Emergency Contraception

Can It Be Morally Justified?

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Abstract. The author focuses on the controversial issue of providing so-called emergency contraception to victims of rape. Her aim is to shed light on how to better address the inadequacies of rape protocols in Catholic hospitals in a way that expresses fidelity to our Catholic faith and our most deeply held beliefs about the dignity of the human person. She does this by examining the Church's moral teaching and the scientific evidence of abortifacient effects of the interceptive pharmaceuticals used as emergency contraception. In particular she explores n. 23 of *Dignitas personae* and demonstrates how this affirms and further clarifies the consistent teaching of the Church on the immorality of contraception and how it applies to administering emergency contraception to victims of sexual assault. *National Catholic Bioethics Quarterly* 10.1 (Spring 2010): 61–73.

Dignitas personae n. 23 centers on interceptive and contragestative methods of preventing pregnancy. These are defined as "technical means which act after fertilization, when the embryo is already constituted, either before or after implantation in the uterine wall." Those mechanisms which interfere with the embryo before implantation are called interceptive, and those which cause the elimination of the

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embryo once implanted are contragestative.[1] The document gives examples: the best known interceptive methods include the IUD (intrauterine device) and the so-called morning-after pills.[2] Examples of contragestative methods are RU-486 (mifepristone), synthetic prostaglandins, and methotrexate.[3] For the purpose of this essay I will limit my discussion to drugs in the interceptive category.

Controversy over Rape Protocols

Catholic hospitals are called to follow the *Ethical and Religious Directives for Catholic Health Care Services* in their practice of medicine. The directives provide clear teaching on moral values about the sacredness of human life and are a guiding force in providing good health care. In this section I will discuss three aspects of directive 36 of the *Ethical and Religious Directives*, which addresses the issue of care for victims of sexual assault, including "appropriate testing"; the effects of available treatments and whether, or to what extent, these treatments are morally permissible; and the victim's right to self-defense compared with the fundamental right to life of a child who may have been conceived.

Directive 36 states,

> Compassionate and understanding care should be given to a person who is the victim of sexual assault. Health care providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum.[4]

What Constitutes "Appropriate Testing"?

Discussion frequently ensues about the kinds of rape protocols utilized in Catholic hospitals. Catholic hospitals vary in their practice, generally because there are two different approaches to rape protocols: the pregnancy approach and the ovulation approach.

In the pregnancy approach, the patient is tested for a pre-existing pregnancy. This determines whether the patient was already pregnant before the rape, not as a

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[1] Congregation for the Doctrine of the Faith, *Dignitas personae* (December 8, 2008), n. 23.

[2] Ibid., note 43. The terms "morning-after pill" and "emergency contraception" are generally used synonymously. Plan B (levonorgestrel) and Ovral (ethinyl estradiol and norgestrel) are examples of two interceptive drugs commonly used for this purpose.

[3] Ibid., note 44.

[4] U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 4th ed. (Washington, D.C.: USCCB, 2001), n. 36.

result of it. If the test result is positive, the administration of emergency contraception is not medically indicated. Pregnancy testing is an insufficient approach, however. A negative test result is not definitive, since a pregnancy cannot be clinically detected (i.e., confirmed by a blood test) until after implantation. It takes about a week for a fertilized ovum to travel through the fallopian tube and implant in the mother's womb. Another week may pass before a blood test can confirm the pregnancy. Thus, a pregnancy that occurred before the rape, or as a result of it, may exist despite a negative test result.

The ovulation approach, in addition to testing for a pre-existing pregnancy, assesses where a woman is in her menstrual cycle by trying to determine whether ovulation has recently or will soon occur.[5] It is within this window of time that fertilization is most likely to take place. Urinalysis can help to determine the presence of the LH (luteinizing hormone) surge, an indicator of ovulation. The woman's progesterone level can be determined by a blood test. Progesterone levels rise after ovulation and help prepare the endometrium for implantation. However, though ovulation testing is much better than pregnancy testing alone as an indicator of whether a woman may have conceived or could conceive, there may be inaccuracies with ovulation testing as well. Urinalysis can miss the LH surge, and the elevation of progesterone levels can occur before it is evidenced in the blood work. A newly conceived human person could still remain undetected.[6] Therefore, there are situations in which we still remain in doubt about whether or not a new human life has already been created, despite the most careful testing.

