out of context. What he wanted to stress is that “medical science is replacing God in deciding when we die.” He added: “I am merely saying people have a right to die without medical science intervening” (as quoted in Time, April 9, 1984, p. 68). The fact is that 80% of Americans die in hospitals or nursing homes, generally in the course of receiving some sort of medical treatment. The truth is that Catholic teaching does not favor the expensive but futile attempt to prolong life by the marvels of medical technology once summons to eternity is clear and final (i.e., in last phases of irreversible illness): “When death is imminent and cannot be prevented by the remedies used, it is licit in conscience to renounce treatments that can only yield a precarious and painful prolongation of life” (cf. Declaration on Euthanasia, May 5, 1980, in The Pope Speaks, 1980, p. 295).

When death is imminent, then, and there is no available treatment which might prevent death, there is no obligation for a competent patient to keep utilizing futile life-prolonging treatments. The patient may insist in good conscience, for example, that the renal dialysis treatments be discontinued, or that the mechanical respirator be disconnected, and/or that a “do-not-resuscitate” rule be strictly enforced. If the patient is incompetent, similar orders to discontinue life-prolonging treatments may be given by the patient’s proxy if the patient definitely had made known his or her will in the matter while still competent. The exercise of such prerogatives should present no difficulty with civil law. The situation is more complicated, however, if the patient is incompetent, and there is no record of his or her wishes with regard to life-prolonging treatments as expressed before the loss of competency. Here we may fall back on the best discernment we can make as to whether proposed procedures will truly prolong life, or whether they add significantly to the burdens the patient and others already carry as a result of the patient’s condition.

Withdrawal of Comfort Care Measures

The phrase “comfort measures” refers to nursing care and other efforts designed to make the patient comfortable. It includes pain relief, hygiene, medication, as well as hydration and nutrition as dictated by the patient’s condition. Most writers would agree that if the dying patient in a terminal, irreversible illness is competent, such needs can be regulated by patient-physician communication. In fact, if the patient can get along without the facilities provided by acute care, he or she could be transferred to a nursing facility or to the family home to live out the final days in a more comforting and caring setting.

The Quinlan Family’s Legacy to the Human Family

Throughout their ordeal of the past 10 years, the family of Karen Quinlan has lived out of 1900 years of Catholic wisdom in dealing with the gift of human life. In their legal battle to have respiratory devices withdrawn, they chose not to do everything technologically possible to prolong her life. Yet they have exercised as a moral option their right to reverence their daughter as a bodily person by maintaining artificial food and fluids. While many would argue forcefully that they had no moral obligation to do even that, their free choice to do it speaks volumes to a world where human life is increasingly a throw-away item.

The Rev. Msgr. Orville N. Griese, STD, JCD
Director of Research

Assisting The Infertile Couple

Part Two: Common Causes of Infertility and Licit Therapy

This is the second of three articles dealing with problems of male infertility. Part I appeared in the August, 1985, issue of Ethics & Medics and dealt with medical-moral problems associated with various techniques developed to collect semen for male infertility testing.

Parts II and III of this series will deal not with testing, but with therapy for male infertility problems. While it is appropriate to follow the topic of diagnosing male infertility with a discussion of some of the morally licit treatment available, space does not allow a full treatment. For a more in-depth treatment of the
medical aspects, the reader is referred to texts and articles by experts such as Dr. Richard Amelar. Unless it is stated otherwise, the therapies treated here in Part II are viewed as morally acceptable. Part III will deal with some of the less common causes of male infertility and will discuss the moral aspects of the therapies.

Infertility: A Problem Of The Couple

Although this present article will focus primarily on therapy acceptable to Catholic moralists for male infertility, it is important to emphasize at the outset that any infertility problem is obviously a problem of the couple involved. While couples generally use Natural Family Planning (NFP) responsibly to avoid pregnancy, NFP may also be used as an effective method of achieving pregnancy in the cases discussed below. Thus, both partners have the responsibility to undergo appropriate morally licit tests and cooperate in treatment if they are to be assisted in the admirable goal of having a child. It merits emphasizing that approximately 20% of the couples who undergo a basic infertility investigation conceive while under study, even before any specific treatment has been started. (K.A. Barham, The Problem of Infertility, Proceedings of the 1984 Conference on Bioethics, edited by Santamaria and Tonti-Filippini, St. Vincent Bioethics Center, Australia, 1984, page 84). Psychogenic factors could be involved in the infertility of these couples.

Neuro-endocrine connections, the relationship between physiology and psyche, make the interest, concern and reassurance of physicians, family and friends valuable. Also therapeutically helpful are anxiety-reducing rest and recreation. Some couples need to take time to "make love" in the romantic sense. Professionals advise that if the husband is suffering from psychogenic disturbances—such as depression—that are not too severe, he will often respond well to measures of reassurance and instruction. Deep depression or serious psychological disturbances should prompt a psychiatric consultation (Richard D. Amelar, Lawrence Dubin and Patrick C. Walsh, Male Infertility, Saunders, 1977, p. 206).

