

Contraceptive Sterilization and Professional Natural Family Planning Education

by

Thomas W. Hilgers, M.D.

Renee Mirkes, OSF, Ph.D.

Stephen F. Torracco, Ph.D.

Dr. Hilgers is Director, Pope Paul VI Institute for the Study of Human Reproduction, Omaha, NE. At that same institute, Dr. Mirkes is Director, Center for NaProEthics. Dr. Torracco is Director, Institute for the Study of the Magisterial Teachings of the Church, Assumption College, Worcester, MA.

The question has arisen over a number of years of educating Natural Family Planning Practitioners and Natural Family Planning Medical Consultants as to whether or not those who have chosen contraceptive sterilization as their means for the avoidance of pregnancy should teach natural family planning (NFP) to new couples or be involved in the formal education of new natural family planning teachers. Over the years, a few applications have been submitted from persons whose chosen method of avoiding pregnancy was contraceptive sterilization. In such cases, the Pope Paul VI Institute Natural Family Planning Education Program has rejected admission of these prospective students into these programs based principally on the norm that this would undermine the credibility of the natural family planning education and service programs and jeopardize the quality of the services provided.

By presenting the user and/or the teacher with an individual or individuals who, by nature of their personal contraceptive practice, hold

little credibility in the discussion of the behavioral dimensions associated with the use of natural family planning, an immediate conflict of interest is self-evident. In fact, in dealing with natural family planning users and teachers, there has been an ultimate need to be completely supportive of couples who may experience difficulties during the learning phase or during the use of the methodology. This support comes not only from putting out the effort to develop a reasonable care plan and case management plan but also in the provision of behavioral support for the individual couple or teacher and to support their use of periodic abstinence.

It is the intention of this paper to address this question in greater detail so that interested parties may become aware of the rationale behind this policy.

What is Contraceptive Sterilization?

Contraceptive sterilization could be defined as any means by which an individual or a couple chooses to render their fecundity sterile through a suppression of the procreative potential of the normal reproductive process by surgical or medical means. In the context of this discussion, the motive for this act is a contraceptive one. The most common forms of contraceptive sterilization are tubal ligation (female sterilization) or vasectomy (male sterilization). However, oral contraceptives, through their ability to inhibit ovulation, are also a type of temporary contraceptive sterilization. In addition, contraceptive methods such as barriers, spermicides, etc., may render a particular act of intercourse either permanently or temporarily sterile.

Activities that do not fall within the context of contraceptive sterilization are those which are done for a primary non-contraceptive reason but which may have secondary sterilizing implications. An example of this might be a woman who has a hysterectomy because of large fibroid tumors and very heavy menstrual periods. Such a hysterectomy is justified on the basis of her medical condition and is therapeutic, not contraceptive, in nature. An unfortunate side effect of this hysterectomy is that it does render the woman sterile. Because the sterility is indirectly intended, it would not be classified as contraceptive sterilization. It is generally not difficult to distinguish between a medically indicated hysterectomy and one that might be

performed specifically for contraceptive purposes.

The Teaching of the Catholic Church

The Catholic Church teaches that "...relying on these first principles of human and Christian doctrine concerning marriage, we must again insist that the direct interruption of the generative process already begun must be totally rejected as a legitimate means of regulating the number of children. Especially to be rejected is direct abortion - even if done for reasons of health...Furthermore, as the Magisterium of the Church has taught repeatedly, direct sterilization of the male or female, whether permanent or temporary, is equally to be condemned."¹

The Church also discusses morally permissible therapeutic means. "The Church, moreover, does allow the use of medical treatment necessary for curing disease of the body, although this treatment may thwart one's ability to procreate. Such treatment is permissible even if the reduction of fertility is foreseen, as long as the infertility is not directly intended for any reason whatsoever."²

The *Ethical and Religious Directives for Catholic Health Care Services* (hence ERD),³ released by the National Conference of Catholic Bishops in November, 1995, teaches that "Catholic health institutions may not promote or condone contraceptive practices, but should provide, for married couples and medical staff who counsel them, instruction both about the Church's teaching on responsible parenthood and in methods of natural family planning" (Paragraph 52). Moreover, "direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution when its sole immediate effect is to prevent conception. Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present pathology and a simpler treatment is not available" (Paragraph 53).

