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Gerald W. Healy, S.J.

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Anovulant Pills

GERALD W. HEALY, S.J.

AFTER much experimentation and no little publicity, scientists now claim that they have produced a simple "one-hundred-percent effective" means of controlling fertility: a pill that works the same way nature does in preventing ovulation. These anti-ovulation pills or an-ovulants are really synthetic hormone equivalents whose effects are similar to those hormone secretions produced by nature in the female which prevent ovulation and hence conception at certain times. Such pills are said to give complete "protection" in exactly the same way that nature protects a woman from conceiving while nursing or during pregnancy. Some of these pills are already being produced commercially: *Enovid* and *Norlutin*, for example. Both of these are progesterone-like compounds which produce effects similar to those of the natural hormone itself.

The appearance of these pills has raised a host of moral questions as to the liceity or illicity of their use. Some of these questions can be given clear and categorical answers by applying moral principles to the facts provided by the scientists. Others cannot be answered definitely at the present time owing to the lack of precise information.

The reason why the pills raise so many moral questions is the fact that they are really multi-purpose pills. They can be used to prevent fertility or to aid it, to cure various pathological conditions, to regularize the female cycle, etc. As the

purpose differs, the moral problem differs. One woman might take the pill for a good purpose and her action would be licit, while another woman taking the same type of pill might be acting immorally since her purpose is immoral, for instance, if her intent is to frustrate the marriage act.

CONTRACEPTIVE USE OF ANOVULANTS

Since anovulants will frequently be used as straight contraceptives, we may as well consider first the morality of such use. We should note in passing that we are not here concerned with new drugs taken orally which are foeticidal or abortifacient, that is to say, which attack the embryo after fertilization has taken place. Such drugs are not really contraceptive and their use must be judged in accordance with the moral principles governing any medical action which involves direct attack on the embryo or fetus.

When anovulants are used to prevent conception and this is the direct purpose of the user, there is no doubt whatever that the action is illicit because the purpose is immoral, namely, to deprive the marriage act of its natural efficacy through the inhibition of ovulation. It is true that the ultimate purpose, the avoidance of conception, cannot be illicit in itself since under certain circumstances it can be the licit intention of those practising rhythm. But the proximate purpose and the means used to avoid conception must be carefully examined before we can judge the morality of the act.

Since these new drugs produce effects similar to those produced by nature itself, it is perfectly understandable that some Catholics might be mistaken as to the morality of their use. In April 1960 the National Catholic Welfare Conference (Washington, D.C.) felt obliged to issue a news release to clarify the position of the Catholic Church on the matter.¹ The occasion for the statement was that Dr. John Rock, a scientist of national and even international stature in his

¹ John J. Lynch, S.J., "N.C.W.C. News Release: Birth Control Pill," *Linacre Quarterly* 27 (May 1960), 49-50.

chosen field of medical practice, had suggested that the anovulants might be acceptable to the Catholic Church as a solution to the critical problem of overpopulation. The NCWC reaffirmed the Catholic position on these oral contraceptives as clearly stated by Pius XII in 1958:²

A direct and hence unlawful sterilization is induced when ovulation is inhibited to save the uterus or the organism from the consequences of a pregnancy which they cannot support. Some moralists claim that it is permissible to take medicaments for this purpose, but they are wrong. One must equally reject the opinion of a number of doctors and moralists who would allow the use of these medicaments when a medical indication renders too early a conception undesirable, or in other similar cases which it is not possible to mention here. In these cases the use of the medicaments has for its purpose the prevention of conception by the prevention of ovulation. It is a question therefore of direct sterilization.

Anovulant pills differ from older means of controlling fertility in that their essential feature is to modify internally the chemical and physiological conditions of the body. They secure their effect by the elimination or modification of physiological processes essential to reproduction. The antifertility effects follow upon physiological conditioning achieved, generally speaking, well in advance of, or at least apart from, coitus. Hence, after the administration of such drugs or serums, no further interference with coitus is required, either before, during, or immediately after its performance. It is this remoteness from or apparent independence of the marriage act that can become a source of confusion when it comes to judging the morality of these new procedures.