In addition to the issues that are raised by testing, there are also problems created by the drugs that are used as treatments.

Available Treatments

As already noted, the criteria given in directive 36 say that, to be acceptable, means of preventing pregnancy from sexual assault would have to be, strictly speaking, solely contraceptive, i.e., purely anovulant and not abortifacient, and that procedures that interfere with the implantation of a fertilized ovum are not permissible.

The interceptive pharmaceuticals used as emergency contraception are essentially higher doses of commonly prescribed birth control pills. By the manufacturers' own admissions, these drugs, in addition to their contraceptive (anovulant) effects, also have abortifacient (anti-implantation) effects.

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[5]For further discussion of ovulation testing, see Joseph J. Piccione, "Rape and the Peoria Protocol," *Ethics & Medics* 22.9 (September 1997): 1–2; Marie T. Hilliard, "*Dignitas personae* and Emergency Contraception," *Ethics & Medics* 34.2 (February 2009): 3–4; and Marie T. Hilliard, "Moral Certitude and Emergency Contraception," in *Catholic Health Care Ethics: A Manual for Practitioners*, 2nd ed., ed. Edward J. Furton (Philadelphia: National Catholic Bioethics Center, 2009), 153–161.

[6]For additional information on pregnancy and ovulation testing, see John B. Shea, "U.S. Catholic Hospitals and the Treatment of Rape," *LifeSiteNews.com*, March 25, 2007, http://www.lifesitenews.com/ldn/2007_docs/UScatholichospitalsandrapetreatment.pdf.

The fact that birth control pills can cause abortions comes as a shock to many people. The common perception is that if a woman takes a contraceptive pill she simply will not ovulate and thus will prevent a pregnancy from occurring. Why is this so? To answer this question it is helpful to recall how the notion that contraceptives only inhibit ovulation came about.

Medical dictionaries traditionally defined fertilization as the beginning of pregnancy, a definition consistent with the science of embryology. Once fertilization occurs, cell division begins and the new embryo travels through the fallopian tube, implanting in the lining of the uterus approximately seven to nine days after fertilization.

In the 1960s, with the advent of oral contraceptives, the American College of Obstetricians and Gynecologists "redefined" pregnancy as beginning with implantation, which occurs approximately one week *after* conception.[7] Proponents of contraceptives, whether common "low-dose" contraceptives or the higher-dose "emergency contraceptives," use this false definition to claim that these drugs are merely contraceptive and not abortifacient and that their use does not "interfere" with an existing pregnancy.[8] This deliberate distortion of truth can easily confuse ordinary people, whereas the fact is that a new life begins significantly earlier than the false definition suggests.

Moreover, we cannot know for certain when contraceptive actions will occur and when abortifacient actions will occur. Like a missile attack launched from multiple angles so as to be sure to hit the target, interceptive drugs used to "prevent pregnancy" are purposely designed to act this way to be "effective."

Abortifacient Mechanisms of Action

While the effects of contraceptives have been largely obscured from public view, their various mechanisms of action, that is, the ways in which the interceptive drugs work, have been well-documented in scientific research. As early as 1966 there was talk in the medical literature about coming up with a "morning-after pill," something that would intercept an early pregnancy before it was clinically evident.[9]

However, the abortifacient effects of contraceptives have been substantiated in numerous studies,[10] they are acknowledged by drug manufacturers and the Food and Drug Administration, and they are explained in widely used sources such as

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[7]Christopher M. Gacek, "Conceiving Pregnancy: U.S. Medical Dictionaries and Their Definitions of *Conception* and *Pregnancy*," *National Catholic Bioethics Quarterly* 9.3 (Autumn 2009): 543–557.

