New Life and It's Lord:
Ways of Saying "Yes" or "No"

One of the bits of important medical news most neglected by the media is the great effectiveness now established scientifically for Natural Family Planning (NFP). Even many who are responsible for marriage preparation seem not only indifferent to NFP, but at times remarkably uninformed about it. From time to time the Pope John Center receives information of incredibly wrong-headed presentations made on the subject. Nonetheless, the federal government's Department of Health and Human Services announced in 1980 the results of its own research conclusions: a couple using NFP can be 98% sure that no pregnancies will result. Only sterilizing surgery (male or female) claims 100% effectiveness, but even here vasectomies or tubal ligations have been known to fail their contraceptive purpose although, admittedly, rarely. Moreover, a comparison between the undesirable side-effects of surgical or pharmacological invasion of the body for contraceptive purposes on the one hand, and the absence of such side-effects in NFP on the other hand, are attracting growing numbers of couples to the "natural methods". Indeed a public wariness especially of contraceptive drugs has grown as public awareness has focused on the drugs' side-effects.

There is a price to be paid, of course, for the efficacy of NFP in regulating births and for its freedom from harmful side-effects: 1) eight days, more or less, of abstinence each month; 2) an effort to extirpate selfishness and compulsiveness from one's sexual actions, a decision, therefore, to grow in the internal and generous freedom needed to say "no" at the wrong times and "yes" at the right times. But, given such inner-personal and interpersonal growth, the facts of medical science now assure a married couple that through NFP they can express the love uniquely theirs in a truly "responsible" way.

"Responsible". The word is key to any morally reputable use of NFP. As a matter of fact, as papal teaching has several times reminded us, to ignore the element of "responsibility" in NFP would be basically as sinful as "artificial contraception".

Sexual Physiology Speaks

"Responsible" conjugal love is, as the adjective indicates, a conjugal love which "responds". And the morally demanded response is not simply a response to the circumstances of one's life, e.g., income, health, etc., nor even simply to the urges of one's self or one's spouse. It is all of these, but more. For ultimately conjugal love is "responsible" only when it responds to One Who is "totally Other" and is speaking to us, — the Lord of both Love and Life. What He is saying to us — and saying it precisely through our human sexual physiology — is that He wants each of us to be open to whatever new human persons He may choose to create out of a married love and its conjugal act, this bodily union which He has created to express precisely and uniquely that love.

To be open, note: that means, on the one hand, not to force a new life from the bodily powers which He has entrusted to our

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hands. Technologically forcing new life into existence is precisely the basic moral problem with in vitro fertilization and other artificial substitutes for human love-making. To be open means, on the other hand, not to indulge in physiologically deformed sexual acts which, in their very deformity, can only fling into the face of God an arrogant "no" to new life. This is the basic moral problem with contraception. We make our bodies say "no" to the Creator.4

Our human sexual physiology then has what Pope John Paul II has called a "verbum naturale", an inbuilt language of its own.5 It is not a language of demand, as if we had a right to "make" a child, the way we make a pie or an artificial limb or a space ship. Nor can we ever justifiably turn it into a language of defiance against new life. Rather an authentic sexual act gives the one response which any couple worthy of the name "human" or, even more profoundly, "Christian" must give. "Be it done to us — and to our love as husband and wife — according to Your will." The power of the authentic conjugal act, in its very physiological wholeness, to speak of this openness to what God wants regarding new life is what marks it off from all which mankind's healthy moral instincts have rightly labeled "perversion".

Sexual Patterns Speak

But it is not only normal human sexual physiology that speaks of openness to life, but also a couple's sexual patterns. For a couple may consistently use their sexual powers in their physiological totality, — and that says something. But the pattern they choose for these physiologically complete actions, in light of the woman's fertile and infertile periods, also says something.

The physiology of complete sexual union of its very nature must speak of one thing only: a love open to new life. The pattern, however, of expressing conjugal love through unrestricted genital union is not limited to saying only one thing. Indeed the pattern of these acts is open to saying two things mutually contradictory. For a pattern of sexual union without periodic abstinence can express either openness to what God wants or indifference or even closedmindedness to what He wants. The latter would be the case when a couple couldn't care less that having another child now would in all likelihood cause great harm to one or both of the married partners, to the children they already have, or to others. The possibility of this indifference or closedmindedness would seem precisely to be implied in the term "irresponsible parenthood", the direct opposite of the "responsible parenthood" upheld by the Church. Can any believer doubt that responsible actions are good because they respond, ultimately, to the Creator's wisdom and wishes, as expressed in the real needs of those whom He has joined to us? Could anyone doubt that irresponsible actions do exactly the opposite, and thus constitute a moral evil?

The same thing is true of a pattern opposite to unrestricted genital union, namely, planned periodic abstinence from sexual actions. Such abstinence can constitute either a generous "yes" to God's purposes and to the needs of one's spouse, children, and others, — or an arrogant "no".

A couple uses the NFP pattern for periodic abstinence in good conscience when, in their judgment, the care of another child would be a real obstacle to moral demands already upon them. These demands may come by reason of the children they now have, or of other responsibilities which their place in life has brought (health, care of aging parents or of orphaned children, unusual demands arising from special talents and training, etc.). The couple is always willing to avoid man-made substitutes for the sexual union which is God's gift. But their prayerful discernment of everyday realities says "not now" as far as a new conception is concerned. Medical science has revealed to us, moreover, that, in the infertile periods, God by the very way He has designed woman also is saying "not now". Their "not now" blends with His "not now". Their choice of periodic abstinence is harmony, not contradiction, not arrogance.

