



MORALITY & MOTHERS, A CATHOLIC APPROACH

Regarding miscarriage, what is a mother to do regarding baptising the baby?

The cause of miscarriage is not always known. But what is certain is that it is not something that is outside the providence of God.

The Church teaches that if baptism is possible; it always try to err on the side of leniency. In other words if it is possible to baptise the child, we try to do so. If it is not possible because of impossibility due to the fact that there really isn't anything to baptise or the fact it was too early on, then we accept that reality with resignation to God's will.

What does the Church teach about Ectopic pregnancy?

The principle is that you MUST satisfy ALL of these four conditions:

1. The act must be good or indifferent in itself.
2. The good the agent intends must not be obtained by means of evil.
3. The evil effect must not be intended for itself but only permitted.
4. There must be a proportionately grave reason for permitting the evil effect to occur.

The foetus, however, and its death are merely permitted as a secondary effect of an act which needs to be performed and which, as we shall see immediately, it is permissible to perform.

It is licit to excise a diseased uterus which is gravely dangerous, even though the operation will indirectly kill the foetus which is enclosed in the womb. The reason is that we may rightly apply the four conditions of the principle of the twofold effect.

The first condition is fulfilled, for the operating surgeon's intention is to save the life of the mother. He, of course, foresees the death of the foetus, but he does not desire this evil effect.

The second condition is fulfilled, for the surgeon's act consists in ridding the woman of a diseased part of her body which is jeopardizing her life. Hence that which he sets out to accomplish is licit. If the foetus were not present, the surgical operation of removing a diseased and dangerous part of the woman's body, the cancerous uterus, would obviously be an act which of its nature is not evil. The presence of the living foetus in the diseased womb does not alter the nature of the act which the surgeon performs. The operation is directly remedial regarding the mother's body and is in itself unconnected with the pregnancy.

The third condition is fulfilled, for the evil effect (the death of the foetus) does not cause the good effect

(saving the life of the mother). Whether the foetus were harmed by the operation or not would make no difference in regard to producing the good effect.

The fourth condition is fulfilled, for safeguarding the mother's health is a proportionately grave reason for permitting the death of the foetus.

Regarding the Baptism of the Foetus

The physician who performs an operation of this kind should have a nurse procure beforehand a basin of lukewarm water in which the foetus may be baptized immediately after the uterus is removed from the mother.

When the diseased womb has been extracted from the woman's body, it should be cut open at once and the foetus should be baptized. If the foetus is very small, baptism by immersion would be preferable. If the foetus is enclosed in the sacs or membranes, the latter must of course be removed, so that in the baptism the water will touch the head of the infant.

In all such operations, where the surgery has important bearing on two lives and not merely one, the surgeon must be sure that the reason for operating is a proportionately grave one.

If, for example, the foetus is near viability and an immediate hysterectomy (A **hysterectomy** is an operation to remove the uterus. Depending on the type of **hysterectomy** being performed, accompanying organs such as the fallopian tubes, ovaries and cervix are often removed at the same time) would only probably, and not certainly, diminish the danger of death to the mother, the operation would be illicit. In this case the pregnant uterus may not be excised; for since the surgery would bring certain death to the foetus, the latter's certain right to life must take precedence over the mother's right to a doubtful benefit. Again, if excising the uterus would only probably indirectly cause the death of the foetus, surgery would be licit if needed to remove probable danger to the mother's life. If, moreover, the operation would rarely result in death for the foetus, it would be licitly performed when necessary, not to save the mother's life, but to cure her of a grave disease. A remote hope of saving the mother justifies surgery which is necessary to prevent death of both the mother and the child, for the surgeon is doing all in his power to save both. It is taken for granted that there are no other effective means which would not endanger the foetus.

Tubal Ectopic Pregnancy

In the tubal ectopic pregnancy the fertilized ovum lodges in some part of the Fallopian tube. The reason that it does not continue its descent into the uterus may be the pathological condition of the tube itself or of the ovum. Once the fertilized ovum takes up its nesting place in the tube, it begins to bore into the wall of the tube, seeking as it does life-giving nourishment. This

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"boring-in" action on the part of the tiny embryo perforates the inner layers of the tube and the tube soon becomes weakened by internal haemorrhaging. There is present a pathological condition of the tube, caused by the erosive action of the trophoblast which is destroying the muscle wall and penetrating blood vessels. The growing foetus causes the tube to swell, and this swelling dangerously stretches the tube's outer wall.

Left in this condition, the tube will ordinarily rupture; and unless surgery is performed very soon after the rupturing, the mother may die.

When the Fallopian tube is in this condition, would it be licit to slit it open and remove the foetus?

Obviously this action would be gravely evil, for it would constitute a direct, unjust attack on the life of an innocent foetus. It would, in short, be murder. In such a procedure the operating surgeon would set out to destroy the foetus as a means of curing the mother, and thus he would directly intend its death.

The same conclusion would follow if the physician used drugs, X-ray, or any other method directly to terminate the life of the fetus.

Would it, however, be likewise illicit to excise a Fallopian tube which contains a living fetus?

