

# *Responses to Questions Proposed concerning “Uterine Isolation” and Related Matters*

*July 31, 1993*

## Congregation for the Doctrine of the Faith

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The Cardinal Members of the Congregation for the Doctrine of the Faith in answer to the questions examined in ordinary session decreed the following replies:

Q. 1. When the uterus becomes so seriously injured (e.g., during a delivery or a Caesarian section) so as to render medically indicated even its total removal (*hysterectomy*) in order to counter an immediate serious threat to the life or health of the mother, is it licit to perform such a procedure notwithstanding the permanent sterility which will result for the woman?

R. Affirmative.

Q. 2. When the uterus (e.g., as a result of previous Caesarian sections) is in a state such that while not constituting in itself a present risk to the life or health of the woman, nevertheless is foreseeably incapable of carrying a future pregnancy to term without danger to the mother, danger which in some cases could be serious, is it licit to remove the uterus (*hysterectomy*) in order to prevent a possible future danger deriving from conception?

R. Negative.

Q. 3. In the same situation as in no. 2, is it licit to substitute tubal ligation, also called “uterine isolation,” for the *hysterectomy*, since the same end would be attained of averting the risks of a possible pregnancy by means of a procedure which is much simpler for the doctor and less serious for the woman, and since in addition, in some cases, the ensuing sterility might be reversible?

R. Negative.

### Explanation

In the first case, the hysterectomy is licit because it has a directly therapeutic character, even though it may be foreseen that permanent sterility will result. In fact, it is the pathological condition of the uterus (e.g., a hemorrhage which cannot be stopped by other means) which makes its removal medically indicated. The removal of the organ has as its aim, therefore, the curtailing of a serious present danger to the woman independent of a possible future pregnancy.

From the moral point of view, the cases of hysterectomy and “uterine isolation” in the circumstances described in nos. 2 and 3 are different. These fall into the moral category of direct sterilization which in the Congregation for the Doctrine of the Faith’s document *Quaecumque Sterilizatio* (AAS LXVIII 1976, 738–740, no. 1) is defined as an action “whose sole, immediate effect is to render the generative faculty incapable of procreation.” And the same document continues: “It (direct sterilization) is absolutely forbidden . . . according to the teaching of the Church, even when it is motivated by a subjectively right intention of curing or preventing a physical or psychological ill-effect which is foreseen or feared as a result of pregnancy.”

In point of fact, the uterus as described in no. 2 does not constitute in and of itself any present danger to the woman. Indeed the proposal to substitute “uterine isolation” for hysterectomy under the same conditions shows precisely that the uterus in and of itself does not pose a pathological problem for the woman. Therefore, the described procedures do not have a properly therapeutic character but are aimed in themselves at rendering sterile future sexual acts freely chosen. The end of avoiding risks to the mother, deriving from a possible pregnancy, is thus pursued by means of a direct sterilization, in itself always morally illicit, while other ways, which are morally licit, remain open to free choice.

The contrary opinion which considers the interventions described in nos. 2 and 3 as indirect sterilizations, licit under certain conditions, cannot be regarded as valid and may not be followed in Catholic hospitals.