The Catholic Church in Medicine

BY PAUL BLANSHARD

"I have written these three articles," says Paul Blanshard, "as a challenge to Roman Catholics to examine the social policies of their church's hierarchy. I am convinced that (1) American Catholics are good citizens who (2) are not responsible for the undemocratic policies of their own priests in the fields of medicine and education, and (3) will some day realize that they as Americans must force a change in those policies. Am I right?" The Nation hopes Mr. Blanshard is right, and that is why it offers these challenging articles to its readers. As to the author, Mr. Blanshard attracted nation-wide attention by his exposure of Tammany graft while serving as head of New York City's Department of Investigations and Accounts under Mayor LaGuardia. During the war he was a State Department official assigned to the Caribbean, and he has revealed the misery and unrest of that region in his recent book, "Democracy and Empire in the Caribbean."

Most Americans would be somewhat startled if they picked up a medical journal and read a table of contents like this:

Episcopal Principles of Therapeutic Abortion, by Bishop Sylvanus Bump, D.D.
Baptist Technique for Removing Gall Bladders, by James McCutcheon, S.T.D.
How a Methodist Nurse Should Behave in a Presbyterian Hospital, by Deaconess Matilda Little, M.A.

Denominational excursions into the field of practical medicine are almost unknown among Protestants and Jews. But not among Roman Catholics. The homiletic and ecclesiastical journals of the American priesthood abound in articles by theological writers on specific subjects. Here, for example, are the titles of eight articles and discussions recently published in America's two leading magazines for priests, the American Ecclesiastical Review and the Homiletic and Pastoral Review: May Circumcision by a Jewish Rabbi Be Done in a Catholic Hospital? May a Catholic Nurse Surmon a Non-Catholic Minister? Sterility Tests and Their Morality; The Use of Contraceptives When the Wife Is Sterile; May a Catholic Doctor Employed by the State Perform Eugenic Sterilization? Irradiation of the Ovaries.

The priests of the church are not only spiritual advisers to the Catholic physician and nurse; they exercise authority over them in many areas of professional life, particularly in those of birth, death, and sexual conduct. They tell the Catholic physician and nurse when life begins in the womb, what the surgeon can and cannot do concerning the destruction of the fetus, and what must be done with the child immediately after birth. In the field of sexual conduct they lay down very definite and detailed instructions not only concerning courtship, marriage, and divorce, but concerning contraception, abortion, masturbation, Insemination, sterilization, sodomy, and sexual relations. Celibacy does not embarrass the prelates of the church in giving their advice, for they are convinced that virginity is the best preparation for sexual wisdom.

The priests of the church impose upon all Roman Catholics a ritual for the dying and a code of medical etiquette which makes the scene of death in both Catholic and non-Catholic hospitals an effective opportunity for proselytizing. They continue to exercise control over physical details after death by making cremation a mortal sin and by excluding the unbaptized from consecrated ground.

Only one phase of this story of Roman Catholic medical policy is important. There are 692 Catholic general hospitals in the United States in which nurses and doctors are subject to the church's medical code. About 3,300,000 patients a year are treated in these hospitals, most of them non-Catholics. In many non-Catholic hospitals there are Catholics among the directors who exercise some veto power over medical policies, and Catholic doctors and nurses who obey the injunctions of their priests. The general public is frequently called on by bishops and other members of the hierarchy to support the church's hospitals as broad-gauge humanitarian institutions. The non-Catholic, therefore, is justified in asking certain questions about Catholic medical policy. The questions do not concern the devotion of the Catholic nursing sisters, or the ethical standards of Catholic physicians, or the principles of Catholic worship. They concern the medical dogmas which priests seek to impose upon
American Catholics. I shall touch here upon four of these dogmas.

1. Equality of mother and fetus. When an American woman approaches the ordeal of childbirth, she takes it for granted that her physician will do everything humanly possible to save her life. I am sure that 99 per cent of American husbands would consider themselves murderers if, confronted with the choice between the life of a wife and the life of her unborn child, they chose the life of the child.

The Catholic hierarchy does not indorse this choice, nor can a good Catholic physician leave such a choice to the husband and father. "The life of each is equally sacred," says Pope Pius XI in his encyclical "Casti Conubii," "and no one has the power, not even the public authority, to destroy it."

