

Commentary on

REPLY OF THE SACRED
CONGREGATION FOR
THE DOCTRINE OF THE
FAITH ON STERILIZATION
IN CATHOLIC HOSPITALS

NATIONAL CONFERENCE
OF
CATHOLIC BISHOPS

September 15, 1977



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INTRODUCTORY NOTE

The present text is simply a commentary on the reply of the Sacred Congregation for the Doctrine of the Faith dated March 13, 1975 to the National Conference of Catholic Bishops on the question of sterilization in Catholic hospitals. This text was originally prepared by a subcommittee of the USCC Committee on Health Affairs in cooperation with the Doctrine Committee of the NCCB and subsequently revised at the request of the Administrative Board. It was approved by the Administrative Board at its meeting of September 15, 1977.

This commentary on the Roman document deals only with the notion of material cooperation.

In ethics, cooperation refers to the assistance in the performance of an evil act by another person or persons. Cooperation is called "formal" when it involves engaging in, or consenting to the evil act, and "material" when it does not involve either of these. Catholic moralists have traditionally held that "material cooperation" can be justified only in individual cases for a sufficient reason. Deciding when there is a "sufficient reason" raises many difficult questions. Material cooperation, therefore, calls for a prudential judgment in each individual case.

Both the Roman document and the U.S. commentary stress that they are not laying down a policy for sterilization in Catholic hospitals but giving principles for handling exceptional cases since moralists resort to the concept of material cooperation only in dealing with individual cases.

Both documents make it clear that they are discussing material cooperation only in relation to sterilization.

**COMMENTARY ON
REPLY OF THE SACRED CONGREGATION
FOR THE DOCTRINE OF THE FAITH TO
NATIONAL CONFERENCE OF CATHOLIC BISHOPS ON
STERILIZATION IN CATHOLIC HOSPITALS**

September 15, 1977

In response to many requests for clarification, it is our intention here to summarize key elements of the Roman document issued by the Sacred Congregation for the Doctrine of the Faith, March 13, 1975, as well as to make several comments on the interpretation and application of the document in the American context. The purpose of these remarks is to assist the local Ordinaries and Catholic health care personnel in the formulation of a corporate position regarding the performance of sterilization procedures.

The Congregation's Response

The Congregation affirmed the teaching of the magisterium that "any sterilization which of itself, that is, of its own nature and condition, has the sole immediate effect of rendering the generative faculty incapable of procreation," is completely forbidden. Thus, sterilization may not be used as a means of contraception nor may it be used as a means for the care or prevention of a physical or mental illness which is foreseen or feared as a result of pregnancy. The Congregation also affirmed that no mandate of public authority can justify direct sterilization nor can the principle of totality be invoked.

On the other hand, procedures that induce sterility are not always forbidden. The Congregation affirmed that Article 20 of the hospital medical-ethical code faithfully reflects the teaching which should be held and observed. As this article states, procedures that induce sterility are permitted when they "(a) are immediately directed to the cure, diminution, or prevention of a serious pathological condition and are not directly contraceptive (that is contraception is not the purpose); and (b) a simpler treatment is not reasonably available" (Article 20, *Ethical and Religious Directives for Catholic Health Facilities*).

The document from the Sacred Congregation formulated three principles that pertain to the management of Catholic hospitals and sterilization procedures. For purposes of information and clarity, we here reproduce these three principles as stated in the original document:

- a) Any cooperation institutionally approved or tolerated in actions which are in themselves, that is, by their nature and condition, directed to a contraceptive end, namely, that the natural effects of sexual actions deliberately performed by the sterilized subject be impeded, is absolutely forbidden. The official approbation of direct sterilization and, *a fortiori*, its management and execution in accord with hospital regulations, is a matter which, in the objective order, is by its very nature (or intrinsically) evil. The Catholic hospital therefore cannot cooperate with this for any reason. Any cooperation so supplied is totally unbecoming the mission entrusted to this type of institution and would be contrary to the necessary proclamation and defense of the moral order.
- b) The traditional doctrine regarding material cooperation, with the proper distinction between necessary and free, proximate and remote, remains valid, to be applied with the utmost prudence, if the case warrants.
- c) In the application of the principle of material cooperation, if the case warrants, great care must be taken against scandal and the danger of any misunderstanding by an appropriate explanation of what is really being done.

Guidelines for Hospital Policy

Without repeating all the elements expressed in the Congregation's statement, we present the following guidelines for Catholic health facilities:

1. As it was stated in the Roman document, the Catholic hospital can in no way approve the performance of any sterilization procedure that is directly contraceptive. Such contraceptive procedures include sterilizations performed as a means of preventing future pregnancy that one fears might aggravate a serious cardiac, renal, circulatory or other disorder. Freely approving direct sterilization constitutes formal cooperation in evil and would be "totally un-

becoming the mission” of the hospital as well as “contrary to the necessary proclamation and defense of the moral order.”

2. The Catholic health facility has the moral responsibility (and this is legally recognized) to decide what medical procedures it will provide services for. Ordinarily, then, there will be no need or reason to provide services for objectively immoral procedures. Material cooperation will be justified only in situations where the hospital because of some kind of duress or pressure cannot reasonably exercise the autonomy it has (i.e., when it will do more harm than good).
3. Because of the extraordinary nature of the decision concerning material cooperation, i.e., the exception to the ethical religious directives and the potential scandal, the bishop of the diocese or his representative must be involved in the decision.
4. In judging the morality of cooperation a clear distinction should be made between the reason for the sterilization and the reason for the cooperation. If the hospital cooperates because of the reason for the sterilization, e.g., because it is done for medical reasons, the cooperation can hardly be considered material. In other words the hospital can hardly maintain under these circumstances that it does not approve sterilizations done for medical reasons, and this would make cooperation formal. If the cooperation is to remain material, the reason for the cooperation must be something over and above the reason for the sterilization itself. Since, as mentioned above (n.2), the hospital has authority over its own decisions, this should not happen with any frequency.
5. In making judgments about the morality of cooperation each case must be decided on its own merits. Since hospital situations, and even individual cases, differ so much, it would not be prudent to apply automatically a decision made in one hospital, or even in one case, to another.
6. As was stated in the Roman document, the Catholic health facility must take every precaution to avoid creating misunderstanding or causing scandal to its staff, patients, or general public by offering a proper explanation when necessary. It should be made clear that the hospital disap-

proves of direct sterilization and that material cooperation in no way implies approval.

