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“Responsum” of the Congregation for the Doctrine of the Faith to a question on the liceity of a hysterectomy in certain cases

Congregation for the Doctrine of the Faith

Response to a question on the liceity of a hysterectomy in certain cases

On July 31, 1993, the Congregation for the Doctrine of the faith published *Responses to Questions Proposed Concerning “Uterine Isolation” and Related Matters*. These responses, which retain all of their validity, consider the removal of the uterus to be morally licit when there is a grave and present danger to the life or health of the mother, and hold as illicit, insofar as they are methods of direct sterilization, the removal of the uterus and tubal ligation (*uterine isolation*) with the intention of making impossible an eventual pregnancy which can pose some risk for the mother.

In recent years some very specific cases have been submitted to the Holy See also concerning the hysterectomy, which, however, present a different issue from that which was examined in 1993, because they regard situations in which procreation is no longer possible. The question and the response, accompanied by an Illustrative Note, that are now being published refer to this new particular case and complete the responses given in 1993.

Question: When the uterus is found to be irreversibly in such a state that it is no longer suitable for procreation and medical experts have reached the certainty that an eventual pregnancy will bring about a spontaneous abortion before the fetus is able to arrive at a viable state, is it licit to remove it (*hysterectomy*)?

Response: Yes, because it does not regard sterilization.

Illustrative Note

The question regards some extreme cases, recently submitted to the Congregation for the Doctrine of the Faith, that constitute a different issue from that which was given a negative response on July 31, 1993. The element

that renders the present question essentially different is the certainty reached by medical experts that in the case of a pregnancy, it would be spontaneously interrupted before the fetus arrives at a state of viability. Here it is not a question of difficulty, or of risks of greater or lesser importance, but of a couple for which it is not possible to procreate.

The precise object of sterilization is to impede the functioning of the reproductive organs, and the malice of sterilization consists in the refusal of children: it is an act against the *bonum prolis*. On the contrary, in the case considered in the question, it is known that the reproductive organs are not capable of protecting a conceived child up to viability, namely, they are not capable of fulfilling their natural procreative function. The objective of the procreative process is to bring a baby into the world, but here the birth of a living fetus is not biologically possible. Therefore, we are not dealing with a defective, or risky, functioning of the reproductive organs, but we are faced here with a situation in which the natural end of bringing a living child into the world is not attainable.

The medical procedure should not be judged as being against procreation, because we find ourselves within an objective context in which neither procreation, nor as a consequence, an anti-procreative action, are possible. Removing a reproductive organ incapable of bringing a pregnancy to term should not therefore be qualified as direct sterilization, which is and remains intrinsically illicit as an end and as a means.

The problem of the criteria to evaluate if the pregnancy could, or could not, continue on to the state of viability is a medical question. From the moral point of view, one must ask if the highest degree of certainty that medicine can reach has been reached, and in this sense the response given is valid for the question, as it has been proposed in good faith.

Furthermore, the response to the question does not state that the decision to undergo a hysterectomy is always the best one, but that only in the above-mentioned conditions is such a decision morally licit, without, therefore, excluding other options (for example, recourse to infertile periods or total abstinence). It is the decision of the spouses, in dialogue with doctors and their spiritual guide, to choose the path to follow, applying the general criteria of the gradualness of medical intervention to their case and to their circumstances.

The Sovereign Pontiff Francis, in the Audience granted to the undersigned Prefect of the Congregation for the Doctrine of the Faith, has approved the above response and ordered its publication.

Rome, from the Offices of the Congregation for the Doctrine of the Faith, December 10, 2018.

Luis F. Card. Ladaria, S.I.
Prefect

+ Giacomo Morandi
Titular Archbishop of Cerveteri
Secretary
