Dr. John Collins, chief of cardiac surgery at Boston's Brigham and Women's Hospital, reflected the sentiments of many admirers of Surgeon Leland Bailey when he said: "It's very easy to sit back and be negative when a new treatment is announced. If we all were afraid to attempt the untried, we would have no new treatments." (Time, Nov. 12, 1984). Baby Stephanie Fae did not live and die in vain. Her physician, Dr. Leland Bailey, gave her due credit for her significant contribution to human progress when he said: "Infants with heart disease yet to be born will some day have the opportunity to live, thanks to the courage of this infant and her parents. We are remarkably encouraged by what we have learned from Baby Fae" (Time, Nov. 26, 1984, p. 88).

Director of Research

Isolating The Threatening Womb

Is It Contraceptive Sterilization?

The teaching of the Catholic Church regarding the sterilization of a woman's basically healthy reproductive system is well known. When such a sterilization is in reality an effort to avoid pregnancy from sexual actions which a wife intends freely to pursue, simple honesty bids us call such surgery by its right name: contraception. Similar to the use of barriers (condoms, diaphragms, spermicides, etc.) and other contraceptive methods, it constitutes an attack (by anticipation) on the conjugal act, the language of the body by which God intends a couple to say "yes" to each other and to any new life which God may wish to give. To incapacitate a healthy reproductive system specifically in order to avoid a pregnancy from freely chosen sexual activity is to turn that "yes" into a resounding "no".

The Broken Womb — A Threatening Womb

But what if the reproductive system is not basically healthy? What if, for instance, the uterus has been so traumatized by past cesareans that a physician, performing the most recent cesarean, sees clearly that, in his honest judgment, it would be irresponsible to expect this uterus to carry another pregnancy even to the point of viability? What if another pregnancy can end only in the loss of the fetus and a dire threat to the mother's life or health because the uterus will rupture?

The reflections in this article regarding removing or isolating such a uterus are presented here, not as an apodictic claim that such procedures are unquestionably compatible with Catholic moral teaching, but rather to provide a stimulus for physicians, moralists, and, if necessary, ultimately the Church itself to examine and judge the question.

Removing the Broken Womb

Whether, when, and with what certainty such a prospect faces the obstetrician and his patient is the competency of medical experts, particularly and uniquely of the attending physician. The morality, however, of removing such a basically broken womb must be judged by sound ethical principle, seen and strengthened for the Catholic by the light of the Gospel and the way of life given the Church by Christ and His Spirit. Since at least the 1950's, moralists have wrestled with the question: Is removing such a seriously damaged uterus a contraceptive act? Or is it rather an act of responsible stewardship of the body, a stewardship the Lord expects of us?

Despite hesitation from some leading moralists, a number of moralists widely known for their adherence to the Church's moral doctrine have probed the question without any obvious, open objection from Church authorities. Many would note that when an organ has lost any inherent usefulness (e.g., the appendix), one may legitimately remove it. A fortiori this would be true when the organ, by reason of its own pathology, has developed an inherent serious threat to life or health. This removal, they would maintain, is an application of the principle of totality. Hence, according to them, hysterectomy in cases of the type discussed here could be justifiable, and would not be contraceptive in nature.

Isolating the Broken Womb

Thomas O'Donnell in 1967 chronicled this development approvingly, indicating also another logical step in the analysis he and others were exploring. Instead of removing the basically damaged uterus (e.g., in the process of a cesarean section), would it be ethically acceptable for the physician simply to isolate it by tubal ligation? To sharply distinguish this procedure from the sterilization of a basically healthy reproductive system, O'Donnell and others use the term "uterine isolation." Such a procedure would avoid the far more invasive and traumatic total hysterectomy, as well as the resulting increased post-operative complications, such as adhesions. Many (not all) theologians who accepted the removal of a damaged uterus accepted also this uterine isolation. Some have pointed out that the fallopian tubes would have to be cut or removed anyway as the damaged uterus was being removed by hysterectomy. Why should the physician be obliged then to proceed to further damage the woman's body by actually removing the isolated uterus?