If the tube itself is healthy, there would of course be no justifying reason for the excision. But in the case of an ectopic pregnancy the Fallopian tube is in a definitely pathological condition. Its inner portion is riddled, greatly weakened, and full of internal haemorrhaging.

Once the tube has ruptured externally, the physician may and should immediately tie off the arteries which supply blood to the tube and then remove the tube by surgery.

This operation is obviously justified, for in it are fully verified the four conditions required for the application of the principle of the twofold effect. The excision of this ruptured and gravely dangerous part of the mother's body is similar, in respect to the moral law, to the removal of a pregnant uterus whose cancerous condition is at present gravely threatening the mother's life.

But let us suppose that the tube in the case of an ectopic pregnancy has not yet ruptured. **Must the surgeon, before the excision, wait until an external rupture occurs?**

The answer is that, if the tube is at present in a gravely dangerous condition and if its excision cannot be delayed without a notable increase of danger to the mother, this Fallopian tube may be removed at once.

This conclusion is based on two principles:

(1) Mutilation is licit if it is required to conserve the health of the whole body.

(2) An act which has two effects, one good, the other bad, may be licitly performed, given certain conditions.

The latter principle is correctly applied to the present case. The first condition is fulfilled, for the surgeon's intention is good. He has as his purpose in operating the saving of the mother's life. He foresees, it is true, that the foetus will die when the tube where it is resting is removed from the woman's body, but he does not desire its death. This is a merely permitted evil effect.

The second condition is fulfilled, for the surgeon's action is not intrinsically evil. That which he sets out to accomplish is cutting away a pathological or diseased part of the woman's body.

The third condition is fulfilled, for the action's evil effect (the death of the foetus) does not cause the good effect (the preserving of the mother's health). Whether the foetus died or not would hardly affect the mother's health. It is the ridding the body of a seriously corrupted part which directly promotes the mother's well-being. It is not the foetus which at present constitutes the threat to the mother's life; it is the diseased organ.

The fourth condition is fulfilled, for there is due proportion between the evil effect and the good effect. The death that will result for the foetus is compensated for by the life that will be saved for the mother.

In the analysis of the application of the fourth condition to our present case, it is well to bear in mind the following facts. Tubal pregnancies practically never go to term. In about ninety-nine cases out of a hundred the foetus is aborted (and usually this will occur before the twelfth week), or the tube ruptures externally; and in either case the foetus will perish.

Hence when one considers excising a dangerously weakened but externally unruptured tube in ectopic pregnancy, the choice lies between the following two modes of procedure:

- (1) permitting the tube to remain in the woman's body until it ruptures externally. This will bring death to the fetus and will imperil the life of the mother; or
- (2) excising the tube at once.

This latter operation will bring to the mother safety but to the foetus death. In the first procedure the foetus is, practically speaking, just as certain to die as in the second procedure. As far as the foetus is concerned, the difference between the first procedure and the second procedure is that in the first procedure its life probably would be lengthened by a few weeks. Hence in evaluating the fourth condition the physician must have sufficient cause for permitting the life of the foetus to be shortened because of the excision of the tube.

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Is it, then, licit in every case of ectopic pregnancy to excise the diseased Fallopian tube?

The answer is that the operation is licit if the tube is at present gravely dangerous to the mother, or if putting off the operation would involve grave danger.

The physician is the one who must decide when the tube may be considered to be gravely dangerous. He must judge each individual case on its own merits. The general rule which should be followed is this: If delay in excising the diseased Fallopian tube would gravely jeopardize the mother's life, the physician may operate at once.

The ultimate decision in a particular case is in the hands of the physician. It may be that in most cases where an ectopic pregnancy is found, the removal of the tube at once is required to avert existing and grave danger from the mother.

But this is not true in all cases. In some few cases at least there is no grave danger to the mother when the ectopic is first discovered. In these few cases the immediate removal of the tube is not licit. The diseased tube may not be excised until it is a source of grave danger to the mother.

To excise the tube before this time would indirectly shorten the life of the ectopic foetus without a sufficient reason, and this would be illicit. Hence in all cases in which grave danger is not actually present the physician must adopt the expectant treatment.

There are cases in which the surgeon discovers an ectopic pregnancy during the course of a surgical operation; for example, an appendectomy. **May he immediately excise the tube if to wait would necessitate performing another grave operation?**

In this event, because the expectant treatment would involve so great an added danger to the mother, the surgeon may at once remove the pathological tube. The same solution is to be given when the patient would have to be kept under constant observation in a hospital and she refuses to be hospitalized because she cannot afford the expense.

There are circumstances when the physician will sincerely doubt about the gravity of the danger in a particular ectopic pregnancy. In that event he may and should give the mother the benefit of the doubt. The reason is that an immediate operation will probably have the good effect of saving the mother's life, and will probably have the bad effect of indirectly shortening to some extent the foetus' life. The good effect will thus greatly outweigh the evil effect. Hence the physician preferably will excise the diseased tube at once.