Probably the best-known and most authoritative work on Catholic morals is the four-volume "Moral and Pastoral Theology" of the Jesuit priest Henry Davis, published by Sheed and Ward under the imprimatur of the Archbishop of Birmingham. Father Davis says (Vol. II, p. 138):

One of the most distressing problems which surgeons have to face is that of saving the lives of both mother and child in difficult cases of parturition. Each has a right to life and neither has a better right than the other. . . . Where induced abortion, abortus provocatus, is the procedure indicated, he [the Catholic doctor] will disregard his textbook and save the mother in some other way, and if there is no other way, he will abandon the case. In the last resort, where nothing whatever can be done to save the mother except abortion, he may not destroy a nascent life directly.

Father Patrick A. Finney in his "Moral Problems in Hospital Practice," reprinted by Herder in 1947 under the imprimatur of the Archbishop of St. Louis, is even more specific. He says (p. 60) in a series of questions and replies:

If it is morally certain that a pregnant mother and her unborn child will both die if the pregnancy is allowed to take its course, but at the same time the attending physician is morally certain that he can save the mother's life by removing the inviable fetus, is it lawful for him to do so?

Answer: No, it is not. Such a removal of the fetus would be direct abortion.

Dr. Austin O'Malley in his "The Ethics of Medical Homicide and Mutilation," published under the imprimatur of the late Cardinal Farley, stated the philosophy behind this principle:

The assertion that an undeveloped fetus in the womb is not as valuable as the mother of a family is beside the question, and in certain vital distinctions it is untrue. Any human life as such, whether in a fetus or an adult, is as valuable as another, inasmuch as no one but God has any authority to destroy it, except when it has lost its right to exist through culpable action. Secondly, the quality of motherhood is an accidental addition to a mother's life, not substantial as is the life itself. This quality of motherhood does not create any juridic imbalance of values which justifies the destruction of the rights inherent in the fetus. That the fetus may not be able to enjoy these rights if the mother dies is, again, an irrelevant consideration. . . . An innocent fetus an hour old may not be directly killed to save the lives of all the mothers in the world.

Is it surprising that younger American Catholic women are reacting against this doctrine with considerable horror? Recently when a young priest in a Massachusetts city ventured to expound the dogma of the equality of mother and fetus to an audience of young Catholic matrons he was so heckled by his infuriated listeners that the meeting was almost broken up.

As for Catholic physicians, they must pay lip service to the doctrine because it comes directly from the Pope, but in practice they use a loophole in the law which has been developed by the Jesuit casuists who control every full-term Catholic medical college in the United States. This loophole permits an indirect killing of a fetus in the process of saving the mother if an operation is necessary to remedy "an acute diseased condition." Not many Catholic physicians are so stupid that they cannot discover "an acute diseased condition." But officially they are still bound by the rigid dictum of the Holy See that therapeutic abortion is always a crime, although the courts of every state in the union recognize its legality when the life of the mother is at stake, and although the vast majority of American doctors consider therapeutic abortion under such circumstances to be a moral obligation.

The hierarchy goes so far as to direct Catholic legislators publicly that they "may not approve" of any measures designed to legalize therapeutic abortion. The words are those of Father Francis J. Connell, associate professor of moral theology at the Catholic University of America, in his "Morals in Politics and Professions," published under the imprimatur of the Archbishop of Baltimore-Washington.

2. The doctrine of the sacred head. Since the primary concern of the church at childbirth is the salvation of the soul, and since the soul of the fetus is equal to the soul of the mother, the head of the fetus as the probable seat of the soul becomes the center of moral attention in the delivery-room. All Catholic nurses and doctors are bound by strict injunction to observe the sacredness of the head of the fetus.

The negative rule is that the head of the fetus must never be operated on directly even to save the life of the mother and even if the head is that of a monster. "If craniotomy is absolutely indicated," says Father Davis (Vol. II, p. 165), "a Catholic doctor must give up the case, but he is not thereby precluded from telling
those whom it may concern that other medical advice must be got, or rather may be got." Father Davis does not explain what a mother in childbirth should do when she is abandoned by a Catholic physician and no other physician is available.

