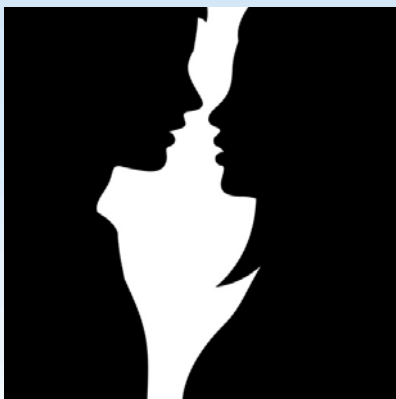




## “A Future Pregnancy Would Be Too Risky...”

***“...refusing to compromise our sexual faculties through vasectomies or tubal ligations, promotes important personal virtues within marriage and properly respects the God-given and life-giving designs of our own bodies.”***



Various medical conditions can affect a woman’s ability to carry a pregnancy, and at times even threaten her and her child’s life. Some of these conditions include pulmonary hypertension, Marfan’s syndrome and certain congenital problems with the aorta. When a doctor informs a woman that she cannot become pregnant in the future without serious consequences to herself and her baby, having her tubes tied might seem to be the most appropriate response. Some would further argue that since the sterilization would be for “medical reasons,” it would be an “indirect sterilization” and therefore morally acceptable.

Yet in point of fact, a tubal ligation to avoid a future pregnancy would not be an indirect sterilization at all. An indirect sterilization is a procedure that in treating an existing medical problem brings about an unintended loss of fertility in the process. For example, when a cancer patient receives radiation and chemotherapy, a secondary and unintended effect may be sterility. Or when a man is battling testicular cancer, he may undergo surgical removal of the testes in order to fight the disease, with the undesired consequence that he will become sterile. Indirect sterilizations are morally permissible whenever there

is a serious pathology involved, and when the contraceptive effects are unintended.

When a woman suffering from pulmonary hypertension chooses to tie her tubes, however, that tubal ligation does not address or cure her hypertension; she is, therefore, opting for a direct sterilization. When a man chooses a vasectomy because he is worried about transmitting a faulty gene to his offspring, he is, likewise, opting for a direct sterilization. A direct sterilization is morally unacceptable because it involves the decision to directly mutilate a healthy system of the body, one that is functioning normally and properly, for the sake of a contraceptive end. Such violations are commonplace today. In the United States, an estimated 700,000 women undergo surgical tubal ligations each year, and about 600,000 men undergo surgical vasectomies.

Vasectomies and tubal ligations do not treat any actually existing ailment or pathology. When a woman ties her tubes to render any future sexual acts infertile, she is choosing to mutilate a key faculty of her own body because she and/or her husband do not wish to practice periodic abstinence to avoid a potentially

# Making Sense of Bioethics

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dangerous pregnancy. A tubal ligation under these circumstances would not, in fact, be for medical reasons, but instead, for reasons of marital convenience. We have a duty to respect the integrity and totality of our own bodies, and cutting healthy fallopian tubes in a woman's body is never a morally defensible medical decision.

One of the key errors in thinking that stands behind the decision for surgical sterilization is the belief that men and women should not really be expected to have control or dominion over their sexual drives and impulses. So many today seem to have renounced the project of pursuing self-mastery within the domain of sexuality. While it is clear that we cannot survive without food or water, it is false to assume, as our culture seems to do, that we cannot survive without sexual gratification. Sex is not necessary for individual survival, nor indispensable for a healthy and fulfilled personal life. For a single person, in fact, a healthy and fulfilled personal life will depend on the proper ordering of the sexual faculties through the self-discipline of abstinence, and an attendant growth in virtue. This holds true in marriage as well, where spouses must pursue the discipline of sexual self-restraint at

various times if the marriage relationship is to grow and flourish. They may have to practice such discipline under conditions of military deployment, work-related absences, and chronic or acute illnesses.

Whenever there may be legitimate reasons to avoid a pregnancy, as in the case of a serious threat to the life of the mother or child, married couples will be called upon to practice a similar self-discipline, by averting only to those means of avoiding pregnancy that properly respect the gift of their sexuality and their respective masculine and feminine natures. Practically speaking, this will entail choosing periodic abstinence during the known fertile times of the woman's cycle as a means of avoiding a pregnancy. In the past few decades, the techniques of “Natural Family Planning” have become quite sophisticated and precise in their ability to determine when a woman is fertile. Married couples can use this information to limit sexual intercourse to infertile periods, and practice abstinence during fertile periods, when serious reasons warrant it. Respecting marital sexuality in this way, and refusing to compromise our sexual faculties through vasectomies or tubal ligations, promotes important

personal virtues within marriage and properly respects the God-given and life-giving designs of our own bodies.

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