Application of Pertinent Catholic Moral Principles

In its teaching on sterilization, the Church makes the distinction between the moral acceptability of therapeutic procedures which may result in sterility and the moral unacceptability of sterilization for

contraceptive reasons based on two principles developed in the course of the Church's moral tradition: the principle of totality and the principle of double effect.

According to the principle of totality, the various organs of the human body are meant to exist and function for the good of the whole body, and are each subordinated to the food of the whole body. When some organ (e.g., the uterus) is malfunctioning and, therefore, detrimental to the good or health of the whole body, it is morally licit to remove such an organ or to suppress its function.

When the four criteria of the principle of double effect are applied to the case at hand, the way in which the Church arrives at the important moral distinction between therapeutic procedures which result in sterility and contraceptive sterilization becomes clear.

1. The action in question must be good in itself or at least morally indifferent.

An example of the former is that of a hysterectomy performed on a woman who has large fibroid tumors and experiences heavy bleeding during her menstrual periods. Because the hysterectomy ameliorates the symptoms of her malfunctioning uterus, it is morally justified despite the fact that it will leave the patient sterile. That is, because the sterility is indirectly intended (i.e., it is foreseen and accepted but not directly intended), the hysterectomy is therapeutic and non-contraceptive in nature. On the other hand, a hysterectomy performed for the primary reason of sterilization is morally unjustified because the evil effect of sterilization is directly intended.

2. The evil effect, though foreseen, must not be directly intended but only permitted.

The evil effect of being rendered sterile in the case of a medically indicated hysterectomy is foreseen and permitted but not a direct choice of the patient's or physician's will. The evil effect of a hysterectomy performed primarily for sterilization purposes is, on the other hand, directly intended by the patient and physician.

3. The evil effect must not be the means by which the good effect is secured.

In the medically indicated hysterectomy, the sterility is not the

means to the alleviation of the symptoms of the malfunctioning uterus; the removal of the uterus is. In the hysterectomy for sterilization purposes, there is no good effect in the sense that the hysterectomy is not performed for therapeutic reasons. There is only an evil effect and it is directly intended.

4. The good effect must be proportionate to the evil effect, i.e., the good effect is equal to or greater than the evil effect.

In the medically indicated hysterectomy there is a due proportion between the good effect - the overall health of the patient - and the evil effect - sterilization.

Applying the Principle of Material Cooperation

For an institution which upholds Catholic teaching in the areas of marriage and the family, quality control must necessarily include the maintenance of the proper moral quality of its services. To help an institution maintain that moral quality, the principle of material cooperation is properly invoked. In the question under discussion, the Pope Paul VI Institute would be the cooperator; the sterilized NFP provider would be the wrongdoer.

The appendix to the ERD states: "The principles governing cooperation differentiate the action of the wrongdoer from the action of the cooperator through two major distinctions. The first is between formal and material cooperation. If the cooperator intends the object of the wrongdoer's activity, then the cooperation is formal and, therefore, morally wrong. Since intention is not simply an explicit act of the will, formal cooperation can also be implicit. Implicit formal cooperation is attributed when, even though the cooperator denies intending the wrongdoer's object, no other explanation can distinguish the cooperator's object from the wrongdoer's object." Furthermore, the directives explain that: "Material cooperation is immediate when the object of the cooperator is the same as the object of the wrongdoer...immediate material cooperation - without duress - is equivalent to implicit formal cooperation and, therefore, is morally wrong. When the object of the cooperator's action remains distinguishable from that of the wrongdoer's, material cooperation is

mediate and can be morally licit."

A cooperator can be either an individual or a corporate person, e.g., an institution such as the Pope Paul VI Institute. If the Pope Paul VI Institute were to certify someone who was a provider of NFP services but who was also engaged in contraceptive or sterilized sexual intercourse, it would be a matter of immediate material cooperation which is the same thing as implicit formal cooperation and therefore morally illicit. In short, there is no way of distinguishing the object of the cooperator's action - in this case, certifying someone practicing contraception or permanent sterilization - from the object of the action of the wrongdoer, i.e., contraception or permanent sterilization.

The Code of Ethics of the AANFP

The American Academy of Natural Family Planning (AANFP) was developed for the purpose of acting as a peer review organization providing public statements pertaining to the competency of the professional services that the individual user or new teacher of natural family planning is to be exposed. The AANFP accomplishes this through a specific certification process which is available, by application, after an individual has completed an accredited education program. It accomplishes this through the accreditation process (also by application) of those education programs.

