

The Norplant Debate: A Rebuttal

Formal approval of a new drug is preceded by closely monitored studies of the product's effects on the user. Positive answers to two questions—is the drug effective, and is it safe—are the prerequisites for official approval. Occasionally checks and counterchecks about the product's safety and effectiveness get embroiled in a public controversy over potential abuses in the use of the approved drug. The debate over Norplant is a good case in point. The contraceptive implant was initially hailed as the greatest advance in the contraceptive revolution since the pill. But kudos quickly gave way to complaints. Almost immediately after its approval by the FDA, an ugly face of Norplant reared its head. Avid proponents of the drug suggested that a contraceptive as safe and effective as this one should be highly recommended—if not required—for poor black women, sexually active teenage girls, female drug abusers, and women in third world countries.

The controversy whirling around Norplant offers Catholics and others an appropriate occasion to review the reasoning behind the Church's teaching on the immorality of artificial contraception. In the limited space available here, we will examine some of the major criticisms of Norplant that have been raised in the secular media and compare those with the principal argument that the Church presents in its moral assessment of any form of artificial contraception.

Norplant: What It Is and What It Does

First, though, we need to know what Norplant is and what it does. A female contraceptive implanted subdermally in the woman's upper arm, Norplant releases a steady dose of the progestin, levonorgestrel, via its six 1.4 inch implanted silastic tubes. The progestin is taken up by the bloodstream to the pituitary gland in the brain. Within two or three days, the pituitary no longer manufactures the hormones that signal the ovaries to produce a mature ovum. The tubes

are implanted in a 15-minute office procedure and can prevent pregnancy for up to five years. However, if a woman elects to have the implant removed, normal fertility should return in a month's time. The Population Council's Center for Biomedical Research, the organization responsible for Norplant's development, reports that, if 100 women use Norplant for five years, only four would become pregnant (*Washington Post*, "Updating a Revolution," p. 11.1). Officials of the Wyeth-Ayerst laboratories of Philadelphia, the pharmaceutical marketers for the contraceptive in the U.S., promised that, after February, 1991, Norplant could be purchased from a physician below the cost of a five-year supply of oral contraceptives.

The high anti-conception rate of Norplant (98%) results from a combination of its three primary effects: (1) suppression of ovulation at least 80% of the time, (2) a thickening of cervical mucus preventing penetration by sperm, and (3) the creation of an endometrial lining unresponsive to implantation should fertilization take place (*Current Medical Research, Natural Family Planning Supplement*, Fall, 1990, p. 1). Norplant, then, acts both as an anovulant and as an abortifacient. The most frequently reported side effect of the drug is a change in the menstrual bleeding pattern—prolonged bleeding, heavier bleeding,

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spotting between periods, and amenorrhea. To a lesser extent, some users also experience weight changes, headaches, mood swings, acne, changes in sexual interest, chest pain, increased hair growth, and premenstrual syndrome (PMS).

Objection: Racist-Inspired Sterilization

Perhaps the most vehement criticism of Norplant erupted over its suggested use as an involuntary or coercive sterilization inspired by apparent racist or eugenic motives. In the December 12, 1990 issue of the *Philadelphia Inquirer*, Donald Kimelman wrote an editorial that provoked a flood of negative censure. In the editorial, Kimelman suggested that poor black women should be given "incentives" to use Norplant in order to break the vicious cycle of poverty that will inevitably plague yet another generation of black children unless something is done. The subtitle of the editorial read: Can contraception reduce the underclass? The article drew fire not only from black editors and reporters but also from Sheldon Segal, the contraceptive's inventor. "I was appalled," he said, "... how editorial writers at the *Philadelphia Inquirer* saw Norplant as a way of reducing the welfare burden resulting from high fertility among the underclass." Forcing the use of Norplant on anyone, in Segal's mind, is a sad irony, after all, he intended the device to enhance, not limit, reproductive choice.

Objection: Judicially-Mandated Sterilization

Another dispute about Norplant arose over its place in a plea bargain between California Tulare County's Superior Judge Howard Broadman and Darlene Johnson, a pregnant mother of four. Johnson was convicted of beating her children. To avoid being sentenced to state prison, she agreed to serve a sentence in the county jail, take three years probation, and undergo the procedure for Norplant. The ensuing criticism of this court-ordered sterilization included the fear that it represented a precedent for enforced judicial sterilization for any women whom government agencies deem unworthy of or ill-equipped for conception. Critics warned that paternalistic domination of women, reminiscent of the 40's and 50's, will be the harvest one will reap from such a coercive use of the contraceptive.

Objection: Threat to Women's Choice and Health in Third World

Another attestation of an inappropriate use of Norplant comes from an unsuspecting source. Betty Hartman, an avid proponent of voluntary contraception and abortion, alerts readers that, although the Population Council vigorously promotes Norplant

among Third World family planning programs, serious ethical questions about its use remain (Hartman, *Reproductive Rights and Wrongs*, Harper and Row, 1987, pp. 196-200). Frequently, women in many areas of poorer nations such as Bangladesh or India do not have ready access to health care. Should a woman receive the contraceptive implant and then change her mind, the inaccessibility to skilled medical professionals denies her the freedom to reverse her decision. In other instances, women who did have access to a medical clinic equipped to remove the implants met resistance to their removal by the trial investigators who were concerned that "the scientific data may be rendered incomplete" (*ibid*, p. 199). The threat of infection is another complication. Even under the best of conditions, the poor antiseptic standards of many clinics in the Third World result in enforced removal of the implants because of the onset of sepsis.

The Catholic Rebuttal

As we have seen, the Norplant debate has focused largely on real and potential abuses of what many judge, under most other noncontroversial circumstances, to be a morally neutral practice. In other words, what is objectionable generally is not the practice of contraception but the inappropriate uses of the contraceptive.

The Catholic Church enters the Norplant debate with an antithetical set of premises and conclusions. The practice of contraception, using Norplant or any other artificial contraceptive, apart from any regrettable consequences associated with its use, is primarily morally objectionable because the act of contraception, in and of itself, is evil. This is so because contraceptive intercourse deliberately acts against the basic human good of procreation, a good that, by God's arrangement, is meant to be fostered or respected in every engagement in or abstention from marital intercourse. Furthermore, in the case of a birth control drug that is also an abortifacient, the destruction of the basic good of human life is risked as well. Although further evil uses—such as threats to a woman's health—may compound the evil of contraception, the moral status of contraception does not originate primarily from these.

In other words, it is not as if the morality of using Norplant depends on whether it results in additional evils such as a threat to a woman's health, deprivation of user-control, discrimination against women by making them solely responsible for family planning, etc.; contraception is a moral evil by virtue of its very nature. It destroys human goods which, when respected or actively embraced, contribute to a basic

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dimension of personal fulfillment. God has designed marriage and human love within marriage in such a way as to provide a husband and wife, in the context of the most intimate expression of their reciprocal self-gifting, to imitate Him and His Divine manner of loving, i.e., to engage in a love that is faithful, total, selfless, and fruitful.

It should come as no surprise to a reflective person that failure to exercise a marital love that is at once life-giving and love-giving might result in all sorts of undesirable consequences or auxiliary evils. But even

if none of these were ever associated as direct results of contraception or even if they never occurred, the act of contraception would still take its silent toll on the human goal of all married love: the ever-expanding growth in personal, familial, and societal fulfillment and well-being.

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