

THE NATIONAL CATHOLIC BIOETHICS CENTER



THE MANAGEMENT OF ECTOPIC PREGNANCY

PREPARED BY THE ETHICISTS OF THE NCBC
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“In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion.”
—USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), n. 48.

❖ SUMMARY ❖

The outer layer of cells produced by the embryo (the trophoblast) rapidly multiplies and normally serves to attach the embryo to the uterus. “Ectopic pregnancy” occurs when an embryo implants outside the uterus, usually in the fallopian tube. Once implanted, the embryo’s growth is likely to rupture the fallopian tube, causing the death of both mother and child. The condition may occasionally resolve itself with the spontaneous death of the embryo before the rupture. The incidence of ectopic pregnancy has increased by 600 percent in the United States in the last two decades. Epidemiologists from the Centers for Disease Control and Prevention attribute the rise to chlamydia and other sexually transmitted diseases that can scar the fallopian tubes, as well as failed tubal sterilizations and the increased use of drugs and surgery to induce ovulation. Other conditions, such as endometriosis, can also contribute to this pathology.

Protocols for Managing Ectopic Pregnancy

- Ideally, the embryo would be surgically removed from the fallopian tube and transplanted to the uterus, but this procedure is not yet a viable option.
- *Expectant management* (morally permissible until the condition cannot resolve itself)—Monitor the ectopic pregnancy to ascertain whether it might resolve itself with the death of the embryo. If not, other interventions must be considered as the danger to the mother increases.
- *SalpinGECTOMY* (considered morally permissible by Catholic ethicists under the principle of double effect)—Either the entire fallopian tube or the segment affected by the pregnancy are removed; the cut ends are sutured. The death of the embryo is a foreseen and unintended effect of an act directed at removing the pathologically affected section of the fallopian tube.
- *SalpinGOSTOMY* (considered morally impermissible by many Catholic ethicists)—The fallopian tube is sliced longitudinally; the damaged tissue and embryo are removed. The death of the embryo is part of the act of removing the embryo from the tube. Argument for permissibility: The act by its object removes the trophoblast; removal of the embryo is a foreseen and unintended side effect.
- *Use of methotrexate* (permissibility not resolved among Catholic ethicists)—Argument against permissibility: This drug inhibits the rapid multiplication of trophoblastic cells. The trophoblast is part of the embryo, an essential organ; therefore, the drug directly causes the embryo’s demise. Argument for permissibility: The trophoblast is not part of the embryo; the drug licitly targets the trophoblast and only indirectly causes the demise of the embryo.

Moral Debate regarding Salpingostomy and the Use of Methotrexate

Some Catholic ethicists argue that salpingostomy and the use of methotrexate are morally permissible under the principle of double effect. They argue that both procedures directly intend the removal of the exact cause of the condition, i.e., the trophoblast rapidly dividing in the wrong place, and not the embryonic child itself. This argument assumes that the trophoblast is not an organ of the embryo and therefore can be an object of moral focus apart from the developing embryo.

❖ FAQ ❖

Question 1. How is the principle of double effect applied to the use of salpingectomy?

Reply:

- The object is a good: removal of the affected fallopian tube, not a direct attack on the embryo.
- The intent is to prevent tubal rupture, while the foreseen but unintended effect is the death of the embryo.
- The removal of the diseased fallopian tube, not the concurrent death of the embryo (evil effect) is the cause of the good effect (prevention of tubal rupture).
- There is a proportionate reason: No matter what is done, there is no chance of survival for the embryo, but without treatment, the mother's life is at great risk; currently, there is no alternative procedure that can save the embryo, even if nothing is done.

Question 2. How does application of the principle of double effect differ in the case of salpingostomy?

Reply: The object of the procedure appears morally problematic, despite the good moral intent. While the procedure is intended to remove the diseased fallopian tube tissue, in which the embryo's trophoblast (to become the placenta) has embedded, salpingostomy looks like a direct attack on the embryo. The procedure is not as mutilating for the woman as is a salpingectomy; hence, it is often recommended by physicians. Unlike salpingectomy, salpingostomy preserves the fallopian tube and thus helps protect future fertility. Among those who favor salpingostomy, this is perceived as a proportionate benefit.

Question 3. Why do some ethicists and clinicians object to the use of methotrexate?

Reply: Methotrexate is an anti-cancer drug that interferes with DNA synthesis in rapidly dividing tissue, such as that of the trophoblast and the embryo. The intent in its use is to release the embryo from its dangerous position. The object is to slow the rapid development of the trophoblast so that it detaches, but when released into the uterus, the embryo is no longer able to attach to it. Since the trophoblast will become the placenta, vital to the embryo, some see this as a direct attack on a vital organ of the embryo.

Question 4. What does the Magisterium say about the moral liceity of these three procedures?

Reply: The Magisterium is silent on these three specific procedures. There appears to be universal acceptance of salpingectomy among ethicists. Removal of the tube indirectly causes the death of the embryo. There is less agreement on the use of methotrexate, and there are strong concerns about the moral liceity of salpingostomy, which appears to be a direct attack on the embryo. Nonetheless, in the absence of magisterial direction, the use of any of these procedures becomes a matter of conscience. In the face of the certain death of the embryo regardless of the procedure used (or not used), one may weigh what is proportionately beneficial to preserve a woman's fertility.