In contraception as ordinarily understood there are usually no true modifications in the person's physical being (organs, secretions, fluids) or in the normal processes of the body. The contraceptive agents hitherto in common use remained foreign to the body, in the sense that they were not incorpo-

² *Acta Apostolicae Sedis* (1958), p. 735. Translation by Nicholas Crotty, C.P., in his article "The Moral Issues in Hormonal Control of Fertility", *Australasian Catholic Record* 38 (April 1961), 108. The present writer draws much from this article by Father Crotty.

rated into it in any fundamental way. The new physiologic processes, on the other hand, bear a closer relation to sterilization or abortion or feticide than to contraception; to abortion or feticide if they interrupt the generative process after fertilization, to sterilization if they modify the physiological processes in such a way that conception cannot take place at least temporarily. In the latter case the antifertility effect is "built in", as it were, becoming part of the person's physical constitution.³

That the effect of the anovulants is sterilization is clear. By means of these drugs the woman is physiologically prevented from ovulating and thus rendered sterile at a time when she would naturally be fertile. It is sterilization which is temporary, not permanent; physiological, not surgical; functional, not organic. But it is sterilization nonetheless, and the Church teaches that the direct procuring of sterilization is immoral. This was reaffirmed by the Holy Office in 1940 when it decreed that direct sterilization, whether perpetual or temporary, whether in man or woman, was unlawful. The decree added that this was forbidden by the natural law itself, and hence not a prohibition which bound Catholics only.

Why is direct sterilization morally evil? Why is it wrong to place an action which aims at rendering procreation impossible, either as a means to an end or an end in itself? If we examine the numerous statements of Pius XII on this subject⁴ we shall find that the ultimate basis of his teaching is the fact that the reproductive function has a finality of its own: it is not subordinated to the individual but is directed to the good of the species. The individual has the right of use or non-use with regard to this faculty, but his right goes no further. He has no right to suppress it, and any action which would result in the suppression of this faculty, that is

³ William J. Gibbons, S.J., and Thomas K. Burch, "Physiologic Control of Fertility: Process and Morality", *American Ecclesiastical Review* 138 (April 1958), 259-263.

⁴ *Acta Apostolicae Sedis* (1951), pp. 843-844; (1953), p. 606; (1958), p. 734.

to say in sterility, can only be justified by the principle of the twofold effect whereby sterilization as an indirect consequence is merely permitted, not intended.

Since sterilization is also a form of mutilation, involving as it does the suppression or removal of an organ or its function, it must be justified also by the principle of totality which permits such mutilations only for the good of the whole body. In other words the organ or its function must constitute a danger to the whole person before its removal or suppression can be justified. If the organ is healthy and independently of pregnancy constitutes no danger to the individual, interference with it cannot be justified on the principle of totality.

To go back to the principle of the twofold effect. Sterilization can be justified only if it is merely permitted and not directly intended. Moreover, the good effect sought must be at least as immediate as the evil effect—in this case sterilization. If the agent intends sterilization as a means to an end or an end in itself, the principle of the twofold effect is not fulfilled and we have unlawful direct sterilization. Obviously, too, sterilization would be equivalently direct if there were no other result of the action except sterilization. Thus sterilization can be direct either because of the intention of the one procuring it or by the very nature of the action which leads to it and nothing else. Briefly: sterilization, to be licit, must be therapeutically necessary (to satisfy the principle of totality), and it must be the unintended by-product of the action taken (to satisfy the principle of the twofold effect).