The affirmative rules concerning the sacredness of the fetal head are chiefly concerned with baptism. Sister Mary Berence Beck in her "The Nurse: Handmaid of the Divine Physician" (Lippincott, imprimer of the Archbishop of St. Louis), directs Catholic nurses to reach the head of the fetus with the sacred water of baptism at the first possible instant in order to make sure that the soul is saved before death comes. In cases of difficult delivery the nurse is urged not to wait for actual birth. "If the head protrudes," says Sister Beck (p. 48), "it may be baptized absolutely." If the head does not protrude, the nurse may baptize what she sees, and later baptize the head conditionally to cover the contingency that she might not have reached the head the first time.

Every Catholic nurse "has a serious obligation, obliging her under pain of sin, to baptize an infant in danger of death, whether of Catholic or non-Catholic parents." This is because the fetus is not innocent but is tainted with original sin.

The water must be applied to the head [says Sister Beck]. If water is not available, baptism cannot be administered. Not much water is needed, but there must be enough so that it can be said to flow. ... Milk, juice of fruits, oil, excretions from the body as tears, saliva, perspiration, etc., are not considered water. ... Unbaptized infants who die are deprived forever of the sight of God (that is, are barred from heaven); hence it is important that every effort be made to baptize infants in danger of death.

The deep concern of the church for the transmission of divine grace via the head of the fetus extends even to monstrosities, Sister Beck says:

If there are two or more heads and one body, baptize one head absolutely, the others conditionally. If there are two chests but only one head, baptize the head absolutely and each of the chests conditionally.

3. The doctrine of protection against heresy. Included in the Catholic code for nurses are provisions for protecting patients against heresy. Catholic nurses are instructed not to accord Protestant or Jewish clergymen equal treatment with Catholic priests even when the hospital is a non-Catholic institution and the patient is a Protestant or Jew. One of the official purveyors of this doctrine is the leading Catholic proselytist in America, Monsignor Fulton J. Sheen. Charles McFadden's "Medical Ethics for Nurses" (Davis, imprimatur of Cardinal Dougherty), for which Monsignor Sheen wrote a foreword, says (p. 333):

The request of a non-Catholic patient for a minister of his own religion presents some minor difficulties. The Catholic nurse realizes that there is only one true church of Christ, and she firmly believes that the Roman Catholic church is that church. She cannot therefore regard any other church either as the church of Christ or as the true religion in its entirety. For these reasons she may neither encourage nor assist any person in the practice of what she is convinced is a false religion.

The Catholic nurse, therefore, may not summon the official of any other religion for the express purpose of having him minister to members of his church. To do so would be a direct encouragement and aid to another in the practice of a religion which she believes to be false.

The Sheen-McFadden gospel is not one of reciprocity. Catholic nurses are instructed (p. 203) to baptize dying non-Catholic infants stealthily if it cannot be done openly, thus bringing them within the blessed fold of the church:

If a certain medicine were absolutely needed to save the physical life of a child, a doctor or nurse would give it, even though the parents were unwilling. The attitude of such parents would be unreasonable. ... When the unreasonable attitude of the parents is evident, the nurse should quietly baptize the dying child without knowledge of the parents.

4. The doctrine of ectopic pregnancy. The knottiest obstetrical problem worrying American priests in recent years is that of ectopic pregnancy, and in the ecclesiastical journals they discuss it with solemn ferocity. One of the main reasons for the anxiety is a sweeping decision by the Holy See in 1902.

An ectopic fetus—that is, one conceived outside the womb, in the fallopian tubes—if allowed to continue its natural growth, is likely to kill both the mother and itself. Even if it is removed by an operation in the later stages, the mother's life is always endangered and the child is frequently deformed. Usually the fetus dies before or shortly after "birth." The one way to guarantee the survival of the mother is the surgical removal of the fetus as soon as the abnormal condition is discovered.

In view of the papal ban on all therapeutic abortion American priests have asked: Should the life of the mother be sacrificed in such cases to permit a problematical survival of an abnormal fetus for a few hours? Until last year the weight of Catholic authority favored sacrificing the mother. Father Finney in his "Moral Problems in Hospital Practice" (p. 135) says:

Question 33: In a case of ectopic pregnancy which has been diagnosed as a case of unruptured tubal pregnancy is it lawful, before the term of viability, to remove the unruptured tube with the living fetus as a means of forestalling the danger to the mother's life upon the rupture of the tube?