Misconceptions concerning the principles involved can arise because of the fact that the diseased condition of the tube is due to the foetus. **Is it not true, one may argue, that the tube's weakened and haemorrhaging condition was brought about by the foetus?**

Is not the excision of the tube intended to rid the mother of the foetus, the cause of her danger? We reply to this objection by admitting that the foetus did cause the present riddled condition of the tube; but, we add, the tube itself is now seriously diseased and would remain diseased quite independently of the foetus. It is the tube itself, not the foetus, which constitutes the present grave danger to the mother; and so, given certain conditions, it may be excised.

Some who are not acquainted with the facts believe that the Catholic Church has changed her attitude in regard to the licitness of doing surgery on ectopic pregnancies. Up to the present day the Church has made only a few official pronouncements on this question, and these pronouncements refer to the direct attack of the surgeon on the foetus or to the direct removal of a nonviable foetus from the mother's womb.

Such procedures even today are condemned by all Catholic moralists. On these questions the Church has not changed her view. Catholic ethicists, however, have changed their view with regard to the licitness of excising the unruptured Fallopian tube in an ectopic pregnancy, but this change of opinion stemmed from new medical findings on this matter.

Fifty years ago there was little medical knowledge available with reference to the pathology of an ectopic pregnancy. When medical authorities provided the information that the diseased condition of the Fallopian tube, even before its external rupture, in many cases of ectopic pregnancy constituted a grave and present danger to the mother's life, the moralists declared that the excision of the tube was licit even though the death of the foetus could not be prevented. The moralists made no change in regard to principles or in the application of principles. They merely applied the principles to new facts and arrived at a new conclusion. It is for physicians accurately to present the facts to the moralist. He depends on them for medical information. Given the medical information necessary, he will then apply the ethical principles to the case and pronounce upon the licitness or illicitness of certain procedures.

When is a Catholic permitted to use NFP?

Rhythm can be allowed under the conditions given by Pope Pius XII, which are three in number:

- a) Both parties must be willing to practice the temporary abstinence required.
- b) Both parties must be able to do it.
- c) There must be a sufficient reason: (gravity of reasons must be relative to the number of children already had, and the length of time on periodic abstinence.)
 1. Social reasons. E.g. or such as in China, the government forbidding more than one child.

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2. Health reason. Physical or mental E.g.; serious weakness, danger of death...
3. Economic reason. E.g.; great poverty....
4. Eugenic reason, e.g., to avoid miscarriages, mental retardation, and the like, esp. for over 40's

The Catholic Marriage Manual states: "**The obligation of parenthood does not require a couple to have as many children as is humanly possible**, as some critics allege. **However, they should have at many children as they can support reasonably.** This does not mean that they must be deeply in debt to the loan companies before practicing periodic continence. Nor does it mean that rhythm is justified until they have sufficient savings to insure a college education for the child."

However, we can only too highly recommend generosity and confidence in Providence. Without these, we would not have had a St. Bernadette of Lourdes, born of a large family in extreme poverty, and a St. Catherine of Siena, a 23rd child.

4The Social indication is made up of "serious reasons in the social order". Father Kelly gives the two following examples: poor housing conditions, which force a couple to live in such crowded quarters that an additional child would indeed create a great burden; a man who expects to be sent to work in a distant place for a number of years, incapacitating him to fulfill his responsibilities as a father (The Catholic Marriage Manual , p.57). Another example would be the social conditions during wartime. Father Ceriani adds: "A large family requires a number of conditions which are not always present; among these are found, not only the physical health of the mother, but also the spiritual capabilities [or psychological qualities (trans.)] of both partners:

prudence, the capacity of making decisions, strength of character, nervous equilibrium, calm, etc.. "The primary end of matrimony is the procreation and the education of the offspring. The Church recognizes the value of education, especially of a Christian formation, which infinitely supersedes that of simple birth. "Catholic doctrine does not in any way adopt the theory of those extremists who are in favor of procreation; it could be that prudence at times may not advise births too close together, which put obstacles to education."

On the other hand, we must not forget that a large family offers a special means for the acquisition and practice of the virtues: denial of self, love of work, poverty, mutual aid, fraternal correction, etc.. The family, with one or two children, does not facilitate a Christian education. "There is a virtuous equilibrium that should be

established (according to the physical condition of the spouses', as well as the circumstances in which modern anti-Christian society 'obliges' catholic families to live), keeping in view only the glory of God and the salvation of their souls and those of their children. Evidently in this, more than in other cases, the counsel of a priest is necessary (Jesus Christus, June-July 1992,p.8).

The Eugenic indication is the almost absolute certainty that one will bring into the world physically or psychologically deformed children. In such a case, with regard to the social good, the obligation to procreation ceases. However, it is necessary to remark "with regard to the personal good of the children, that it is better for these to exist than not." (V. Palazzini. Dictionnarium morale et canonicum see continentia periodica - Courier de Rome, Loc. cit.).

"It is common teaching that this practice of family limitation without sufficient and good reason involves a degree of moral fault. This fault certainly could be mortal sin if serious injustice were done, or there exists grave danger of incontinence, divorce, serious family discord, etc." Nicholas Halligan O.P. 1962 THE ADMINISTRATION OF THE SACRAMENTS (strongly recommended book for all priests).