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Hysterectomy or Tubal Ligation?

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Notes & Comment

Hysterectomy or Tubal Ligation?

When the uterus is so scarred and weakened after multiple caesarean sections that a subsequent pregnancy would involve a serious risk to both the mother and child it was conceded by many, although not all moral theologians, that hysterectomy may be performed when the current pregnancy comes to term. This solidly probable opinion has had a brief but very interesting history since World War II.¹

Now the discussion has moved on to another phase which will probably have an even more interesting history. In spite of its liceity the doctors were reluctant to remove a womb if there was some licit and effective alternative. The psychological effects on the woman, the greater loss of blood, the fact that it was major surgery, the longer period of recuperation—all of these facts made the doctor prefer to ligate the fallopian tubes, if it would be allowed. Ligation of the tubes had all the advantages and none of the disadvantages of hysterectomy in such a case.

The current discontent with the opinion that allowed hysterectomy but refused to permit ligation of the tubes was noted in passing by Fr. Felix Cardegna, S.J. in *Theological Studies* (December 1964). Since the burden of his article had to deal with the progesterone pills he speculated about the liceity of allowing a woman with such a pathological uterus after multiple caesareans to use the pill as an alternative to major surgery. If the pill was contraindicated he suggested that the liceity of tubal ligation might possibly be discussed.

Father Cardegna noted the difficulty that conscientious Catholic doctors have in trying to understand the argument that would allow the removal of the uterus in such a case but would not allow the

¹ John T. Noonan, Jr., *Contraception* (Harvard University Press, 1965), pp. 457-58.

more simple ligation of the tubes, especially when the doctor must ligate the tube anyhow prior to removing the uterus. As Cardegna notes, the moralists who allow the hysterectomy in this case have a difficult time explaining how this is indirect sterilization, justified by the principle of double effect, whereas the ligating of the tubes would be a direct sterilization. Cardegna admits that it is a bit embarrassing to defend this position.²

The first, as far as I can discover, to actually teach the liceity of tubal ligation in preference to a justified hysterectomy was E. Tesson, writing in *Cahiers Laennec* (June 1964). The authors who approve of tubal ligation today all refer to his article.

Alonso-M. Hamelin, O.F.M. in an article in the 1966 *Concilium*, approves of Tesson's extension of the principle of totality to justify ligation of the tubes in preference to hysterectomy.³

Thomas J. O'Donnell, S.J., author of a well known work on medical ethics, in a short article in *Linacre Quarterly* (May 1967) also expressed himself in favor of ligation of the tubes when medically preferable to hysterectomy.⁴ Stressing the seriousness of the hysterectomy which may well be complicated by pelvic and bladder adhesion, usually requiring transfusion, O'Donnell favors what he calls "isolating the damaged uterus" instead of its total removal. The isolating would be achieved by the ligation of the tubes which was done formerly as a preliminary step before the hysterectomy. Now, he argues, the surgeon should be allowed to stop after the ligation, having isolated the dangerous uterus from the rest of the system. At this point the moral issue is resolved and he holds that the removal or non-removal of the uterus is without moral significance but it can be extremely significant medically when the patient is not in a physical condition adequate to withstand the impact of the more extensive operation.

In his semi-annual survey of Moral Theology for *Theological Studies* (June 1967), Robert H. Springer, S.J. notes this opinion of O'Donnell and concurs with him. Without developing any formal moral argument as such Springer appeals to common sense when he asks: ". . . why must he [the doctor] go on to remove the uterus, depriving the patient of the health benefits this organ would provide?"⁵

² Felix Cardegna, S.J., "Contraception, The Pill and Responsible Parenthood," *Theological Studies*, 25 (1964), 630.

³ Alonso-M. Hamelin, O.F.M., "Man's Right Over His Body and the Principle of Totality," *Concilium*, 15 (1966), p 93.

⁴ "Current Medical-Moral Comment," p. 157.

⁵ Robert H. Springer, S.J., "Notes on Moral Theology," *Theological Studies*, 28 (1967), 316.

Reflection on this trend to justify ligation of the tubes will show that, if approved, other procedures also might logically deserve approval for we are concerned here with a broader view of the dominion that man has over his body. The expression of this dominion in *Casti Connubii* limited man's dominion to that which is necessary for the good of the whole body.

. . . private individuals have no other power over the members...and they are not free to destroy or mutilate their members, or in any other way to render themselves unfit for their natural functions, except when no other provision can be made for the good of whole body.

Pius XII used somewhat different language. In his 1952 address on the morality of surgery to a medical congress, he declared, "by virtue of the principle of totality, by virtue of his right to use the services of his organism as a whole, the patient can allow individual parts to be destroyed or mutilated when and to the extent necessary for the good of his being as a whole."⁶ In a later address Pius XII reverted to the "good of the whole body" as the norm but theologians interpreted the "good of his being as a whole" as meaning "the good of the whole person." This was the only acceptable meaning in a philosophy which did not divide man into soul and body, but regarded him as an integrated being.

The role of doctors and scientists in helping to formulate moral doctrine in those areas where they have special competence is noted in Vatican II when it recognizes the greater maturity and responsibility of the laity, and their primary responsibility for the temporal order. The resulting change in the epistemology of moral theology is noted by Springer.⁷

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The Bajau of Sulu—Fiction and Fact

Recently a Bajau boy, a first year high school student in southern Sulu, asked me who was responsible for writing the published stories about his people. He had a complaint to make. That afternoon his literature teacher had read to his class a story entitled "Strange Customs and Traditions of Sulu" from a textbook which is apparently widely used in schools throughout the Philippines. Among

⁶ John T. Noonan, Jr., *op. cit.*, p. 452.

⁷ Robert H. Springer, S.J., *op. cit.*, 311.