goal or good of that mother and infants is not jeopardized in the least. (To be continued in the next issue.)

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