[8]For further discussion of the redefinition of pregnancy, see Ralph P. Meich, "Over-the-Counter Abortion: Plan A Failed, Plan B Is Worse," *Ethics & Medics* 29:3 (March 2004): 1–2.

[9]Kathleen Raviele, "Emergency Contraception: What Can We Know?" audiocassette of lecture presented at the 2005 annual meeting of Diocesan Pro-Life Directors and State Catholic Conference Directors in Phoenix, Arizona, Florian Audiovisual, DPL 2005, tape 10, http://www.florianaudiovisual.com/ashop/dpl.php?cat=31.

[10]See, for example, the following publications, in which numerous studies are also cited: Eugene F. Diamond, *A Catholic Guide to Medical Ethics* (Palos Park, IL: Linacre Institute,

the *Physician's Desk Reference* (PDR Network). For example, regarding the clinical pharmacology of levonorgestrel (Plan B), Duramed says, "Plan B is believed to act as an emergency contraceptive principally by preventing ovulation or fertilization (by altering tubal transport of sperm and/or ova). In addition, it may inhibit implantation (by altering the endometrium)."[11] In fact, the prescribing information for eight of the nine oral contraceptives listed among the two hundred most prescribed drugs in 2002 states that one mechanism of action is a decrease in the likelihood of implantation.[12]

In the 1970s, Canadian researchers W. Y. Ling and colleagues studied the effects of the hormonal contraceptive Ovral (ethinyl estradiol and norgestrel), in which the drug was administered right before and after the LH surge.[13] Their results indicated a varied response: some women did not ovulate, some women's LH levels and estrogen levels were lower than expected, and some women had fairly normal levels—in other words, they did ovulate. The researchers concluded that after Ovral was administered, ovulation was inhibited inconsistently. However, the drug did consistently alter the endometrium, and Ling considered this a direct effect of the drug.[14]

Particularly noteworthy are the results of an extensive review of all the medical literature on hormonal contraceptives undertaken by Drs. Chris Kahlenborn, Walter L. Larimore, and Joseph B. Stanford. Their findings brought into the open the mechanisms of action of these drugs.[15] In 2000, Larimore and Stanford's "Postfertilization Effects of Oral Contraceptives and Their Relationship to Informed Consent" was published in JAMA's *Archives of Family Medicine*. It explains that, in addition to sometimes inhibiting ovulation, the post-fertilization effects of oral contraceptives include slowing transport of the embryo through the fallopian tube, which can result in an ectopic pregnancy; altering the endometrium so that the embryo cannot implant in the womb and is expelled before the pregnancy is clinically detectable; and failing to maintain the pregnancy when implantation does occur because the

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2001), chapter 4; Rafael T. Mikolajczyk and Joseph B. Stanford, "Levonorgestrel Emergency Contraception: A Joint Analysis of Effectiveness and Mechanism of Action," *Fertility and Sterility* 88.3 (September 2007): 565–571; and John Wilks, *A Consumer's Guide to the Pill and Other Drugs,* 2nd ed. (Stafford, VA: American Life League, 1997), 153–155.

[11] See the prescribing information for Plan B, marketed by Duramed Pharmaceuticals, at http://go2planb.mtiny.mobi/PrescribingInformation.ftl.

[12] Mark Yavarone, "Do Anovulants and IUDs Kill Human Embryos? A Question of Conscience," *National Catholic Bioethics Quarterly* 4.1 (Spring 2004): 63–70. This article cites extensive references from the medical literature.

[13] W. Y. Ling et al., "Mode of Action of *dl*-Norgestrel and Ethinylestradiol Combination in Postcoital Contraception," *Fertility and Sterility* 32.3 (September 1979): 301.

[14] Raviele, "Emergency Contraception," cited ibid., 301.

