Psychosurgery

FACT: The term, though considered inaccurate by many, carries a heavy freight of emotionality. In 1972, Dr. Peter R. Breggin, a psychiatrist from Washington, D.C., commenced a campaign to ban all such surgical procedures (See Congressional Record, Vol. 118, No. 26, Thursday, February 24, 1972, in which Cornelius E. Gallagher, Representative, New Jersey, rose "... to insert into the Congressional Record one of the most shocking documents I have ever seen, "The Return of Lobotomy and Psychosurgery," by Dr. Peter R. Breggin ... "). He was supported by a number of vocal individuals from a variety of quarters, including student and minority groups. Apparently, word had gotten out that several prisoners in California had been subjected to the procedure because of socially intractable behavior. Minority groups and social activists, among others, were sure that "psychosurgery" would be used as a weapon against those who troubled the establishment. Some felt that prisoners, or those in "total institutions," or those suffering from a severe mental disease were not able to give informed consent. There were many voices raised, then, against the procedure. At this point, the matter was submitted to the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research.

During their investigation, the Commission contracted two research teams to evaluate the psychological and neurological status of 61 patients that had undergone psychosurgery between 1965 and 1975. They concluded that in some cases the surgery seems to work. (Barbara J. Cullerton, "Psychosurgery: National Commission Issues Surprisingly Favorable Report," Science, October 15, 1976, pp. 299-301.) After reviewing the evidence, listening to testimony, pro and con—but not that of Dr. Breggin, who did not appear because he had not received a personal invitation—the Commission approved psychosurgery under very definite conditions: to be performed only in an institution having an Institutional Review Board which will certify to the surgeon's qualifications, and which will also certify that the patient will function more humanly before or after the operation; that he was selected for the appropriate reasons, and that informed consent was obtained.

REFLECTION: In addition to the above considerations, there is a central moral issue involved. Would freedom of choice be lost, notably impaired, or improved, as a result of the surgery? The Code of Medical Ethics for Catholic Hospitals previously in force (1954-1971) simply stated that "Lobotomy and similar operations are morally justifiable when medically indicated as the proper treatment of serious mental illness, or of intractable pain." (Other Special Directives, #2). The current Ethical and Religious Directives for Catholic Health Facilities makes no direct mention of lobotomy or psychosurgery. The applicable directive is #26: "Therapeutic procedures which are likely to be dangerous are morally justifiable for proportionate reasons." (See also #4 and #5).

The key consideration is the "proportionate reason" which in the light of the teaching of Pope Pius XII must regard the retention of "his human personality in its typical and characteristic function," as of paramount importance.

Hence, the ethical judgment will depend upon the medical determination as to whether the patient will function more humanly before or after the operation. Medical and surgical procedures should have as a goal the maximizing of the person's intellectual functioning and his capacity to make moral decisions.

BioNews—An Ethical Focus

Pope Pius XII, "The moral limits of Medical Research and Treatment", the National Catholic Welfare Conference, Washington, D.C., 1953.

At the time these words were written the principal type of psychosurgery was probably lobotomy in its various forms which was used to treat certain types of mental illness and severe pain. The Code of Medical Ethics for Catholic Hospitals previously in force (1954-1971) simply stated that "Lobotomy and similar operations are morally justifiable when medically indicated as the proper treatment of serious mental illness, or of intractable pain." (Other Special Directives, #2). The current Ethical and Religious Directives for Catholic Health Facilities makes no direct mention of lobotomy or psychosurgery. The applicable directive is #26: "Therapeutic procedures which are likely to be dangerous are morally justifiable for proportionate reasons." (See also #4 and #5).

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Center News

Bishop Mark Hurley, Chairman, The Bishops' Committee for Human Values and member of the Pope John Center's Episcopal Advisory Committee, sent a letter to all the Bishops of the United States recommending the Center's Task Force Report of Fetal Research. In part, Bishop Hurley wrote:

"However, we [the Bishops' Committee For Human Values] believe this small volume to be an excellent tool in the hands of health care coordinators, hospital chaplains, and the medical-moral committees of institutions for health care. More, we believe that the study itself would be excellent material for our schools, specifically for both high school teachers and college professors facing in their classrooms the problems attendant to the value of life in our society. In our opinion, this volume is an excellent resource material for professionals and laity alike.

(Continued on last page)