Drug Dependence

The initiation and maintenance of drug dependence involve two phases: 1) The positive reinforcement, that is, the pleasure-producing effects; 2) the "negative reinforcing," that is, effects which follow upon withdrawal of the drug, the feelings of malaise, restlessness, and deep depression. The intense "high" following the use of crack is followed by a terrible "low" which drives a person to seek another boost from cocaine or crack. The roller-coaster sequence usually continues until the drug becomes unavailable to the individual, or until exhaustion or death intervene. Unlike dependency on such drugs as morphine and heroin, in which continued drug use is strongly motivated by the attempts to avoid the adverse withdrawal symptoms, continued cocaine use over time is driven by a powerful craving for the drug (see DSM II-R, p. 179).

An individual who begins along this path of repeated cocaine experiences can rather quickly develop a dependency with a consequent decreased freedom of choice. Does the lessened level of freedom eliminate moral responsibility? In general, a physiologically-based, drug-induced habit will result in a diminishing of responsibility for actions surrounding drug use. It seems, then, that once dependency is established there is a lessened but not entirely absent moral responsibility. But, prior to that time, one would be responsible for knowingly beginning a practice which can have such disastrous effects.

Don't Try It

"Don't try it once, you'll like it" is a good working slogan. With the amount of publicity cocaine abuse has generated, it would be difficult for someone in our culture today to claim, "I did not know."
The ethical question, for the non-user, is whether a single or occasional use is objectively evil. Many may be tempted to try it just once or may be pressured by a peer group to conform. Apparently there are some persons who can use cocaine in a "disciplined manner" without any obvious serious impairment of their lives. Yet such a practice involves an annual expenditure of several thousand dollars (see National Geographic, op. cit., p. 38). Nonetheless, this, too, is hazardous for one can never be certain that the next use will not commence a pattern of behavior very difficult to break. Furthermore, such practice furthers the multibillion dollar cocaine traffic, and that is a great social evil. In light of the terrible human devastation and misery which has marked the trail of cocaine users, to self-initiate such a practice when there is no morally valid reason for the internal consumption of cocaine is acting contrary to the ethical good of the person and of human society.

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
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 1. 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 underlying this principle demands a clarity regarding the relationship between personal good-ness 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 by such as the person who suffers them) are physical or ontological evils which threaten the whole-ness 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, patu) 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
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 if 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.)

Sister Renée Mirkes
Pope John Center Research Fellow
15 March 1989

---

LOOKING FOR A DISTINCTIVE GIFT?
For your favorite doctor, nurse, hospital administrator, priest, or pastoral care person

CONSIDER THESE OPTIONS:

- **Membership in the Pope John Center ($100.00)**
  - Receive all its new publications
  - Previous publications at 20% discount
  - 1 year's subscription to *Ethics & Medics*

- **Annual Subscription to the Center's monthly Newsletter: Ethics & Medics**
  - $15/year: USA
  - $18/year: Foreign

MAKE CHECKS PAYABLE TO: POPE JOHN CENTER, 186 FORBES ROAD, BRAintree, MA 02184

---

186 Forbes Road,
Braintree, Mass. 02184

JUNE, 1989