[15] See Chris Kahlenborn, Joseph B. Stanford, and Walter L. Larimore, "Postfertilization Effects of Hormonal Emergency Contraception," *Annals of Pharmacotherapy* 36.3 (March 2002): 465–470; and Walter L. Larimore and Joseph B. Stanford, "Postfertilization Effects of Oral Contraceptives and Their Relationship to Informed Consent," *Archives of Family Medicine* 9.2 (February 2000): 126–133.

chemically altered endometrium cannot nourish the developing embryo.[16] Since this medical literature clearly points out that several of the mechanisms of action in relatively low-dose birth control pills are abortifacient, we must then ask, how much more dangerous are the effects of "emergency contraception" which contain a higher dose of the same hormones?[17]

Kahlenborn, Larimore, and Stanford answered this question in their 2002 article "Postfertilization Effects of Hormonal Emergency Contraception," published in the *Annals of Pharmacotherapy*. The authors of the study point to evidence that counters the common assumption that the drugs only suppress ovulation: "The evidence to date supports the contention that *use of* [*emergency contraception*] *does not always inhibit ovulation even if used in the preovulatory phase*, and that it *may unfavorably alter the endometrial lining regardless of when in the cycle it is used, with the effect persisting for days*. . . . It seems that a postfertilization effect is probably more common than is recognized by most physicians or patients."[18]

At present all the interceptive drugs on the market have multiple mechanisms of action. This is extremely important information, particularly as it relates to how Catholic health care facilities deal with victims of sexual assault. While directive 36 says drugs that interfere with implantation cannot be used, it seems this is, in fact, happening in practice. Given the scientific evidence about abortifacient effects that has come to light since the *Ethical and Religious Directives* were last substantially revised in 2001,[19] and the fact that currently there are no pharmaceuticals that are purely anovulant and have no post-fertilization effects, it is important to reconsider how rape protocols are implemented in order to comply with the second part of directive 36, which defines impermissible procedures.

Self-Defense and the Right to Life

Having clarified how interceptive drugs work, we must turn our attention now to the newly formed human being who may have been conceived and consider how these drugs could affect him or her.

Church teaching has long maintained that a victim of sexual assault has the right to defend herself from further violation to her bodily and personal integrity. In the case of rape this means preventing impregnation by the rapist's sperm as a defense against the completion of the unjust act of sexual violence.[20] Notwithstanding

[16] Larimore and Stanford, "Postfertilization Effects of Oral Contraceptives."

[17] See Allison LeDoux, "Truth about Emergency Contraception: The Post-Fertilization Abortion Effect," *Ethics & Medics* 31.12 (December 2006): 1–2.

[18] Kahlenborn, Stanford, and Larimore, "Postfertilization Effects of Hormonal Emergency Contraception," 468, emphasis added.

[19] Although the *Ethical and Religious Directives* were revised in 2009 (for the fifth edition), the most recent changes were made primarily to directive 58 (on assisted nutrition and hydration). No changes were made to directive 36.

[20] William E. May, *Catholic Bioethics and the Gift of Human Life* (Huntington, IN: Our Sunday Visitor, 2000), 154–155.

the victim's justified attempt to protect her bodily integrity from further violation in this way, the possibility remains that a new human life, although still clinically undetectable, may have already been conceived. This then raises the question of the fundamental right to life of such a new human being, which must also be taken into consideration.

It is helpful to see what Pope John Paul II says in *Evangelium vitae* n. 58, which is cited in *Dignitas personae* n. 23. He observes that in today's culture, people's consciences are becoming progressively obscured. He explains that the acceptance of abortion in the popular mind demonstrates an extremely dangerous moral crisis in which people are becoming increasingly incapable of distinguishing between good and evil, even when the fundamental right to life is at stake. Then, in addressing the fact that abortion is murder, he goes on to say, "The one eliminated is a human being at the very beginning of life. No one more absolutely innocent could be imagined. In no way could this human being ever be considered an aggressor, much less an unjust aggressor! He or she is weak, defenseless, even to the point of lacking that minimal form of defense consisting in the poignant power of a newborn baby's cries and tears. The unborn child is totally entrusted to the protection and care of the woman carrying him or her in the womb."[21]

In his article in the October 1996 issue of *Ethics & Medics*, Dr. Eugene Diamond points out that