Thus, when anovulants are taken to effect sterilization even for a short period of time, the action is illicit. It is gravely illicit since it interferes with the always serious matter of conception and frustrates the primary natural effect of conjugal relations. In other words, it is contraception by temporary sterilization. The evil of contraception has been well expressed by John L. Thomas, S.J., who describes it as the contradiction to nature in willing an act whose primary natural purpose is the procreation of children and at the same

time willing another act to prevent this purpose from being fulfilled.⁵

ANOVLANTS AND REGULARIZING THE FEMALE CYCLE

One of the most important factors in the practice of rhythm or periodic continence is the regularity of the monthly female cycle. Therefore a licit means to regularize the cycle would be a blessing for those who are justified in the use of rhythm. It would be in accordance with the hope expressed by Pius XII that science would succeed in providing this licit method (rhythm) with a sufficiently secure basis. When there is a definitely pathological irregularity the moralists are agreed that the use of anovulants could be justified. The temporary sterility resulting from the suppression of abnormally irregular ovulation would be indirect and therapeutic.

But the problem is to determine when irregularity of cycle is pathological. Could even a slight irregularity be corrected licitly by the use of anovulants? It is allowed to correct defects of nature, but the means used must be examined in themselves to see that they do not violate other principles of morality. Part of the difficulty for one who would judge the morality of this use of anovulants is the need of more scientific data to establish what in fact is a normal cycle, when irregularity can be regarded as abnormal, and the precise way that hormonal medication can be made effective in treating irregularities.⁶ If such therapy is to be justified it must be merely regulatory and not a suspension of ovulation beyond normal limits. Until the necessary medical data is available a moral judgment in this matter is not easy. John R. Connery, S.J. would allow the use of these drugs to regularize the cycle even when the irregularity falls within the normal range but is such as to render the use of rhythm difficult.⁷ He argues that perfect regularity is as legitimate a

⁵ Cf. Joseph J. Farraher, S.J., "Notes on Moral Theology", *Theological Studies* 21 (December 1960), p. 601.

⁶ Crotty, *op. cit.*, p. 110.

⁷ "Notes on Moral Theology", *Theological Studies* 19 (December 1958), 550.

goal as perfect health or perfect vision. As long as ovulation is not suppressed in any particular cycle it should not be called sterilization. "Sterilization does not consist in determining ovulation; it consists in suppressing it."

A recent article in *Nouvelle Revue Théologique* denied the liceity of such regulation of the cycle when the sole purpose is to render possible or more secure the use of rhythm.⁸ The article denies that there is question of a therapeutical indication and consequently the principle of totality cannot be invoked to justify the resulting temporary sterility. We are clearly in the realm of controversy and the last word has not been said. At present the majority of the moralists who have written on the question would seem to allow such treatment, provided that the normal limits of the cycle are observed.⁹

ANOVULANTS AS AN AID TO FERTILITY

One of the striking by-products of the use of anovulants has been the ease with which conception occurred when the women ceased taking the drugs. The explanation seems to be that over the period of sterility caused by using the drug there is a concentration of hormonal resources, so that when the treatment is terminated biological conditions result which are much more favorable to conception and gestation. We then have the moral problem of the liceity of using such hormonal treatment for sterile or sub-fertile women to bring about this "rebound" effect. For those women who are already sterile there is no problem since there can be no moral question of justifying temporary sterility in one who is already sterile. For those who are sub-fertile the purpose of the treatment would not be to induce sterility but to bring about the concomitant build-up of endocrine resources which might prove favorable to conception. The resultant temporary sterility would be indirect and therapeutic as a correction of

⁸ M. Thiéffry, S.J., "Sterilisation hormonale et morale chrétienne", *Nouvelle revue théologique* 83 (1961), 145-150.

⁹ Crotty, *op. cit.*

nature and therefore morally permissible.¹⁰ The married woman who is sterile or sub-fertile may use the anovulants to bring about this condition which is so favorable to conception.

