



Getting It Right “The Morning After”

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The “morning-after” pill, also known as “Plan B,” is often provided in hospital emergency rooms to women who have been sexually assaulted. It is typically used within 72 hours of the rape, and appears to prevent pregnancy in one of two ways. First, it can prevent ovulation (the release of an egg from a woman’s ovary), and for this reason, it is commonly termed “emergency contraception.” The second mechanism involves altering the lining of the uterus so it becomes less hospitable to the arrival of an embryo from the fallopian tube. In other words, if an egg has already been released from the ovary, and it has been successfully fertilized by sperm, the morning-after pill may act to prevent that arriving embryo from implanting into the uterine wall.

Controversy exists regarding this second mechanism of action, but even the Food and Drug Administration (the agency which gives official approval for the use of the drug) acknowledges the mechanism on its website: “Plan B may also work by... preventing attachment (implantation) to the uterus (womb).” The package insert for the drug from the manufacturer (Barr Pharmaceuticals) uses identical language. Significant ethical concerns are raised by this second

mechanism, namely that “emergency contraception” may sometimes work instead as “emergency abortion.”

Some have argued that it may be immoral for Catholics to provide any contraceptive measures at all to a woman who has been raped. Such a view is incorrect, however, because a woman who has been sexually assaulted is clearly entitled to protect herself from the attacker’s sperm. The act of rape is an act of violence against another person, and the woman is clearly allowed to defend herself and take steps to prevent the possible fertilization of her own egg(s). It is permissible, then, for Catholic hospitals to provide their patients with morning-after pills if the following four conditions are met:

- 1) The woman is not already pregnant from prior, freely-chosen sexual activity.
- 2) The woman has been sexually assaulted.
- 3) The woman has not yet ovulated (i.e. has not released an egg from her ovary into the fallopian tube where it could be fertilized by the attacker’s sperm).

Making Sense of Bioethics

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- 4) The morning-after pill can reasonably be expected to prevent her from ovulating.

When a woman arrives to an emergency room following a sexual assault, a simple urine test for leutinizing hormone (LH) can be used to gain information about whether she is ovulating. If it is determined that her LH levels have spiked and she is ovulating, it is already too late, and the morning-after pill will not be able to successfully block the egg's release from her ovary. If it were to be administered under these circumstances, the morning-after pill might function to prevent the implantation of any newly conceived embryo(s), which would be the moral equivalent of an abortion. Under these conditions, therefore, the morning-after pill should not be administered.

The young child conceived through sexual assault is an innocent bystander, and he or she should never become a “second victim” of rape through chemical abortion. Women who conceive after sexual assault deserve full and loving support throughout and following their pregnancy. In follow-up studies where children are born from sexual assault, mother and child often ex-

press satisfaction at not having chosen the deadly answer of abortion.

Appropriate care for rape victims should thus include efforts to assess whether a woman may have ovulated (and thus possibly conceived) by taking her menstrual history, doing an LH test, and performing any other tests or interventions which, in the judgment of the physician, help establish prudential certitude that emergency contraception, if it were provided to the victim, would properly function as a contraceptive and not as an abortifacient.

To provide the morning-after pill without considering a woman's ovulatory state thus crosses an important moral line. In general, choosing to act in a way as to possibly cause the death of another human is not a good moral choice. When we have uncertainty about the presence of a human in the bushes during a hunting trip, for example, we ought not shoot into the bushes. By doing ovulation testing, on the other hand, we can begin to address the question of whether a human may be “hidden within”, and reasonably exclude the choice for a possible death-dealing effect of the drug.

Many actions we choose to engage in carry a certain risk to human

life, and as the risks become greater, we must take stronger measures to minimize them. Hence we use child safety seats and restraining belts whenever we travel in a car, and ovulation testing can similarly serve as a kind of “safety net” to assure that we do not indiscriminately subject any newly conceived child to risk when the morning-after pill is administered to victims of sexual assault.

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