

Emergency Contraception in the Care of Rape Victims by Catholic Health Ministries: A Summary of the Issues & Debate

Sexual assault is a violent act against human dignity that inflicts incalculable trauma upon the person assaulted. For this reason, Directive no. 36 of the *Ethical And Religious Directives for Catholic Healthcare Services, 4th ed.*, which addresses how Catholic health ministries should respond to victims of rape, begins stating that, "Compassionate and understanding care should be given to a person who is the victim of sexual assault." The trauma of rape is exacerbated for women of reproductive age who might become pregnant as a result of the assault. Directive no. 36 also states that a woman who has been raped should be able to defend herself against a potential conception from sexual assault and specifies the moral parameters for administering hormonal emergency contraception:

If, after appropriate testing, there is no evidence that conception has already occurred already, [the female victim] may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or recommend treatments that have as their purpose or direct effect the removal, destruction or interference with implantation of a fertilized ovum.

However, the precise physiologic mechanism by which post-coital hormonal medications function is not known (and in fact may depend on what point in the ovulatory cycle the medication is administered). The current medical literature indicates that post-coital hormonal medications function through one of three possible mechanisms: 1) by inhibiting ovulation from occurring in the first place; 2) by interfering with sperm capacitation; or, 3) by interfering with the implantation of a fertilized ovum (which would be considered an abortifacient effect within Catholic moral teaching). So too, there is no test that will indicate within 72 hours following a rape (while the sperm are still alive) whether conception has occurred. These factors have led to significant debate among Catholic ethicists and moral theologians regarding what constitutes "appropriate testing."

At one end of the continuum of opinions regarding what constitutes "appropriate testing" is the "pregnancy only" approach, in which the female victim is tested only for a pre-existing pregnancy from previous consensual intercourse [For a sample policy & protocol based on this approach, see *The Pregnancy Only Approach to Crisis Intervention for the Sexually Assaulted Individual*; for a full explanation of and moral justification supporting the pregnancy approach, see, Hamel, R. & M. Panicola, "*Emergency Contraception & Sexual Assault*," *Health Progress* 83, 5: 12-19 & 51, Sept. - Oct. 2002]. At the other end of the continuum of approaches is what has come to be known as the "*Peoria Protocol*," which requires testing for a pre-existing pregnancy along with an LH Urine test, and, if positive, a progesterone blood level test. In contrast to the "pregnancy approach," the Peoria Protocol can be burdensome from an organizational perspective for Catholic health ministries to implement, insofar as it requires having the necessary lab capabilities and an endocrinologist on call 24 hours a day to perform the progesterone blood level test, which most Catholic facilities do not have. A third possible view articulated in the literature is that sufficient doubt regarding the possibility of a fertilized ovum being present can be established by a negative LH Urine test alone, in which case the Emergency Contraception may be administered [For a sample policy using

the LH Urine Test only, see Sexual Assault Protocol for Multi-Facility Health Network (Pregnancy & LH test only); for a full explanation of and moral justification supporting this approach, see O'Brien, D. & J.P. Slosar. "[Rape Protocols & Moral Certitude](#)," *Ethics & Medics* 28, 2: 3-4, Feb. 2003; and Slosar, J.P. "[Catholic Health Care & Emergency Contraception](#)," *Healthcare Ethics USA* 8, 4 (Fall 2000)]. While this approach can be considered problematic insofar as the LH Urine test might result in a false positive, and does not include the progesterone blood test to pinpoint whether the woman is in the point of the LH Surge leading up to or following ovulation, some studies suggest that Emergency Contraception is significantly less effective in stopping ovulation once the LH Surge has begun (and thus is more likely to act by interfering with the implantation of a fertilized ovum, if in fact it ever does this). Moreover, this approach has only been suggested as a compromise for Catholic health ministries that do not have the capability to perform the progesterone blood level test, but whose Bishops have requested the "Peoria Protocol" to be the policy of Catholic health ministries within their diocese.

A fourth possibility might simply be to require only that treating physicians do not initiate any treatment that they believe, based on scientific evidence, to have abortifacient effects, but allow physicians to determine what the probable effects of emergency contraception will be in particular cases, in accord with the principle of [moral certitude](#). However one construes "appropriate testing," it should be emphasized that the concerns of providing adequate holistic care-including support and care-coordination by pastoral and social services-and treating the victim for the prevention of infectious diseases are also of utmost importance.