> a woman's freedom to defend herself from the effects of rape does not extend to measures which endanger the life of the child she may have conceived. In Catholic facilities, directly intended abortifacient measures may not be used even in cases of rape. 'Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion which, in its moral context, includes the interval between conception and implantation of the embryo' (ERD 45). Drugs which interfere with the earliest stages of human development after conception are abortifacients, not contraceptives. . . . In the unlikely event that a woman becomes pregnant as a result of rape, protocols must take into account both victims, mother and child, not just one.[22]

Dignitas personae n. 23 reiterates this message in terms of the moral connection between contraception and abortion, stating, "The use of means of interception and contragestation fall within the sin of abortion and are gravely immoral."

The Inherent Dignity and Personhood of the Human Embryo

Sound science and human reason support Church teaching. From the science of embryology we know that at the moment sperm and egg unite, a unique set of DNA is formed and a new human person has come into existence. We also see that the personhood of the human embryo is manifest from the moment of fertilization in a continuous development: "There is no moment which is less necessary than another, and each stage is strictly dependent upon the stage which precedes it and

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[21] John Paul II, *Evangelium vitae* (March 25, 1995), n. 58.

[22] Eugene F. Diamond, "Ovral in Rape Protocols," *Ethics & Medics* 21.10 (October 1996).

which determines it."[23] In fact, the CDF document *Declaration on Procured Abortion* notes that "from the time that the ovum is fertilized, a life is begun which is neither that of the father nor of the mother, it is rather the life of a new human being with his own growth. It would never be made human if it were not human already."[24]

The Pontifical Academy for Life's 2006 international congress on "The Human Embryo Before Implantation" discussed the dignity and respect due the human embryo: "Any conduct that might in some way constitute a threat or an offense to [the embryo's] fundamental rights, and first and foremost the right to life, must be considered as seriously immoral."[25] It is this very life of the embryo that is affected by contraception, "emergency" or otherwise.

Addressing the congress, Pope Benedict XVI pointed out that

> God's love does not differentiate between the newly conceived infant still in his or her mother's womb and the child or young person, or the adult and the elderly person. God does not distinguish between them because He sees an impression of His own image and likeness (Gen. 1:26) in each one. … Human life is always a good. … Therefore, the Magisterium of the Church has constantly proclaimed the sacred and inviolable character of every human life from its conception until its natural end (*Evangelium vitae*, n. 57). This moral judgment also applies to the origins of the life of an embryo *even before it is implanted in the mother's womb.*[26]

The Applicability of Church Teaching on Contraception as an Intrinsic Evil

The Church's constant teaching on the immorality of contraception is well known. In *Humanae vitae*, Pope Paul VI defines contraception as "every action which, either in anticipation of the conjugal act, or in its accomplishment, or in the development of its natural consequences, proposes, whether as an end or as a means, to render procreation impossible."[27] Put another way, "contraception is defined by its intention, which simply is that a prospective new human life not begin. Choosing to contracept is simply contralife."[28]

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[23] Elio Sgreccia, "The Embryo: A Sign of Contradiction" (May 10, 1997), Pontifical Council for Health Care Workers, http://www.vatican.va/roman_curia/pontifical_councils/hlthwork/documents/rc_pc_hlthwork_doc_05101997_sgreccia_en.html.

[24] Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion* (November 18, 1974), n. 12.

[25] Final communiqué (March 23, 2006), in *The Human Embryo Before Implantation: Scientific Aspects and Bioethical Considerations—Proceedings of the Twelfth Assembly of the Pontifical Academy for Life* (*Vatican City, 27 February–1 March 2006*)," ed. Elio Sgreccia and Jean Laffite (Vatican City: Libreria Editrice Vaticana, 2007), 18.

[26] Benedict XVI, Discourse (February 27, 2006), in Sgreccia and Laffite, *Human Embryo Before Implantation—Proceedings*, 12, emphasis added.

[27] Pope Paul VI, *Humanae vitae*, n. 14.

[28] John Finnis, *Moral Absolutes: Tradition, Revision, and Truth* (Washington, D.C.: Catholic University of America, 1991), 85–86.

