Sacred Congregation for the Doctrine of the Faith

RESPONSES TO QUESTIONS CONCERNING STERILIZATION IN CATHOLIC HOSPITALS

This Sacred Congregation has diligently considered not only the problem of contraceptive sterilization for therapeutic purposes but also the opinions indicated by different people toward a solution, and the conflicts relative to requests for cooperation in such sterilizations in Catholic hospitals. The Congregation has resolved to respond to these questions in this way:

1. Any sterilization which of itself, that is, of its own nature and condition, has the sole immediate effect of rendering the generative faculty incapable of procreation, is to be considered direct sterilization, as the term is understood in the declarations of the pontifical Magisterium, especially of Pius XII[1]. Therefore, notwithstanding any subjectively right intention of those whose actions are prompted by the care or prevention of physical or mental illness which is foreseen or feared as a result of pregnancy, such sterilization remains absolutely forbidden according to the doctrine of the Church. And indeed the sterilization of the faculty itself is forbidden for an even graver reason than the sterilization of individual acts, since it induces a state of sterility in the person which is almost always irreversible.

Neither can any mandate of public authority, which would seek to impose direct sterilization as necessary for the common good, be invoked, for such sterilization damages the dignity and inviolability of the human person[2]. Likewise, neither can one invoke the principle of totality in this case, in virtue of which principal interference with organs is justified for the greater good of the person; sterility intended in itself is not oriented to the integral good of the person as rightly pursued "the proper order of goods being preserved"[3] inasmuch as it damages the ethical good of the person, which is the highest good, since it deliberately deprives foreseen and freely chosen sexual activity of an essential element. Thus article 20 of the medical-ethics code promulgated by the conference in 1971 faithfully reflects the doctrine which is to be held, and its observance should be urged.

2. The Congregation, while it confirms this traditional doctrine of the Church, is not unaware of the dissent against this teaching from many theologians. The Congregation, however, denies that doctrinal significance can be attributed to this fact as such, so as to constitute a "theological source" which the faithful might invoke and thereby abandon the authentic Magisterium, and follow the opinions of private theologians which dissent from it[4].

3. Insofar as the management of Catholic hospitals is concerned:

a) Any cooperation which involves the approval or consent of the hospitals to actions which are in themselves, that is, by their nature and condition, directed to a contraceptive end, namely, in order that the natural effects of sexual actions deliberately performed by the sterilized subject be impeded, is absolutely forbidden. For the official approbation of direct sterilization and, *a*

fortiori, its management and execution in accord with hospital regulations, is a matter which, in the objective order, is by its very nature (or intrinsically) evil. The Catholic hospital cannot cooperate with this for any reason. Any cooperation so supplied is totally unbecoming the mission entrusted to this type of institution and would be contrary to the necessary proclamation and defense of the moral order.

b) The traditional doctrine regarding material cooperation, with the proper distinctions between necessary and free, proximate and remote, remains valid, to be applied with the utmost prudence, if the case warrants.

c) In the application of the principle of material cooperation, if the case warrants, great care must be taken against scandal and the danger of any misunderstanding by an appropriate explanation of what is really being done.

This Sacred Congregation hopes that the criteria recalled in this letter will satisfy the expectations of that episcopate, in order that, with the uncertainties of the faithful cleared up, the Bishops might more easily respond to their pastoral duty.

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l. Cf. especially the two *Allocutions to the Catholic Union of Obstetricians and to the International Society of Hematology*: *AAS* 43 (1951) 843-844; 50 (1958) 734-737 and in the encyclical of Paul VI, *Humanae Vitae*, 14: *AAS* 60 (1968) 490-491.

2. Cf. Pius XI, the encyclical *Casti Connubii*: *AAS* 22 (1930) 565.

3. Paul VI, the encyclical *Humanae Vitae*: *AAS* 60 (1968) 487.

4. Cf. Vatican Council II, constitution *Lumen Gentium*, n. 25, 1: *AAS* 57 (1965) 29-30; Pius XII, *Allocution to the Most Reverend Cardinals*: *AAS* 46 (1954) 672; the encyclical *Humani Generis*: *AAS* 42 (1950) 568; Paul VI, *Allocution to the meeting regarding the theology of Vatican Council II*: *AAS* 58 (1966) 889-896 (especially 890-894); *Allocution to the Members of the Congregation of the Most Holy Redeemer*: *AAS* 59 (1967) 960-963 (especially 962).