For both the certification and accreditation programs, the individual applying for certification or the program applying accreditation must agree to accept the Academy Code of Ethics. In this fashion, those who become certified by the Academy (Standard 1.0) and those who are accredited by the Academy (Standard 1.0) are recognized as making a public statement about who and what they stand for relative to the competency and values of their profession. This means that through an open process of peer review, the certified individual or the accredited program is deemed competent to exercise professional judgment with specific relationship to the provision of natural family planning services in all of its elements.

The education program of the Pope Paul VI Institute is accredited by the American Academy of Natural Family Planning. As a signator to that provision of the accreditation application (an accreditation requirement), it also agrees to abide by this Code of

Ethics.

The Code of Ethics of the American Academy of Natural Family Planning (which is approved by the Institute's Ethics Center) is then the professional Code of Ethics of the Pope Paul VI Institute education program. There are several principles in the Academy's Code of Ethics that are pertinent to this discussion either because they have implications relative to the public perception of the moral integrity of the Pope Paul VI Institute as a Catholic health care corporate person or for the professional judgment and moral integrity of the provider.

Principle number 1.0⁴: *"The Natural Family Planning Provider shall respect the dignity and welfare of each individual with whom he/she is associated in the practice of the profession."* Under the subtitle of *"Concern for the Dignity and Welfare of the Client,"* in Principle 1.1.5, the Code says: *"The Natural Family Planning Provider, to be in the best possible position to support couples in the use of natural family planning, shall be personally using natural family planning or, if unable to do so (e.g., celibate, menopausal), the provider shall be a philosophical acceptor of natural family planning"* (emphasis applied). This latter provision specifically deals with the question of whether or not an individual who is involved in the provision of natural family planning services should be a user of natural family planning. Traditionally, the concept of "philosophical acceptor" has been applied specifically to those individuals who are unable to use natural family planning because of some individual choice or natural situation which is not primarily contraceptive. The examples of a celibate (such as a priest or religious) or postmenopausal woman are given in the Code. Other situations might include that of a medically indicated hysterectomy.

[N.B. A similar criterion is invoked by the National Conference of Catholic Bishops in their National Standards for Natural Family Planning, published in 1990. Accordingly, the NCCB counsels that anyone employed by a diocesan NFP coordinator must accept "the principle of *Gaudium et Spes, Humanae Vitae, Familiaris Consortio, Donum Vitae*, and related Church teachings," and must be someone who "uses and/or philosophically accepts Natural Family Planning and does not use any form of contraception." (NCCB, 1990).⁵]

In Principle number 2.0: *"The Natural Family Planning Provider shall display respect for the value and dignity of human life from fertilization (conception) through natural death."* This principle would exclude individuals from taking a public role in natural family planning education if, for example, they were using oral contraceptives or intrauterine devices, Norplant, RU-486, etc., all of which carry with them at least the potential to be perinidational abortifacients.

Principle number 4.0⁴: *"The Natural Family Planning Provider shall accept responsibility for the exercise of professional judgment."* Professional judgment is determined by the profession in conjunction with its Code of Ethics. One could argue that those who rely on contraceptive sterilization as their own means of pregnancy avoidance would, in the exercise of their professional judgment, be inappropriate or biased towards someone who is using a method of natural family planning. Experience has shown that it is difficult to make the switch from the use of sterilizing methods which require no periodic abstinence to the sensitivity and empathy that users and teachers of methods invoking periodic abstinence require. In short, the active support of periodic abstinence becomes a very important part of professional education in natural family planning, and the inability to adequately provide that support would be an example of the failure to exercise such professional judgment. Because there are profound psychological, emotional, and relational aspects to the use of periodic abstinence, it is considered a priority that couples learning NFP are taught by teachers who are themselves users of this behavior.

Principle number 7.0⁴: *"The Natural Family Planning Provider shall provide accurate information to the consumer about the profession and the services offered."* The individual who is contraceptively sterilized may find it difficult to be publicly supportive of what people in natural family planning view as a "side benefit" of natural family planning, i.e., the observance of periodic abstinence within marriage. Traditionally, people who use artificial contraception view periodic abstinence in a negative fashion and have a different view of human sexuality than those individuals who would be involved in teaching natural family planning and who would be users of it. In the face of the full meaning of human sexuality, one cannot

underestimate the extent to which contraceptive sterilization is powerfully attitude-shaping, if not attitude-distorting.