An important principle in moral theology is that we are to never act against a good as though it were an evil. This is very applicable here, for in this type of situation, when we are considering the objective morality of contraception, "emergency" or otherwise, the administering of emergency contraception may be an act against the good of the life of a new human person. In *Veritatis splendor*, Pope John Paul II discusses the human act and its relation to moral judgment. About acts which, by their nature, contradict the good of the person made in God's image he says, "These are acts which, in the Church's moral tradition, have been termed 'intrinsically evil' (*intrinsece malum*); they are such *always and per se*, in other words, on account of their very object, and apart from the ulterior intentions of the one acting and the circumstances."[29] It does not seem far-fetched to conclude, then, that those responsible for the care of rape victims, even under limited conditions, may find themselves engaging in or cooperating with what is, from an objective standpoint, an intrinsically evil act.

Paul VI explains, "Though it is true that sometimes it is lawful to tolerate a lesser moral evil in order to avoid a greater evil or in order to promote a greater good, it is never lawful, even for the gravest reasons, to do evil that good may come of it (Rom. 3:8)—in other words, to intend directly something which of its very nature contradicts the moral order, and which must therefore be judged unworthy of man, even though the intention is to protect or promote the welfare of an individual, of a family or of society in general."[30]

In a 2008 interview, *LifeSiteNews.com* discussed with Bishop Elio Sgreccia, then-president of the Pontifical Academy for Life, the question of the use of the morning-after pill in cases of rape. After explaining that the pill is "not medicine, not a composition for health," Bishop Sgreccia stated that it is "forbidden for Catholic doctors to prescribe it" and for Catholics to request it. When asked whether there could be an exception in cases of rape, he pointed out that the morning-after pill is dangerous, acts as an abortifacient after conception, and is illicit for a doctor to prescribe. He went on to say, "It is not able to prevent the rape. But it is able to eliminate the embryo. It is thus the second negative intervention on the woman (the first being the rape itself)."[31]

The fact that a woman has suffered a traumatic act of violence and deserves the utmost compassionate care we can provide does not change the fact that we do her no service by providing her with drugs that could kill an innocent child who may have been conceived. At the point of fertilization "there exists a subject of human dignity and human rights, and … any choice to deliberately damage or destroy such a subject is a violation of an inviolable right, the human right to life."[32] If God has allowed a child to come into being, He has a purpose for that child's life.

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[29] John Paul II, *Veritatis splendor* (August 6, 1993), n. 80, original emphasis.

[30] Paul VI, *Humanae vitae* (July 25, 1968), n. 14.

[31] John-Henry Westen, "Head of Pontifical Academy for Life Reconfirms Morning-After Pill Cannot Be Used Even in Cases of Rape," *LifeSiteNews.com*, February 29, 2008, http://lifesitenews.com/ldn/2008/feb/08022906.html.

[32] Robert P. George and Christopher Tollefsen, *Embryo: A Defense of Human Life* (New York: Doubleday, 2008), 109.

What Else Does Rome Say?

The Church's position on emergency contraception was explicated by the Pontifical Academy for Life in its "Statement on the So-Called 'Morning-After Pill.'" The text reaffirms "already well-known ethical positions supported by precise scientific data and reinforced by Catholic doctrine." In the statement the Academy points out that drugs known as the "morning-after pill" or "emergency contraception" are not merely contraceptive but also have a predominant "anti-implantation" function.[33]

The statement also makes a very direct connection with abortion, supporting directive 45:

> It is clear, therefore, that the proven "anti-implantation" action of the morning-after pill is really nothing other than a chemically induced abortion. It is neither intellectually consistent nor scientifically justifiable to say that we are not dealing with the same thing. Moreover, it seems sufficiently clear that those who ask for or offer this pill are seeking the direct termination of a possible pregnancy already in progress, just as in the case of abortion. … Consequently, from the ethical standpoint the same absolute unlawfulness of abortifacient procedures also applies to distributing, prescribing and taking the morning-after pill. *All who, whether sharing the intention or not, directly co-operate with this procedure are also morally responsible for it.*[34]

