

Selective Citations

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Recently, *Health Progress* published an essay by Ron Hamel, senior director of ethics at the Catholic Health Association, which argues that Plan B, a drug given to women who have been raped, does not have any abortifacient effects.¹

Plan B contains levonorgestrel, a powerful drug that may have adverse effects on a conceived embryo but also suppresses ovulation, and so is permitted in Catholic hospitals when administered at certain carefully determined times. Directive 36 of the *Ethical and Religious Directives for Catholic Health Care Services* states that “a female who has been raped should be able to defend herself against a potential conception from the sexual assault.”²

What was particularly striking about Mr. Hamel’s analysis of this controversial matter was how much of his data came from the *NCBQ* and the other publications of The National Catholic Bioethics Center (NCBC). The author who is most often cited by Hamel is Rev. Nicanor Pier Giorgio Austriaco, O.P., whose essay “Is Plan B Abortifacient?” and subsequent letter to the editor make up for nine of the twenty references. Our own Marie T. Hilliard, R.N., is cited once, as is Gerald McShane, M.D., who contributed to our volume *Catholic Health Care Ethics*. So more than half of the references in Hamel’s essay are to publications of the NCBC.

It pleases me to see our publications cited at such length, but those reading Hamel’s essay might be led to think that the NCBC has somehow settled the matter, given that the evidence cited in Hamel’s essay derives substantially from our publications.

¹Ron Hamel, “Thinking Ethically about Emergency Contraception: Critical Judgments Require Adequate and Accurate Information” (January–February 2010): 62–67.

²U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (Washington, D.C.: USCCB, 2009), n. 36.

But Hamel has presented a one-sided picture, as our readers know. This journal has sought to maintain a careful balance of opinion on this much-debated subject. Both sides make solid arguments. Both sides cite relevant scientific evidence. Both sides deserve to be heard. Apparently, Hamel and the Catholic Health Association do not share that view.

Hamel argues that there is little or no evidence in the scientific literature that Plan B has an abortifacient effect. To prove his point, he has combed through our pages, carefully looking for sources to support his conclusion, but has failed to see the contributions made by the authors we have published who stand on the opposite side of this issue. For example, he has not noticed the important work of the distinguished team of physicians and ethicists Rev. Joseph C. Tham, L.C., M.D., Erica Laethem, and Patrick Yeung Jr., M.D.

Had Hamel been quoting another journal, I would have had no cause to draw attention to his method of selective citation, even though this is an issue that deserves to be fairly presented regardless of who is being quoted. But as his method impugns the impartiality of this journal and the other publications of the NCBC, I feel obliged to correct the misimpression. The question of whether Plan B is an abortifacient is certainly not closed. The debate continues. That is simply a fact, even though Hamel chooses to ignore it.

Notice that I do not say that Hamel is wrong in his conclusion. Perhaps he is right. Perhaps there is no abortifacient effect from Plan B. The question remains a difficult one, and I do not think we can prejudge it one way or the other. Rather, my point here is that he is wrong to say that the debate is over. That is simply false and, worse still, unfair to those who present solid arguments for the opposing position.

In his essay, Hamel cites the first edition of our *Catholic Health Care Ethics: A Manual for Ethics Committees*. That volume has been out of print for some time now, and the data given there are close to ten years old. There is now a second edition, *Catholic Health Care Ethics: A Manual for Practitioners* (2009), which has the most up-to-date scientific evidence. Had he examined the latest edition of that volume, Hamel would have seen that, like this journal, it presents a balanced set of arguments for and against the thesis that Plan B is an abortifacient. The view of the NCBC, expressed in that volume by Dr. Hilliard, is that there is sufficient concern about the possible abortifacient effects of these drugs to warrant testing for ovulation.³ When testing is not done, moral certitude is lacking. By moral certitude, of course, I do not mean absolute certitude, but rather the presence of sufficient doubt to counsel the safer course.

In a concluding section, after his very selective use of this journal, Hamel provides an example of what is known in logic as a self-refuting proposition. He says that those who make decisions about whether to administer Plan B, “whether bishops, hospital executives, emergency room physicians, nurses or others, have a

³Marie T. Hilliard, “Moral Certitude and Emergency Contraception,” *Catholic Health Care Ethics: A Manual for Practitioners*, 2nd ed. (Philadelphia: National Catholic Bioethics Center, 2009), 153–161.

grave moral obligation to take seriously one of the first rules in making good ethical judgments, namely, to obtain adequate and accurate information about the matter at hand. To do any less is not only to shortchange the moral process, but also to risk significant harm to others” (66).

Hamel ignores his own advice. He overlooks significant data and arguments that contradict his position—material that he studiously avoids and even pretends is not there. To lecture about the need to obtain all the facts while systematically ignoring facts that do not fit his conclusion is puzzling. How can Mr. Hamel guarantee that there will not be “significant harm to others,” as he puts it, when he presents only half the picture? How can he guarantee that his own conclusion does not “shortchange the moral process”?

For our readers, the take-away lesson here is to see the difference between an advocacy organization, like the CHA, that seeks to advance a particular point of view—and so selectively cites material in favor of its own position—and a scholarly organization, like the NCBC, that looks at all of the evidence and gives all the freedom to engage in debate.