Private and/or Public Reconciliation

There are two types of reconciliation: private and public. People who have been contraceptively sterilized are free to reconcile themselves privately to the Church and, in the process, reap significant spiritual enrichment. Reconciliation of a user of contraceptive sterilization in the private forum is attained through reception of the sacrament of reconciliation. Appropriate preparation for that sacrament, eventual confession of the sin, and the fulfillment of the designated penance leads to forgiveness of the sin and reconciliation of the sinner to the Church.

In the authors' opinion, the pastor who grants this reconciliation should also give significant consideration to assigning an additional component to the confessor's penance, viz., the requirement that the individual follow the signs of their fertility, i.e., observe the fertile days as if they were trying to avoid conception. That is to say, the couple should be asked to avoid genital contact during the fertile days of the menstrual cycle.

This penance would carry with it two positive side benefits. First, it would decrease the potential for a pregnancy and, if the type of contraceptive sterilization involved is a tubal ligation, it would help to eliminate the risk of tubal pregnancy (a risk of tubal ligation). Second, it expands and cultivates the spousal relationship. It allows the couple to experience the positive interpersonal relational values of natural family planning through the positive choice of periodic abstinence.

Persons who have been reconciled in the private forum after contraceptive sterilization are free to involve themselves in natural family planning in a variety of ways. They can be of assistance to NFP programs by witnessing publicly to their experience, to their subsequent use of natural family planning, and to the positive impact of the incorporation of periodic abstinence within their marital relationship. What's more, these persons can aspire to be members (Associate) of the AANFP, attend its meetings, and work on its projects and committees. However, from those individuals who are involved in the public domain of natural family planning, that is to say, from those who teach

new couples the use of natural family planning or educate providers of natural family planning - practitioners, supervisors, educators, and medical consultants - a public reconciliation commensurate with the public nature of their work is required. In short, because of the demands that new user couples and teachers will place upon them and because of the important function they assume as role models, their continued contraceptive sterilization would undermine both the credibility of the Pope Paul VI Institute and their own professional-moral credibility. Therefore, their act of conversion ought to be more comprehensive in scope.

Again, in the opinion of the authors, the respective Catholic or Catholic couple who provides NFP services to others but practices contraceptive or sterilizing intercourse ought not only to receive the sacrament of reconciliation but ought also to undergo a reversal of their sterilization. The reversal of their sterilization is a public action which tells people that the person is very serious about the decision to become publicly involved in natural family planning, serious enough to want to demonstrate this intent publicly. Besides the religious dimensions, such reconciliation also has a proper public dimension. At the same time, it upholds the public credibility of the Pope Paul VI Institute and the natural family planning provider while also witnessing to the Institute's commitment to proper control and concern about the quality of its services.

Objective and Measurable Standards

In the public domain, there is a need for standards to be objective and measurable. This, ultimately, is what certification and accreditation are about. More importantly, it is a statement to the consuming public that the individual or the program meets certain standards of competency. This is one of the main reasons that organizations such as the AANFP exist.

As for the practice of natural family planning in the private sphere, there is a need for objective standards, but they need not be measurable by a third party. For example, observing and following the signs of fertility is objective but not measurable in the public domain.

On the other hand, using natural family planning in the public

forum and not being contraceptively sterilized is both objective and measurable. Experience over the last 20 years of teaching user couples and educating teachers has shown a significant tendency to obtain reliable information in these areas.

It is important to recognize, as stated above, that a medically indicated surgical procedure which secondarily results in sterility (a medically indicated hysterectomy) is not the same as contraceptive sterilization and such a medical procedure is measurable, objective, and relevant. In addition, celibacy and postmenopausal sterility is not contraceptive sterilization and is also measurable, objective and relevant.

Ultimately, the implementation of the standards just discussed has the full intent of assuming that new users and new teachers receive not only competent direction but the exercise of good professional judgment in an environment that is completely supportive of the values of natural family planning. For example, professional growth and the integrity of natural family planning education is not promoted when individuals who rely upon contraceptive sterilization also publicly promote natural family planning. Eventually, the contracepting provider will be brought to the moment of truth with the question "What method of family planning do you use?" If the answer is contraceptive sterilization, any witness to natural family planning is nullified. It indicates that the person does not believe in what he (she) is promoting enough to actually use it him(her)self. Consequently, credibility among those being taught will be extremely low.