Resolving the Issue of Doubt

Dignitas personae confronts directly those attempts to justify the use of emergency contraception which contend that it is morally permissible because one cannot be certain when the drugs may act as abortifacients. Perhaps at a given time in a woman's cycle the abortifacient action may even be highly unlikely. But the instruction says:

> In order to promote wider use of interceptive methods, it is sometimes stated that the way in which they function is not sufficiently understood. It is true that there is not always complete knowledge of the way that different pharmaceuticals

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[33] "The morning-after pill is a hormone-based preparation (it can contain oestrogens, oestrogen/progestogens or only progestogens) which, within and no later than 72 hours after a presumably fertile act of sexual intercourse, *has a predominantly "anti-implantation" function*, i.e., it prevents a possible fertilized ovum (which is a human embryo), by now in the blastocyst stage of its development (fifth to sixth day after fertilization), from being implanted in the uterine wall by a process of altering the wall itself. The final result will thus be the expulsion and loss of this embryo. Only if this pill were to be taken several days before the moment of ovulation could it sometimes act to prevent the latter (in this case it would function as a typical "contraceptive"). However, the woman who uses this kind of pill does so in the fear that she may be in her fertile period and therefore intends to cause the expulsion of a possible new conceptus; above all, it would be unrealistic to think that a woman, finding herself in the situation of wanting to use an emergency contraceptive, would be able to know exactly and opportunely her current state of fertility." Pontifical Academy for Life, "Statement on the So-Called 'Morning-After Pill'" (October 31, 2000), n. 1, emphasis added.

[34] Ibid., nn. 3–4, emphasis added.

> operate, but scientific studies indicate that *the effect of inhibiting implantation is certainly present*, even if this does not mean that such interceptives cause an abortion every time they are used.[35]

Reemphasizing the message of the Pontifical Academy for Life, *Dignitas personae* goes on to say that "anyone who seeks to prevent the implantation of an embryo *which may possibly have been conceived* and who therefore either requests or prescribes such a pharmaceutical generally intends abortion."[36]

Neither pregnancy testing nor ovulation testing tells us definitively whether a new human life has been conceived. As we have seen, the use of emergency contraception does not always inhibit ovulation even when it is used in the preovulatory phase.[37] Some would consider the risk of causing an abortion rare when a drug is given that is said to act more often than not as an anovulant, but the risk of an abortifacient effect from drugs given in the preovulatory phase can neither be ruled out nor considered rare.[38] Any of the currently available drugs used as emergency contraception, in addition to having contraceptive (anovulant) actions, also have abortifacient actions. While we cannot know exactly *when* any of these actions operate in a given cycle, the scientific evidence demonstrates that indeed they do.

Common sense and respect for human life tell us we cannot proceed in doubt. If a new human life exists, we cannot take it away. The classic example of the hunter in the woods illustrates the point. If the hunter hears a noise in the bushes and instinctively raises his gun, he must stop and question whether this could be a wild animal or the return of his hunting buddy. Clearly, he would not proceed in doubt and take a chance that he could possibly shoot his fellow hunter. Neither can we take a chance that administering an interceptive drug might kill in the earliest stages of development a new human person who may have been conceived.

Times of Doubt

The scientific evidence that the interceptive drugs used as emergency contraception cause abortions compels us to stop and take stock of our actions in regard to rape protocols in Catholic hospitals. If these drugs continue to be dispensed when there is no certainty that we are not taking innocent human life, we risk putting ourselves in grave moral danger.

Directive 36 makes clear that it is morally permissible for a woman who has been raped to defend herself against the possibility that conception might result from the act of violence. However, directive 36 is also clear that treatments that interfere with implantation are not permissible, and *Dignitas personae* n. 23 affirms this.

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[35] CDF, *Dignitas personae*, n. 23, emphasis added.

[36] Ibid., emphasis added.

[37] Kevin T. McMahon, "Why Fear Ovulation Testing?" *Ethics & Medics* 28.6 (June 2003): 3–4. McMahon also cites Kahlenborn et al. in his article.

