

# **USCCB committee explains direct abortion, legitimate medical procedure**

WASHINGTON – The U.S. bishops' Committee on Doctrine in a June 23 statement discussed the distinction between the church's definitions of a direct abortion and a legitimate medical procedure that could result in an indirect abortion.

The committee's statement, which was provided to all of the bishops, came in response to an evolving debate among ethicists and theologians over the excommunication of Mercy Sister Margaret Mary McBride and her subsequent reassignment at a Phoenix Catholic hospital after news surfaced in May about her role in a decision to let an abortion take place there in late 2009.

A copy of the statement was released to Catholic News Service.

The wide-ranging debate has focused on whether the decision by the ethics committee at St. Joseph's Hospital and Medical Center that an abortion could proceed in the case of a gravely ill pregnant woman was a direct abortion or an indirect abortion that resulted from performing a legitimate medical procedure to save her life.

The woman was 11 weeks pregnant and suffered from pulmonary hypertension, a condition the hospital said carried a near-certain risk of death for the mother if the pregnancy continued.

Bishop Thomas J. Olmsted of Phoenix said May 14 that Sister Margaret, then vice president of mission integration at St. Joseph's, incurred automatic excommunication when she agreed as a member of the hospital's ethics committee that the abortion could take place.

The bishop said that "the direct killing of an unborn child is always immoral, no matter the circumstances, and it cannot be permitted in any institution that claims to be authentically Catholic."

In response, top officials at Catholic Healthcare West, the San Francisco-based health system to which St. Joseph's belongs, said in a May 17 letter to Bishop Olmsted, "If there had been a way to save the pregnancy and still prevent the death of the mother, we would have done it. We are convinced there was not."

Catholic institutions are guided in making such decisions by the "Ethical and Religious Directives for Catholic Health Care Services," and the doctrine committee cited two directives - No. 45 and No. 47 - that guide medical decisions regarding direct abortion and legitimate medical procedures that might end the life of an unborn child through an indirect abortion.

The committee's statement quoted 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, which, in its moral context, includes the interval between conception and implantation of the embryo."

Therefore, the committee's statement said, "Direct abortion is never morally permissible. One may never directly kill an innocent human being, no matter what the reason."

The committee's statement also quoted 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."

In explaining the distinction, the committee offered two examples involving an unborn child not old enough to survive outside the womb.

The first involves a pregnant woman who is experiencing problems with one or more of her organs, apparently because of the added burden of pregnancy. In this case, the doctor recommends an abortion to protect the woman's health.

In the second example, a pregnant woman develops cancer in her uterus. In this

case, the doctor recommends surgery to remove the cancerous uterus as the only way to prevent the cancer from spreading. Removing the uterus also will result in the death of the unborn child.

The committee said the first case is an example of a direct abortion. The surgery, the committee explained, does not directly address the health problem of the woman by repairing the organ that is malfunctioning.

“The surgery is likely to improve the functioning of the organ or organs, but only in an indirect way, i.e., by lessening the overall demands placed upon the organ or organs, since the burden posed by the pregnancy will be removed,” the committee’s statement said. “The abortion is the means by which a reduced strain upon the organ or organs is achieved.”

In the second example, the committee explained, “an urgently needed medical procedure indirectly and unintentionally ... results in the death of an unborn child.”

The surgery directly addresses the woman’s health problem by removing a malfunctioning organ and, the committee’s statement continued, “does not directly target the life of the unborn child ... the death of the child is an unintended and unavoidable side effect and not the aim of the surgery.”

“There is nothing intrinsically wrong with surgery to remove a malfunctioning organ,” the doctrine committee’s statement said. “It is morally justified when the continued presence of the organ causes problems for the rest of the body.

“Surgery to terminate the life of an innocent person, however, is intrinsically wrong. There are no situations in which it can be justified,” the committee added.