Direct sterilization is a grave evil. The allowance of material cooperation in extraordinary cases is based on the danger of an even more serious evil, e.g., the closing of the hospital could be under certain circumstances a more serious evil.

This is a commentary on the response of the Sacred Congregation for the Doctrine of the Faith regarding the use of material cooperation on the part of Catholic health-care facilities in cases of sterilization. It is not meant to be a general discussion of the application of material cooperation as such, and, therefore, should not be extended to other areas.

REPLY OF THE SACRED CONGREGATION FOR THE DOCTRINE OF THE FAITH ON STERILIZATION IN CATHOLIC HOSPITALS

March 13, 1975

This sacred Congregation has diligently considered not only the problem of contraceptive sterilization for therapeutic purposes but also the opinions indicated by different people toward a solution, and the conflicts relative to requests for cooperation in such sterilizations in Catholic hospitals. The Congregation has resolved to respond to these questions in this way:

1. Any sterilization which of itself, that is, of its own nature and condition, has the sole immediate effect of rendering the generative faculty incapable of procreation, is to be considered direct sterilization, as the term is understood in the declarations of the pontifical magisterium, especially of Pius XII.¹ Therefore, notwithstanding any subjectively right intention of those whose actions are prompted by the care or prevention of physical or mental illness which is foreseen or feared as a result of pregnancy, such sterilization remains absolutely forbidden according to the doctrine of the Church. And indeed the sterilization of the faculty itself is forbidden for an even graver reason than the sterilization of individual acts, since it induces a state of sterility in the person which is almost always irreversible.

Neither can any mandate of public authority, which would seek to impose direct sterilization as necessary for the common good, be invoked, for such sterilization damages the dignity and inviolability of the human person.² Likewise, neither can one invoke the principle of totality in this case, in virtue of which principal interference with organs is justified for the greater good of the person; sterility intended in itself is not oriented to the integral good of the person as rightly pursued, "the proper order of goods being preserved,"³ inasmuch as it damages the ethical good of the person, which is the highest good, since it deliberately de-

¹ Cf. especially the two allocutions to the Catholic Union of Obstetricians and to the International Society of Hematology; in AAS 43, 1951, 843-844; 50, 1958, 734-737 and in the encyclical of Paul VI *Humanae Vitae* n. 14 cf. AAS 60, 1968, 490-491.

² Cf. Pius XI, the encyclical *Casti Connubii*, in AAS 22, 1930, 565.

³ Paul VI, the encyclical *Humanae Vitae*, in AAS 60, 1968, 487.

prives foreseen and freely chosen sexual activity of an essential element. Thus article 20 of the medical-ethics code promulgated by the Conference in 1971 faithfully reflects the doctrine which is to be held, and its observance should be urged.

2. The Congregation, while it confirms this traditional doctrine of the Church, is not unaware of the dissent against this teaching from many theologians. The Congregation, however, denies that doctrinal significance can be attributed to this fact as such, so as to constitute a "theological source" which the faithful might invoke and thereby abandon the authentic magisterium, and follow the opinions of private theologians which dissent from it.⁴

3. Insofar as the management of Catholic hospitals is concerned:

a) Any cooperation institutionally approved or tolerated in actions which are in themselves, that is, by their nature and condition, directed to a contraceptive end, namely, that the natural effects of sexual actions deliberately performed by the sterilized subject be impeded, is absolutely forbidden. For the official approbation of direct sterilization and, *a fortiori*, its management and execution in accord with hospital regulations, is a matter which, in the objective order, is by its very nature (or intrinsically) evil. The Catholic hospital cannot cooperate with this for any reason. Any cooperation so supplied is totally unbecoming the mission entrusted to this type of institution and would be contrary to the necessary proclamation and defense of the moral order.

b) The traditional doctrine regarding material cooperation, with the proper distinctions between necessary and free, proximate and remote, remains valid, to be applied with the utmost prudence, if the case warrants.

c) In the application of the principle of material cooperation, if the case warrants, great care must be taken against scandal and the danger of any misunderstanding by an appropriate explanation of what is really being done.

⁴ Cf. Vatican Council II, constitution *Lumen Gentium*, n. 25, 1 (in AAS, 57, 1965, 29-30); Pius XII, Allocution to the Most Reverend Cardinals, *ibid.*, 46, 1954, 672; the encyclical *Humani Generis*, *ibid.*, 42, 1950, 568; Paul VI, Allocution to the meeting regarding the theology of Vatican Council II, *ibid.*, 58, 1966, 889-896 (especially 890-894); the Allocution to the Members of the Congregation of the Most Holy Redeemer, *ibid.*, 59, 1967, 960-963 (especially 962).

This sacred Congregation hopes that the criteria recalled in this letter will satisfy the expectations of that episcopate, in order that, with the uncertainties of the faithful cleared up, the bishops might more easily respond to their pastoral duty.

1978

Publications Office

UNITED STATES CATHOLIC CONFERENCE

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