[38] Patrick Yeung Jr., Erica Laethem, and Joseph Tham, "Argument Against the Use of Levonorgestrel in Cases of Sexual Assault," in *Catholic Health Care Ethics*, 144, 148.

What then might help to resolve the controversy? The development of a test for fertilization may be an answer. If scientists were to develop such a test, and if it were proved accurate and reliable, we could know prior to the implantation of the embryo whether or not conception has occurred. This kind of clinical evidence could effectively resolve the doubt and end the debate. God has given us the talents of gifted, knowledgeable, and faithful scientists who have been called to the healing vocation of medicine. As members of the Body of Christ, may we encourage, support, and challenge them to create a morally acceptable solution that will help overcome doubt and restore unity.

In his encyclical *Fides et ratio*, John Paul II reflects on the special activity of human reason and the role of faith. He does so precisely in an era when the search for ultimate truth is neglected and a lack of confidence in truth is widespread.[39] The desire for truth resides deeply in the human heart, and faith is the opposite of doubt. As human persons created in the image and likeness of God, we have been gifted with intellect and will, which are intimately connected with the gift of our faith. In the act of entrusting oneself to God, "the intellect and the will display their spiritual nature. … Men and women can accomplish no more important act in their lives than the act of faith; it is here that freedom reaches the certainty of truth and chooses to live in that truth."[40] In this same encyclical, the late Holy Father also has a special word for scientists:

> In expressing my admiration and in offering encouragement to these brave pioneers of scientific research, to whom humanity owes so much of its current development, I would urge them to continue their efforts without ever abandoning the sapiential horizon within which scientific and technological achievements are wedded to the philosophical and ethical values which are the distinctive and indelible mark of the human person. Scientists are well aware that "the search for truth, even when it concerns a finite reality of the world or of man, is never-ending, but always points beyond to something higher than the immediate object of study, to the questions which give access to Mystery."[41]

We also must continue to proclaim the Truth as we provide compassionate care to those who have suffered great trauma. The *Ethical and Religious Directives* encourage us to offer "psychological and spiritual support as well as accurate medical information." Some states, like Massachusetts, have mandated that emergency rooms provide disclosures that a victim has a "right to request" emergency contraception, violating the religious liberties of Catholic hospitals to act prudently. However, in the interest of truly informed consent, we also have the opportunity, and moral obligation, to provide victims with the *full* truth about these interceptive drugs. Increased educational opportunities for medical professionals to learn what the Church teaches and how its teachings affect Catholic health care must be developed so that those in the healing professions can be better equipped to provide the

[39] John Paul II, *Fides et ratio* (September 14, 1998), n. 5.

[40] Ibid., n.13.

[41] Ibid., n.106.

truth. Providing spiritual support to both physicians and patients will help both to face daunting challenges in faith and in truth.

John Paul II eloquently expresses the relationship between the realities of faith and reason this way: "Faith and reason are like two wings on which the human spirit rises to the contemplation of truth; and God has placed in the human heart a desire to know the truth—in a word, to know Himself—so that, by knowing and loving God, men and women may also come to the fullness of truth about themselves."[42]

In examining the Scriptures, John Paul II refers to Proverbs and the believer's quest to understand the mysterious designs of God. He says, "For all the toil involved, believers do not surrender. They can continue on their way to the truth because they are certain that God has created them 'explorers,' whose mission it is to leave no stone unturned, though the temptation to doubt is always there. Leaning on God, they continue to reach out, always and everywhere, for all that is beautiful, good and true."[43]

The Holy Spirit is alive and at work in the Church and will help us to be God's instruments in overcoming the culture of death so prevalent in our world today. It is in times of doubt that we must adhere most fervently to the teachings of the Church and trust in her wisdom. Until science has a test that is wholly accurate in determining whether or not a woman has conceived a new human life, we cannot proceed in doubt by administering drugs that may kill an innocent human person of infinite worth.

[42] Ibid., n. 1.

[43] Ibid., n. 21.