Church authorities have never clearly and explicitly addressed the issue of uterine isolation. Some moralists opposing the procedure have pointed out, however, that Pope Pius XII, near the end of his life, did speak to another issue — anovulant drugs — which would seem logically to have unfavorable implications for uterine isolation:

One is provoking a direct sterilization, and one which is therefore illicit when one halts ovulation for the purpose of saving the uterus and the [whole] organism from the consequences of a pregnancy which the uterus is not able to bear.

The Popes did not elaborate on the meaning, reasons or further implications of this statement, and it remains for many somewhat
obscure. Defenders of uterine isolation might note, however, that it is important that Pius did not speak explicitly to the issue of removing or isolating a dangerous uterus. He was speaking only about de-activating (periodically?) some healthy components (the ovaries) of the reproductive system, without any attempt to properly steward the body by removing or isolating the one unhealthy component of the reproductive system. The use of “the pill” might then amount, not to an effective application of the principle of totality, but to a (periodic?) rejection aimed at the conjugal act itself in its procreational meaning. Some note also, that this address of Pius XII was the only one which could be interpreted as conceivably, even though only implicitly, touching on uterine isolation. Finally, whatever the Pope’s intent, the teaching authorities of the Church have never clearly and publicly appealed to his words to rule out the moral analysis defending uterine isolation. Church authorities have maintained this official silence to this day, and have allowed the debate among the moralists to continue regarding both the removal and the isolation of a seriously defective womb.

A Probable Opinion

The bottom line of all this is that there is a “probable opinion” favoring uterine isolation. This means that the case for it is at this time respectfully defensible within the context of Catholic moral teaching, despite considerable division among moralists. In practice, a hospital could legitimately (but need not necessarily) allow the procedure. All involved, however, including the local Catholic diocese and especially its Bishop, in allowing for such a service:

1) would have to be convinced that the opinion favoring it is genuinely trustworthy, that is, “probable” in the sense explained above;
2) would have to be sure that the general public would not interpret this service as an abandonment of Catholic moral teaching;
3) would have to be prepared to withdraw such a service, should the teaching authorities of the Church eventually come to the conclusion that it is incompatible with sound ethics, or should the procedure become a source of scandal because truly contraceptive sterilizations of basically healthy reproductive systems are being done deceptively under the label “uterine isolation”.

A Little Vigilance

Regarding the last point, a process for certifying the honest use of the probable opinion for uterine isolation has been worked out by some Catholic hospitals. Forms used in this process are on file at the Pope John Center. Where such prudential steps are neglected, the hospital runs the risk of serious abuse and compromise of its Catholic identity and mission. In such cases, the local Bishop might have a right and obligation to have the hospital exclude even genuine uterine isolations, not because the procedure is unacceptable in itself, but because it is being used to mask contraceptive sterilizations. Neither the Church nor those moralists who defend uterine isolation can countenance that.

The Reverend Edward J. Bayer, S.T.D.
Director of Continuing Education

References

1. In the 1950’s, for example, Marcellino Zaiba, S.J., rejected such hysterectomy, but recognized that a respectable (“probable”) defense for it could be made. See his Sacrae Theologiae Compendium (Madrid: BAC, 1958) p. 860. Edwin Healy, S.J., rejected it outright in his Medical Ethics (Chicago: Loyola University, 1956) p. 174.
3. Ibid.
5. Except for O’Donnell, loc. cit., the present writer is not aware of any writing explicitly on “uterine isolation” since the turmoil following the dissent against Humanae Vitae in 1968. A by no means extensive telephone survey I made in 1984 of theologians who do accept that encyclical’s teaching showed six who accepted a loosening of the legitimacy of “uterine isolation,” and five who did not. Of these latter, only one held that the procedure was condemned by official Church teaching.

Needless to say, those who reject Humanae Vitae’s teaching on contraception have no problem accepting any proportionally useful tubal ligation, regardless of whether it is contraceptive or not. Their position is obviously not compatible with the teaching of the Church in the past or present.