FERTILITY CONTROL DURING LACTATION

One of the much-disputed points remaining concerns the use of anovulants during the period of lactation. Normally conception is impossible during this period since ovulation is suspended by nature's hormonal processes. Nature seems to be thus lightening the burden of the mother, helping her to recover from the previous birth and spacing children more widely. But this does not always work out; sometimes there is a failure of the natural endocrine activity resulting in a pregnancy even during the time of lactation. Could anovulants be used to insure the normal and proper functioning of nature during this time of lactation? Of course the question as put presupposes that nature has failed in permitting this pregnancy. If it could be proven that this condition is pathological the drugs could be employed to remedy this defect in nature. In 1958, Father Connery, S.J., considered the opinion favoring the liceity of the use of anovulants to remedy this situation and expressed some reservations but did not condemn it. Denis O'Callaghan writing in 1960 approved the doctrine as long as the mother was actually breast-feeding her child. However, in 1960 Joseph J. Farraher, S.J., took issue with the doctrine of Father O'Callaghan, arguing that the intention of the agent in using the drugs would be direct sterilization during the time of pregnancy.¹¹ He would admit the liceity of the action if it were to insure a proper supply of milk for the baby with no intention of preventing another pregnancy. Commenting on this position, Nicholas Crotty, C.P., pushes the question back to the very nature of contraception. Granting that it is contraceptive to deprive the marriage act of its power when nature intends it should be present, he asks if it is contraceptive to do so when nature intends it should be absent.¹²

¹⁰ *Ibid.*, p. 111.

¹¹ Farraher, *op. cit.*, p. 601.

¹² Crotty, *op. cit.*, p. 112.

The main source of the difficulty seems to be the lack of precise scientific data for the moralists to work on. In this case further study is needed to determine whether or not ovulation during lactation is abnormal or not. Until the natural character of absence of ovulation is established and the normal duration of such inhibition is determined the dispute will continue. If such ovulation during pregnancy were clearly established as a pathological condition or a quite abnormal situation the hormonal sterilization resulting from the use of anovulants could be classified as therapeutic and indirect, the remedy of a natural mechanism which is at fault.

DELAYING OF MENSURATION

One last use of anovulants that might be worth mentioning is that related to retarding menstruation. The mere delaying of menstruation presents no moral problem but a resulting inhibition of ovulation would raise a moral issue. If the purpose were merely some convenience in delaying menstruation, for example, because of travel or the desire to engage in athletic activities, the resulting sterility would be willed only indirectly but there would not be a reason proportionate to the seriousness of such a suppression of function. Also the principle of totality would not be observed since the good of the whole organism does not demand such a serious suppression of function; the reason of convenience is something altogether extrinsic to the good of the whole body.¹³ Thus delaying menstruation by means of inhibiting ovulation probably could not be justified for these or similar reasons.

CONCLUSION

The moralists are unanimously agreed, and it is merely an application of traditional Catholic doctrine, that any use of anovulants that is aimed directly at preventing conception by depriving the marriage act of its natural result is forbidden. The physiologic method is new but the action is aimed at direct sterilization or even abortion which is always illicit.

¹³ *Ibid.*, p. 113.

As a means of regularizing the female cycle the anovulants are not approved by all moralists but the majority of those who have written on the subject seem to allow it as long as one seeks a regularity that is within the normal limits of the cycle. As an aid to fertility for the sterile or sub-fertile the anovulants with their temporary indirect sterilization can be justified and are approved by the moralists. To prevent ovulation during lactation the use of anovulants is much disputed among the moralists who have treated the matter; some see it as direct sterilization, an evil means to a good end, while others see it as a licit means of doing what nature itself desires and normally effects. Inhibiting ovulation for less serious reasons such as mere convenience to avoid menstruation while travelling, or to permit participation in athletic contests and similar reasons, usually cannot be justified since it is not demanded by the physical good of the whole organism.

It is for the scientists to be frank in assessing the side-effects consequent upon the use of a drug which interferes with such a delicate mechanism as the female organism. The priest giving pastoral advice must be on his guard against the possibility of abuse or seeking sterility directly. But the possibility of abuse does not alter the fundamental liceity of those uses which are approved.