Resolving Crisis Pregnancies: Acting on the Mother versus Acting on the Fetal Child

To the Editor: I would like to thank Drs. Bringman and Shabanowitz for their important critique of the recent consensus statement to which I am a signatory.1 The consensus statement proposes that one may induce labor to resolve a crisis pregnancy caused by peripartum cardiomyopathy (PPCM+P), even when the fetal child would be too immature to survive outside his mother’s womb. A consensus response to their critique can be found in this issue of the Quarterly.2 However, I have also been asked to specifically respond to Bringman and Shabanowitz’s appeal to my previous work in support of their critique of our proposal.

In two published pieces, I have been critical of efforts to justify medical interventions that aim to resolve a crisis pregnancy by directly mutilating the placenta of the fetal child.3 It is a gravely unjust act to amputate, mutilate, or dismember anyone’s body, let alone the body of a fetal child, unless the procedure is being done specifically for the welfare of that person. This includes the extraction of the placenta of an unborn child before viability. Bringman and Shabanowitz are correct when they condemn any medical procedure that would constitute a direct attack on the fetal child.

However, Bringman and Shabanowitz are not correct when they appeal to my analysis to critique the consensus statement. In that statement, we proposed that one could resolve a crisis pregnancy that was immediately endangering the mother’s life by acting on a maternal organ—her uterus—in order to alleviate a pathological interaction that was posing a grave threat to her life. In the case under consideration, that would be the pathological interaction between her weakened heart and the placenta of her fetal child.

Notice the significant, and I would argue, morally probative, differences in the two approaches to resolving a crisis pregnancy. In the first Phoenix-abortion-case-like scenario, which I have condemned as gravely unjust in my published writings, the physician acts on the fetal child’s body, specifically his placenta, and mutilates it in order to save the life of his mother. This cannot be morally justified. In contrast, in the second scenario, which we describe in the consensus statement, the physician acts on the mother’s body—he does not act on the body of the fetal child—by altering it pharmacologically so that it will cause the detachment (or “deplantation”) of the placenta, resolving a pathological interaction that was imminently endangering her life. Tragically, of course, this medical action on the mother’s body to save her life will lead to the death of her fetal child if he is too immature developmentally to survive the medical process of deplanting the placenta. Nonetheless, this would be a just act that can be morally defended with the principle of double effect. It would be analogous to medical actions performed on a mother’s gravid but cancerous uterus in order to save her life, even if these medical interventions tragically lead to the death of her fetal child. These are actions that have been justified traditionally by the principle of double effect.

Finally, Bringman and Shabanowitz raise the concern that our proposal could be generalized to justify the termination of any pregnancy “when the mother’s life is
erroneously perceived to be in great danger.”

I respectfully disagree. As is commonly acknowledged, the final criterion for the proper application of the principle of double effect to the moral justification of an action that has both a good and an evil effect is that the good effect must be of at least equivalent moral gravity as the evil effect, that is, the good and evil effects must be proportionate. This condition only obtains when the lives of both mother and fetal child are in immediate, clear, and present danger. As the consensus response published in this issue of the Quarterly points out, the published medical literature reports that only 2 percent of PPCM+P pregnancies are associated with maternal death prior to delivery of the fetal child. Thus, in the vast number of PPCM+P pregnancies, the fourth condition of the principle of double effect would not apply. In these cases, including those in which the ongoing pregnancy is simply exacerbating the mother’s cardiac condition and shortening her life expectancy without putting her life into immediate, clear, and present danger, the deplantation of the placenta would not be justifiable if it leads to the foreseen though unintended death of the fetal child. Why? Because right reason obliges us to avoid and to minimize all evil, even unintended evil, unless we have a good and proportionate reason to allow it to be realized and tolerated.

Nonetheless, in those rare cases where the physician is able to come to a reasonable and morally certain judgment that this particular mother’s life is in grave danger, here and now, because of the pathological interaction between her body and her fetal child’s placenta—and there are other rare medical conditions beyond PPCM+P where this could obtain—then I would argue that the physician is morally justified to pharmacologically trigger the uterine contractions that will lead to the deplantation of the placenta, the disruption of a pathological and life-threatening physiological interaction in the patient’s body, and the saving of the mother’s life.

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child.” I firmly believe, however, that it is not embryo adoption but the biological mother’s own sinful recourse to IVF that primarily “violates the exclusive bodily relationship of biological mother and child.” It is the biological mother herself who knowingly and willingly chooses to deny her own biological child its God-given right to be conceived in her womb.

Next, it is again the biological mother who continues to violate “the exclusive bodily relationship of biological mother and child” when she knowingly and willingly authorizes a fertility laboratory technician to manipulate, abuse, and freeze her biological child in liquid nitrogen “for later use.”

Finally, the single, greatest violation of “the exclusive bodily relationship of biological mother and child” occurs when the biological mother once again freely and deliberately chooses to forever deny her child its right to be carried in her womb, when she knowingly abandons her frozen “leftover” child to the “absurd fate” that hundreds of thousands of other “orphaned” and frozen children now face.

It is an undeniable fact that it is the biological mother who has repeatedly created “a situation of injustice which in fact cannot be resolved” unless the orphaned embryos are legally adopted and licitly transferred into the womb of adoptive mothers via medical and surgical procedures that, according to the Catechism of the Catholic Church (n. 2275) and Donum vitae I.3, “one must hold as licit procedures” because they “are directed toward its healing, the improvement of its condition of health, or its individual survival.”

Paragraph 19 in Dignitas personae does not say, “There is no morally licit solution”; the actual statement says, “There seems to be no morally licit solution.” Scholars and experts have clearly interpreted this to mean that they may, in good faith, continue to search for a morally licit solution. The Pontifical Academy for Life, the United States Conference of Catholic Bishops, and the National Catholic Bioethics Center have all expressed concerns but have remained neutral.

As clearly stated by Dr. Stephen Napier, a consultant for the NCBC, “If the USCCB and the President of the Pontifical Academy for Life got [this] interpretation wrong, the Vatican would have corrected them publicly. But there has not been any correction; consequently, the question on embryo adoption remains open.”

Therefore, I respectfully submit that the magisterial documents mentioned above, namely, the Catechism of the Catholic Church n. 2275 and Donum vitae I.3 do, in fact, seem to provide a morally licit solution, that is, the licit medical procedure commonly known as embryo transfer, to help resolve the problem “regarding the human destiny of the thousands and thousands of ‘frozen’ embryos which are and remain the subjects of essential rights and should therefore be protected by law as human persons.”

The Holy Family—Jesus, Mary, and Joseph—are the best witnesses to the fact that it is God Himself who predestines from all eternity the persons He brings together as a real Family, by biology and adoption.

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3 Nelson, letter, 601.
4 Ibid.
5 Congregation for the Doctrine of the Faith (CDF), Instruction Dignitas personae on Certain Bioethical Questions (September 8, 2008), n. 19.
6 Catechism, n. 2275, quoting CDF, Donum vitae (February 22, 1987), I.3; emphasis added.
7 CDF, Dignitas personae, n. 19, emphasis added.
9 CDF, Dignitas personae, n. 19.