



St. Joseph's Hospital and Medical Center
Termination of Pregnancy and ERDs 45 and 47

This document describes the substance of the action taken in the case of the termination of pregnancy that took place at St. Joseph's Hospital and Medical Center in Phoenix in November 2009. A review of the medical record reveals the following facts:

A 27-year-old woman with a history of moderate but well-controlled pulmonary hypertension was seen on October 12 at her pulmonologist's office for worsening symptoms of her disease. The results of a routine pregnancy test revealed that in spite of her great efforts to avoid it, she had conceived and was then seven-and-a-half weeks pregnant. The pulmonologist counseled her that her safest course of action was to end the pregnancy, since in the best case, pregnancy with pulmonary hypertension carries a 10-15% risk of mortality for a pregnant woman trying to carry to term, and because of the severity of her disease, her own prospects were closer to 50-50. The woman, a Catholic with four children, decided not to terminate.

On November 3, the woman was admitted to St. Joseph's Hospital and Medical Center with worsening symptoms. A cardiac catheterization revealed that the woman now had "very severe pulmonary arterial hypertension with profoundly reduced cardiac output;" in another part of the record a different physician confirmed "severe, life-threatening pulmonary hypertension," "right heart failure," and "cardiogenic shock." The chart noted that she had been informed that her risk of mortality "approaches 100%," is "near 100%" and is "close to 100%" if she continued the pregnancy. The chart also noted that "surgery is absolutely contraindicated."

Sister Margaret Mary, the Mission Leader and liaison to the hospital's Ethics Committee, brought this case to the Ethics Committee for consultation; the consultation team consulted several physicians and nurses as well as the patient's record. Sister then brought the results of the Committee's deliberation—that a termination of pregnancy, if the mother wanted it, was appropriate since the goal was not to end the pregnancy but save the mother's life—back to the physician. The termination was performed on November 5.

In the hospital's moral evaluation of the act of termination of this pregnancy, it considered two of the ERDs most pertinent:

- **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.
- **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.

The Ethics Committee in this case considered Directive 47 most relevant and justified their actions by it. They understood the moral question to be whether the treatment – in this case a D&C – had as its direct purpose the cure of a proportionately serious pathological condition of a pregnant woman. They concluded that it did, and was thus allowed by the ERDs, since the ending of the pregnancy was inextricably linked to the treatment of the proportionately serious pathology of the mother. The chart makes clear, and subsequent conversation with the doctor underscores, that the patient's right heart had already failed and that she would be unable to survive unless the pregnancy were ended. They considered a D&C to remove the 11-week fetus a treatment whose purpose was to cure the immediate threat to the mother's life that the pregnancy inflicted, allowing her serious pulmonary hypertension to be controlled.

Directive 47 does not explicitly anticipate the situation in which the pregnancy itself is the pathological condition of the pregnant woman. In a healthy woman, pregnancy is not a pathology. However, in a woman with severe pulmonary hypertension, the heart is unable to pump effectively, and a pregnancy is a pathology. As the fetus grows, the blood volume in the mother increases by up to 50% by the second trimester, which this woman was entering. What was manageable with medication became life-threatening. The pregnancy itself is what was killing this mother and in the physicians' medical judgment the ONLY way to save the woman's life was to end the pregnancy.

Catholic Healthcare West is researching how to respond to cases like this in the future. Moral theologians suggest that the termination performed was not a direct abortion. In a direct abortion, the sole immediate effect is the destruction of the fetus; in this case, there were two effects, saving the life of the mother and the evacuation of uterus, ending the pregnancy as an unintended but foreseen side effect. 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. Although such cases are rare, they are not unheard of. Premature rupture of membranes with obvious sepsis is another case with the same moral choices.