An example illustrates the point. When a woman has a serious reason to avoid pregnancy, what will the contraceptively sterilized teacher or physician say to her? Will she/he be able to recommend natural family planning completely and without hesitation? If this case applied to the teacher or the physician, what would be the answer? Experience has shown that the answer is; "Probably not." Ultimately, this will deny individuals who are looking at natural family planning for the very first time the opportunity to hear of natural family planning within its fullest context. In the second instance, when natural family planning may be the most meaningful to them in their life, the couple misses an opportunity to incorporate that expression in their experience. Ultimately, it is prejudicial to the very delivery of natural family planning services, and to the individual being served.

Prejudiced or Discriminatory?

The policy we have set down in this paper may appear to some to be prejudiced or discriminatory. We have tried to argue that this approach is a just one because it follows logically from important quality care and ethical considerations.

First, the approach is set in the public forum and is available for scrutiny prior to anyone's involvement in the program. Having been made a public policy, it should be seen as a prerequisite to an applicant's suitability for acceptance for teacher or consultant positions.

Second, while there may be a tendency on the part of a contractor-provider to see this quality control guideline as a personal attack, we suggest that this reaction may simply be his/her own conscience telling of the gravity of the situation created by one's contraceptive choice which is permanent. What the contractor-teacher must realize is that his/her original decision can be abrogated by the choice to reverse the sterilization.

In this regard, it is extremely important to understand the difference between private reconciliation and public reconciliation in regard to the issue of sterilized providers of NFP education. The Church recognizes the need for private reconciliation, but the profession also recognizes the need for public reconciliation. An analogous situation in the life of the Church that requires the need for private and public reconciliation is the example of a person who is divorced. The person can be reconciled with the Church through the sacrament of reconciliation, but the person is not allowed to remarry unless a public act of annulment is secured.

Third, since standards are based upon objective and measurable criteria, the only appropriate measurable criterion for the situation under consideration is that the individual be required to have a reversal of his/her sterilization. In other words, this objective and measurable criterion of the reversal of the sterilization or contraceptive practice would bring a philosophical compatibility between personal lifestyle and professional commitment.

Finally, we address those individuals who may be impacted by this approach (which is now official policy at the Pope Paul VI Institute). Keep in mind that it is the professional's role, i.e., the role of the Pope Paul VI Institute, to remain as objective as possible both about

this question and the approach that the Institute follows when dealing with this circumstance. Rather than being discriminatory or prejudicial, this approach recognizes the concept of private reconciliation which allows the individual the opportunity to be involved in certain types of public activity relative to natural family planning, i.e., activities which do not involve the direct delivery of natural family planning teaching services to users or teachers. Such private reconciliation is what is most important in regard to the respective individual's personal salvation and eternal happiness. This policy also recognizes the need for a public reconciliation that provides a measurable and objective standard for admission into a natural family planning education program. Therefore, for the professional organization, it is not a question of the applicant's moral standing before God. It is rather a question of the quality of professional conduct and integrity of service delivery to persons who might rely on the applicant, and on his/her best efforts to insure that those being instructed in NFP are helped to properly and effectively use natural family planning within the context of their own choices.

Individual physicians who are contracepting and who wish to study natural family planning and NaProTechnology through the six month program of instruction are welcome to do so. When they complete the requirements of the course, they will be eligible for the CME credits and for an official certificate of attendance giving full recognition to their study and achievement. They will be encouraged to use their new knowledge to the very best of their ability, to support natural family planning, and to become an Associate Member of the American Academy of Natural Family Planning. However, to receive the certificate of a Natural Family Planning Medical Consultant, a separate category from the status just described, the physician must complete the course material and also adhere to the code of ethics of the AANFP, i.e., the individual must be a user of natural family planning and must undergo a reversal of his/her sterilization. Such adherence is a public act of reconciliation. It entitles the individual to be involved in the Academy's accredited programs for teachers, educators, and other medical consultants and to be qualified to work toward Active Membership in the AANFP.

References

1. Pope Paul VI, *Humanae Vitae*, An Encyclical Letter. July 25, 1968. Paragraph 14.
2. Ibid, Paragraph 15.
3. *Ethical and Religious Directives for Catholic Health Care Services*. National Conference of Catholic Bishops. November 1995 (see *Origins*, Vol. 24, No. 27, December 15, 1995).
4. *Code of Ethics*, American Academy of Natural Family Planning, St. Louis, Missouri, 1983.
5. *National Standards for Natural Family Planning*. National Conference of Catholic Bishops, United States Catholic Conference 1990, p. 11.