

THE NATIONAL CATHOLIC BIOETHICS CENTER



MATERNAL–FETAL CONFLICTS

PREPARED BY THE ETHICISTS OF THE NCBC
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“Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion. . . . Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.”
—USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), nn. 45, 47.

❖ SUMMARY ❖

Core Issues

- A maternal–fetal vital conflict arises when both mother and child may die if the pregnancy continues: with effective intervention, the mother’s life might be saved, but the child will die in any scenario. • In directive 45 of the *ERDs*, “termination of pregnancy” before viability seems to refer to a direct abortion, but the phrase also seems to be a physical description that does not indicate whether a child has been deliberately destroyed. • The principle of double effect (PDE) seems to allow the induction of labor before viability (directive 47), even though one of the effects of induction is the “termination of pregnancy.” • There is a key moral distinction between *direct abortion* and *direct treatment of a pathological condition* of the mother that results in the foreseen death of the child.

Morally Illicit Direct Abortion

- Interventions that directly target the body-person of the child for destruction, such as surgical dilation-and-curettage abortion and craniotomy, constitute direct abortions and are intrinsically evil.

The Principle of Double Effect and Licit Interventions

- The induction of labor prior to fetal viability may be morally licit in certain situations, as determined by applying the PDE and directive 47. See the NCBC summary sheet “Early Induction of Labor” (2013, rev. 2015).
- The principle of totality, which allows the sacrifice of a part of the body to preserve the whole, is not an applicable principle in this case, because no organs or tissues of the mother are targeted for removal.

Novel Proposal for Morally Licit Intervention: An Open Debate

- It is proposed that, when done with a grave and proportionate reason, including moral certitude of the imminence of the danger and the lack of reasonable alternatives, an intervention that treats a pathological condition of the pregnant woman arising from the interaction of a properly functioning placenta with the mother’s body—an intervention accomplished by separating the placenta from the uterus through chemical induction of labor—is not an intrinsically evil direct abortion because it does not directly target the child for destruction.
- It is claimed that the pathological condition being cured is not the pre-existing pathological condition of the mother, such as cardiomyopathy, but rather the unique pathological state that arises when the healthy placenta interacts with the mother’s pathologically weakened system or organ, such as the heart.

❖ FAQ ❖

Question 1. Isn't this new proposal just another way of saying that any abortion can be justified if it will save the life of the mother? And even if it isn't, what is to stop it from being applied that way in practice?

Reply: The proposal states that abortion by any means that targets the child for destruction is an intrinsic evil. For example, a dismemberment abortion or a craniotomy is intrinsically evil. Because of proportionality, proposed instances of licit chemical induction would not open the door to using all maternal-health reasons to justify abortion: the mother's life must be at stake, the danger to her life must be imminent, and there must be no better alternatives.

Question 2. Doesn't this amount to a clear break with the moral tradition, which allows the foreseen death of the child only when the intervention is directed to a serious pathology of the mother but not when termination is the means of alleviating pregnancy-induced strain on the mother's body?

Reply: The proposal would permit interventions that have not typically been considered licit in the moral tradition; however, the proposal does not appear to break with the reasoning of the tradition. The proposal claims that the induction of labor directly treats a serious pathological condition of the mother that results from the interaction of her own weakened organs (e.g., her heart) with the properly functioning placenta. It claims that the child's death as a result of uterine detachment is foreseen but not intended: the child is not targeted for bodily destruction.

Question 3. Does the National Catholic Bioethics Center agree with this new proposal? Is there a consensus among moral theologians that this proposal is correct?

Reply: The National Catholic Bioethics Center does not have an official position regarding this proposal, and there is no moral consensus. The proposal was presented to the general public in the Autumn 2014 edition of the *National Catholic Bioethics Quarterly*. Ongoing discussion is warranted.

Question 4. Should this proposal be used to develop hospital policies at the present time?

Reply: No. Given its novelty and the ongoing debate, it would be inappropriate to take the proposal as a model for policymaking in Catholic health care facilities. The reasoning might be considered on a case-by-case basis when such situations arise (the proposal admits that the test case greatly exaggerates the mortality risk with respect to real cases), but should not be considered accepted general guidance.

❖ RESOURCES ❖

Nicanor Pier Giorgio Austriaco, "Abortion in a Case of Pulmonary Arterial Hypertension," *National Catholic Bioethics Quarterly* 11.3 (Autumn 2011): 503–518.

Colloquium Participants, "Medical Intervention in Cases of Maternal–Fetal Vital Conflicts," *National Catholic Bioethics Quarterly* 14.3 (Autumn 2014): 477–489.

USCCB Committee on Doctrine, "The Distinction between Direct Abortion and Legitimate Medical Procedures," June 23, 2010, <http://www.usccb.org/about/doctrine/publications/upload/direct-abortion-statement2010-06-23.pdf>.