But when a couple chooses consistently to follow a pattern of periodic abstinence in order selfishly to escape the responsibilities and responsibilities of parenthood, then that very pattern shouts out an arrogant "no" to the Lord of Life. That pattern contradicts the very meaning of being a married couple, as truly as does any physiological perversion of the conjugal act. For married couples have an obligation to God and to human society to have a family.

There are, it is true, circumstances which exempt a couple from this obligation; and that is why NFP can at times be justified. Nor should the state, or society, or the in-laws, or the neighbors, or the parish, or even the clergy usurp the couple's obligation to discern God's will in this matter. The Bishops of the Second Vatican Council are clear on this point. "It is the married couple themselves who must in the last analysis arrive at these judgements before God."6

But, therefore, a decision to use periodic abstinence while ignoring God and what He is asking of them is within no couple's right. This is what Pope Pius XII meant when he spoke to obstetrical professionals in 1951:

The sole fact that the couple do not offend against the nature of the act and that they are willing to accept and bring up the child that is born notwithstanding the precautions they have taken, would not of itself alone be a sufficient guarantee of a right intention and of the unquestionable morality of the motives themselves.7

Conclusion

Substituting man-made sexual actions (condomistic acts, withdrawal, etc.) for the genuine conjugal act perverts the physiology of the conjugal act from a "yes" to whatever new life God may wish to create out of the couple's love, into "no". But self-centered use of only the infertile periods can do the same thing, as can also a thoughtless pursuance of sexual satisfaction within marriage, regardless of the need, at least for a while, to avoid conceiving. A couple must seek rather to have their loving-making always in harmony with the "yes" or "no" of the Lord.
Who makes them to be "male and female... and the two of them become one body." (Genesis 2:23)

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Is Food Always Obligatory?
Feeding The Comatose Patient

On Tuesday, June 11, 1985, at 7:01 PM, Karen Ann Quinlan died in a nursing home where she had been admitted almost exactly nine years earlier (June 9, 1976). As far as it is known to the public, Karen had been in an irreversible coma since April 15, 1975 and had been maintained alive by means of an artificial life support system until May of 1976. At that time, having received an affirmative court decision, Karen Quinlan was removed from the mechanical respirator. To the surprise of physicians, she began to breathe spontaneously and continued to live in what was described as a "chronic vegetative state." Since she remained in a deep coma and could not accept food by mouth she was given nourishment by means of a nasogastric tube (See, Houston Chronicle, Wednesday, June 12, 1985).

While Karen Quinlan's case is widely known, it does not stand alone. There appears to be an increasing number of individuals and families who find themselves faced with similar complex and agonizing decisions. Is it always ethically mandatory to use a nasogastric tube or technological intervention in order to provide nourishment to a comatose patient? If so, why? If it is not, under what conditions would it be morally permissible to withhold or withdraw such technological support? These are very difficult questions to answer and consensus is probably impossible at this time. Nonetheless, the issues cannot be evaded and thus must be examined. In this article we can only briefly open up the topic and suggest a provisional response for discussion.

For the purpose of clarification, certain qualifications should be made as to precisely the kind of case we intend to discuss:

1. The adult individual is not brain dead, that is, in not dead as determined by brain related criteria.
2. The individual had not indicated previously his desires in the matter.
3. The individual is judged by competent medical persons to be in an irreversible coma, and has been in that state for 6 months, at least.
4. The individual either a) requires mechanical respiratory support, or b) does not so require.

Under the above conditions, what is the moral obligation to provide nourishment by a nasogastric tube or by some other technological intervention?

Various Responses

Responses vary. Some would say that while it would be morally appropriate not to initiate feeding by intubation, it would be wrong to withdraw it before the patient had died. Some conclude that there is no obligation to initiate or to continue intubation nourishment once it is evident that the patient is in an irreversible coma. Others hold that it is immoral to withhold or withdraw such nourishment under the conditions cited.

The Traditional Understanding

Food and drink which, taken by mouth, will prolong life for a substantial period of time, and have been considered an obligatory minimum means of maintaining life—unless, of course, it was seen that the food or drink would actually cause serious harm to the individual. Such would be the case, for example, for the newborn child with congenital closure of the duodenum or for one with a total absence of the intestinal tract.

The ability to take food and water by mouth indicates some level of awareness and neuromuscular integrity. Even so, in the past centuries it was proposed by outstanding moralists that an individual may not always be seriously obligated to take nourishment. Francisco De Vitoria (1486-1546), for example, held that a sick person is obligated to take food if there is present some hope of living for yet a while. But if the individual is so depressed, or the sight of food so repels him, that it is only with the greatest effort that he can take some food, he could be excused. Others like Juan Cardinal De Lugo (1583-1660) and Alphonso Liguori (1696-1787) continued, with some developments, in that same tradition (See, The Pope John Center's publication, Moral Responsibility in Prolonging Life Decisions, 1981, esp. Chapter 7).

Today's Ethical Concern

The ethical issue in contemporary times is compounded in practice by several factors. One of them is the entry of civil law into the field. Of its nature law tends to deal in a sledge hammer approach with complicated and delicate matters since it deals