

Early Induction for Lethal Fetal Anomalies

June 2, 1997.

Revision No. 6
(Approved)

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(for CARPIT)

A. Reasons for new revision:

St. Joseph's Health Care Centre has been struggling with early induction for lethal fetal anomalies since 1985.¹ The bibliographies in these studies remain some of the most complete in the world to the knowledge of our committee. In our clinical circumstances, each new anomaly has been presented to our Committee to Advise on Reproductive and Perinatal Issues and Trends (CARPIT) for thorough discussion and review by representatives of all major disciplines involved. Only then would permission be given to allow for an early induction if the committee approved it. All these situations have been documented by our committee. Also, our local Ordinary has been apprised of each new development as the papers evolved and has permitted these procedures to take place subject to all the ethical, clinical and pastoral safeguards available to us at the time.

Recently, some newer articles and guidelines of the National Conference of Catholic Bishops of the U.S. have prompted us to revisit the question once again.² It would seem that we need to restrict the time in a pregnancy when we are permitting early inductions since the basis upon which we have been allowing them, especially before viability, does not seem to be in accord with an accurate understanding of Roman Catholic moral teachings. We now present our updated revision.

B. Basic Moral Principles Concerning Pregnancies with Lethal Fetal Anomalies.

1. Roman Catholic teaching emphasises that the rights of mother and her unborn child deserve equal protection because they are based on the dignity of the human person no matter what the condition of that person. Thus, no matter how serious the anomaly diagnosed in the infant, even including anencephaly, nevertheless we treat such an infant as a total human being, albeit severely compromised.

2. Procedures whose sole immediate effect is the termination of pregnancy before viability are direct abortions. However, operations, treatments and medications that have as their direct

¹See "Some Moral Indications Regarding Pregnancies Involving Grossly Abnormal Anencephalic Fetuses", Position Paper no. 16, (Feb. 1985); "Conflict Cases Involving Life-Threatening Situations to Mother and Fetus", Position Paper no. 22 (Sept. 1986); "Early Induction with Gross Abnormalities: Theological Assessment", April, 1988; "Prenatal Diagnosis Involving Fetuses with Major Anomalies Likely to Result in Stillbirth and Incompatible with Ex-Utero Survival: Ethical/Theological Considerations and Clinical Guidelines", June, 1991; "Early Induction of Labour for Lethal Fetal Anomalies: Ethical/Theological Considerations and Clinical Guidelines", revised Feb. 1994, Position Paper no. 24, all contained in St. Joseph's Health Centre, London, *Dossier: Position Papers Arising From Deliberations of the Bioethics Committee, 1974-1994*.

²See Kevin O'Rourke, O.P., "Ethical Opinions in Regard to the Question of Early Delivery of Anencephalic Infants", *Linacre Quarterly*, August, 1996, 55-59; NCCB Doctrine Committee, "Moral Principles Concerning Infants With Anencephaly", *Origins*, Oct. 10, 1996, 276; and Peter J. Cataldo, "The NCCB On Anencephaly", *Ethics and Medics*, Vol. 22, no. 1(Jan. 1997), 3-4;

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.³

3. An early induction may be permitted after viability for a proportionate reason which can include grave physical, psychological or psychiatric considerations. In this regard, we are considering the total good of the mother as well as that of the child.⁴ Considerations may also be given to severe and even life-threatening circumstances affecting the child as birth approaches if an early induction is not done.

4. The child with the lethal fetal anomaly should be given the comfort and palliative care appropriate to all the dying without involving any disproportionate or extraordinary means to prolong life after the induction.

5. "The use of organs or tissue from an anencephalic infant after complete brain death has occurred may be justified. Pressure is not to be exerted on the parents for such a procedure."⁵

6. We do not permit a D & E procedure to be used normally for any early induction.

7. Parents, and especially a mother carrying a child with a lethal fetal anomaly to term, or having a legitimate early induction, deserve great compassion and pastoral care as well as medical care. The Baptism of the child, when legitimate, assures the parents of the child's eternal happiness. If a child dies without Baptism, the child is "now living in the Lord", according to official Catholic teaching.⁶

C. Concluding Directions:

1. While the exact time of viability is often difficult to determine in fetuses with lethal anomalies, normally we will consider early inductions when the fetus is considered to be at least 22 weeks and there is a serious maternal indication and/or potential risks to mother and child as the pregnancy continues.

2. We will continue to meet as a committee to discuss and review each request for early

³ NCCB, *Ethical and Religious Directives for Catholic Health Services*, Washington, D.C., 1995, no. 47;

⁴ "If the mother is subject to such psychiatric repercussions over the anguish of carrying such a seriously handicapped infant and there is no other alternative to sedating her fears and anxieties, a case could be made for inducing labor soon after viability has been definitely diagnosed." Msgr. Orville Griese cited in Robert P. Craig, Ed.D., Ph.D., "Ethics Consultation: Induction of Labor for a Woman With an Anencephalic Fetus", *Linacre Quarterly*, Vol. 58, no. 3, (Aug. 1991), 44-49 at 46.

⁵ Catholic Health Association of Canada, *Health Care Ethics Guide*, Ottawa, 1991, no. 63.

⁶ John Paul II, *Evangelium Vitae*, (1995), no. 99.

inductions which may be permitted if necessary. This discussion by CARPIT will include any necessary medical, social care, ethical, pastoral or family involvement as required.

3. We highly encourage prayer together at every stage of the consultation and surrounding the actual procedure, where appropriate.

Updated Bibliography

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- John Paul II, *Evangelium Vitae, (The Gospel of Life)*, Rome, March 25, 1995;
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- National Conference of Catholic Bishops (U.S.) Doctrine Committee, "Moral Principles Concerning Infants with Anencephaly", *Origins*, Oct. 11, 1996, 276;
- O'Rourke, Kevin, O.P., "Ethical Opinions in Regard to the Question of Early Delivery of Anencephalic Infants", *Linacre Quarterly*, Vol. 62, no. 3(August, 1996), 55-59;
- Pontifical Academy for Life, "When Human Life Begins", *Origins*, Vol. 26, no. 40(March 27, 1997), 662;
- Prieur, Rev. Michael, S.T.D., for the Committee to Advise on Reproductive and Perinatal Issues and Trends, "Early Induction of Labour for Lethal Fetal Anomalies: Ethical/Theological Considerations and Clinical Guidelines", Bioethics Position Paper #24 (Revision 3), London, Ontario, St. Joseph's Health Centre, Feb. 14, 1994, with complete bibliography.
- Spencer, Seymour, M.D., "A Doctor's Dilemma", *The Tablet*, Vol. 247, no. 7973(May 29, 1993), 689;