



## MEDICAL INTERVENTIONS DURING PREGNANCY IN LIGHT OF DOBBS

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In the wake of the US Supreme Court's ruling in *Dobbs v. Jackson Woman's Health*, abortion supporters—including the Biden administration—are claiming that women experiencing serious pregnancy-related and perinatal complications will be refused treatment by Catholic institutions and clinicians.<sup>1</sup> These claims arise from the perception that the Catholic Church does not allow medical interventions to treat a pregnant woman if the intervention results in significant harm to—or even the death of—her unborn child. This perception is incorrect. Catholic health care can and should treat a pregnant woman who is diagnosed with a pathological condition “in a manner consonant with its mission” (ERD 44).

This brief resource summarizes the NCBC's existing guidance on how complicated pregnancies that threaten the life of the mother can be treated in accord with Catholic moral teaching,<sup>2</sup> particularly as found in the United States Conference of Catholic Bishops' *Ethical and Religious Directives for Catholic Health Care Services* (ERDs), 6th edition (2018).<sup>3</sup> This guidance is general in nature, but each medical situation is unique. As such, one must apply the appropriate ethical principles and Church teaching(s) to the particular case in question. For further assistance with applying this guidance, please contact the NCBC.

### Life-Saving Medical Interventions and Pregnancy

The teaching of the Catholic Church and the practice of Catholic health care are centered on caring for both the pregnant woman and her unborn child. They are two distinct human beings and therefore two patients. In situations involving a threat to the mother's health or life, Pope Pius XI summarized Church teaching by stating: “Upright and skillful doctors strive most praiseworthy to guard and preserve the lives of both mother and child; on the contrary, those show themselves most unworthy of the noble medical profession who encompass the death of one or the other, through a pretense at practicing medicine or through motives of misguided pity.”<sup>4</sup> Thus, according to Pius XI, physicians have a duty to treat both mother and child, and it is never legitimate to deliberately kill the unborn child, even if the goal is to save the mother's life.

There are, however, situations where a medical intervention to treat the mother can be legitimate even though it will adversely affect the unborn child, possibly even resulting in the child's death. One example is when a pregnant woman is diagnosed with an aggressive form of uterine cancer requiring immediate intervention prior to fetal viability. The Church's guidance in these situations is stated in Directives 45 and 47 of the ERDs.

Directive 45: “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 ...”

Directive 47: “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.”

As the unborn child is fully a human being deserving of dignity and respect, the Catholic Church teaches that direct abortion is never permissible. However, in the absence of better, reasonable alternatives that would preserve the life of the child, a pregnant woman may be treated for a life-threatening condition through an appropriate medical intervention even if a foreknown but unintended consequence of the intervention is the death of her unborn child.<sup>5</sup> In the example above, it could be permissible for the woman to undergo a hysterectomy if this were the medically indicated treatment for the uterine cancer. Certainly, this would be a difficult decision for the mother to make because it results in the loss of her child. But such an intervention can be permissible in accord with the principle of double effect, a philosophical principle that can be applied when each of its four conditions is satisfied:<sup>6</sup>

1. The intervention itself is morally good; in this case, hysterectomy is the appropriate medical intervention that directly addresses the mother's uterine cancer.
2. The intent of the intervention is the mother's healing, which is the good effect, and not the death of the unborn child; the hysterectomy is performed to cure the woman of the cancer, not to end the life of her unborn child.
3. The death of the child, which is the bad effect, is not the means by which the mother is healed. The child's death is not what removes the cancer from the woman's body; the hysterectomy does.
4. There exists a proportionately serious reason to proceed with the intervention despite the undesired outcome of the death of the unborn child; in this case, the preservation of the mother's life in the absence of reasonable alternatives could be a proportionately serious reason.