Answer. No, it is not lawful. Such a removal is a direct killing of the fetus and is therefore forbidden.

The Congregation of the Holy Office gave essentially the same answer on March 5, 1902. But, for once,
American and British Catholics have rebelled. Perhaps some of them dared to ask themselves what an American jury might think about the problem. When the life of a Catholic mother is sacrificed for the life of a normal fetus, a jury might accept the priestly mathematics involved as religion, but it might use an uglier word if the life of the mother was sacrificed in a case of ectopic pregnancy for a hypothetical one-one-hundredth of a normal life-prospect. No clear-cut case of such a death has ever come before an American jury, and it never will now, for the Jesuits have begun a strategic retreat from an untenable moral position. They are "reinterpreting" the papal doctrine to fit the American conscience.

Father Davis, in his above-mentioned book, did not venture to defy the Holy See openly on this policy, but he published the written opinions of scores of Catholic physicians to the effect that "tubal pregnancy is not only a pathological condition but is far more dangerous than cancer of the uterus." American priests began to quote this opinion cautiously, and finally the Homiletic and Pastoral Review of October, 1945, in answer to a question about ectopic pregnancy made the flat admission:

Medical men today are quite commonly agreed that tubal pregnancy constitutes a pathological condition and is as much a threat to the mother's health as a cancerous uterus. The theologians of the past century who held that it was gravely sinful to remove an unruptured tube containing a living fetus, because such a procedure is direct killing, were right in their principle but wrong in their facts... It is not direct but indirect killing.

Even the Sheen-McFadden book gave its blessing to this "interpretation," and thus far no excommunications have taken place. Some ecclesiastical scholars will undoubtedly discover by special research in the near future that the edict of 1902 was never intended to prevent the surgical removal of an ectopic fetus. Meanwhile, the admiration of the observer for the hierarchy's skill in adjusting itself to a changing world is modified by one disturbing question: How many Catholic women died between 1902 and 1945 while their priests were "right in their principle but wrong in their facts"?

This whole story of ectopic clericalism illustrates the hierarchy's technique of management. When an American Catholic wants to know what is morally permissible in the field of medicine he gets his bishop to forward a question to Rome to the Congregation of the Holy Office, a committee of cardinals and their celibate associates, headed by the Pope. The Catholic people of the United States have nothing to say about the membership of this committee or its policies. It is chosen and guided entirely from above, and of course it never includes a woman or an American doctor. Yet its decisions are binding on pain of excommunication on every Catholic and nurse in the United States.

[The second article of this series, to appear next week, will discuss the position of the Roman Catholic church on birth control, marriage, and divorce.]

Korean Diary

BY HUGH DEANE

Seoul, Korea, September 25

On July 19 Lung Woon-hyung, the most respected liberal leader of South Korea, was shot down on the streets of Seoul. Writing of his murder—and his long struggle for Korean independence—in The Nation of September 6, I said that perhaps like Sun Yat-sen he had died at the right time: he was "temperamentally a moderate, and it was hard for him to see his friends going to the right or the left." Since his death the division within the people has sharpened, and the repression of the left has become even more severe. The terrorism practiced by the rightist police, with the support of the American occupation, is clearly revealed by a chronological summary of the events of the last two months.

July 24: Cho Pyung-Ok, head of the South Korean police and member of the Hankook Democratic Party,-controlled by the notorious Syngman Rhee, told a group of visiting American editors, "It is a bitter fact that a group of political and social organizations in South Korea, inspired by the north... are executing a plot to destroy what the South Korean Interim Government is trying to build up... It would be contrary to common sense to treat them on an equal basis with the other group, which is patriotic and pro-American."

July 25: Terrorists attacked a meeting of 1,200 Seoul Electric Company workers as it was dispersing and seriously wounded three. Police arrived and carried off seven truckloads of the workers. They had voted to attend the People's Front rally and had demanded reinstatement of 375 workers fired after the March general strike.

The New York Times reported, "The North Korea radio has been demanding 'physical attacks' upon Kim Koo and Dr. Syngman Rhee, rightist leaders, in retali-
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