Contemporary Life Styles and Increasing Infertility Rates

The number of infertile couples has increased over the last fifty years from one out of ten to one out of five. The most important biological male factors of infertility that have been identified and that are treatable at this time by morally acceptable means include abnormal semen (number, motility, form viability, volume and liquefication), diabetes, and ductal obstructions. Of all these factors, the most frequent symptom of male infertility apparently increases significantly with men having a count of less than 10 million being ten times more likely to consult for infertility (Georges David, et al. Sperm Counts in Fertile and Infertile Men, Fertility and Sterility, Vol. 31, No. 4, April, 1979, p. 453).

Other important aspects of abnormal semen include reduced motility and abnormal sperm forms. Low motility particularly is a frequent problem, even where the sperm number is high. Where the sperm number is low and/or the sperm are deformed, morally acceptable therapy may include the husband and wife cooperating with each other in Natural Family Planning (NFP) techniques to direct their efforts towards intercourse close to the time of ovulation (Additional possibilities will be suggested in the following sections). Groups such as the Couple-to-Couple League can be of great assistance in teaching NFP methods. To maximize fertilization potential, such groups recommend intercourse when detectable mucus changes indicate that ovulation is imminent, as well as when temperature elevation indicates that ovulation has recently occurred (John J. Billings, M.D., "The Ovulation Method," Linacre Quarterly, February, 1984, pages 25-26).

For males with abnormal semen, especially with reduced sperm count, fertility experts may prescribe, for example, male sex hormones or gonadotropins. In some situations, rather than prescribing an injection or "something to take," the infertility specialist may indicate that a change in lifestyle, including abstinence from certain substances, may be necessary. Amelar (page 82) states "a diet well balanced in proteins, fats, carbohydrates, vitamins and minerals is essential." Malnourishment, obesity, alcohol, and various drugs, even some taken as medication (such as aspirin in large doses, and Dilantin) may all affect semen production.

Marijuana (cannabis) presents special problems due to the "cannabinoids" it contains. These substances are known to cause chromosome breaks (which may affect future generations as well as reducing fertility). Because the cannabinoids may be stored for weeks or even months in body tissues, (including the testes) an individual regularly using marijuana is probably not drug-free and exposes himself continually to dangers. "... marijuana might have a mutagenic effect. Cannabis may act on hormone regulation and produce impotence and temporary sterility." (Amelar, p. 80) The morally acceptable therapy in this case is to stop using the drug. Indeed, the genetic danger to an offspring presents additional moral responsibilities to any users of marijuana attempting to procreate a child.

While the point is still debatable, professionals have long suspected also that abnormal semen may be related to chronic fever of any kind or to overheating of the scrotum. This theory contends the scrotum allows the testes to be situated far enough from the bulk of the male body that spermatogenesis may take place at the required lower-than-body temperature. Occupational exposure to heat has been associated with adverse effects in semen quality. (Levine, RJ: "Male fertility in hot environments," TAMA, 1984; 252:3250-3251) The continuous sitting required of truck drivers, and even hot baths, overcome the body's protective architecture and may result in too high a scrotal temperature for proper sperm production. Morally acceptable therapy in these cases is obvious.

Additional contemporary occupational hazards include exposure to lead, arsenic, and zinc. Workers exposed to these substances should have clinical and toxicologic checkups. Therapy may include a change of work site and perhaps other treatments, such as the removal of lead from the blood (Amelar, p. 81).
Problems Not Directly Related To Life-Style

When diabetes is the cause of male impotence, control of the diabetic condition is reported to improve fertility. In conditions involving failure of semen to liquefy, sperm are trapped in the thickened semen and are unable to pass through to effect fertilization. Mucolytic (mucus thinning) agents instilled into the vagina prior to coitus are helpful in such liquefaction problems. Microsurgery often can open up ductal obstructions caused by developmental problems, injury, varicose veins and vasectomies.

Conclusion

We have discussed a number of causes of infertility and licit treatments. Preventive medicine has an important role to play as the increasing rate of infertility seems related in part to poor nutrition, occupational hazards, abused substances (especially marijuana and alcohol) and adverse environmental conditions of human origin. Infection from veneral disease is the leading cause of infertility in young women while alcoholism is the leading cause among young men. Hence it merits emphasizing that we should also be concerned to educate and otherwise to assist in removing social causes of such infertility problems.

In a subsequent issue of Ethics & Medics, Part III of this series will review certain methods proposed for the treatment of infertility for which the moral evaluations are not as evident as those reviewed in Part II.

Note:

For information on the Natural Family Planning Method, the reader is referred to the Couple-to-Couple League, P. O. Box 11184, Cincinnati, OH 45211, and the Creighton University Natural Family Planning Education and Research Center, Suite 4810, 601 N. 30th St., Omaha, NE 68131.

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Lloyd W. Hess, Ph.D.
Senior Science Consultant

RAPE WITHIN MARRIAGE:
A Moral Analysis Delayed

The Reverend Edward J. Bayer, STD

Father Bayer of the Pope John Center staff has just had a book published, Rape Within Marriage: A Moral Analysis Delayed (Lanham, MD: University Press of America, 1985, 150 pp.). It explores the predicament of the wife forced against her rights into sexual actions with a basically irresponsible husband, for example, a drunkard.

Orders may be sent to him at the Pope John Center's new address at 186 Forbes Road, Braintree, Mass. 02184. The price is $9.75 (plus $1.00 postage). Quantity discounts are available.

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