Letter to the editor

Leading birth control advocate recommends nuns take birth control

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In “The Pope, The Pill, and The Court,” Dr. Malcom Potts posits that the Little Sisters of the Poor, the nuns who have made news recently by resisting the HHS contraceptive mandate are, in actuality, denying themselves a “medicine” that could prevent reproductive cancers in their later years (Britt and Short 2012; Potts 2014). Potts also claims that since some women use the pill for its “health benefits” this indicates that the drug is actually good and that the Catholic Church (via Pope Francis) should overturn *Humanae vitae*. Let us examine his thesis in more detail.

The recommendation that nuns take birth control is morally repugnant. Religious sisters betroth themselves to Jesus Christ and live exemplary lives of purity and charity. They show their love for their spouse through dedicated prayer and service. This sacrifice comes with the deprivation of physical motherhood, although they act as spiritual mothers to many. Potts’s assertion that the pill should be recommended to these holy women in order to provide some limited reduction of risk regarding ovarian or endometrial cancers would be similar to asserting that priests start using Viagra to improve vascular flow to their hearts. Religious sisters

could use the pill for its limited medicinal benefits, in accordance with the principle of double effect, but would this be prudent? The pill has caused much damage throughout the Church and greater society. On a spiritual level, the pill has discouraged chastity, and encouraged early sexual activity in our teens. There has been an increase in pornography since the pill’s introduction, and a general lowering of morality. The pill has greatly harmed the institution of the family and the sacrament of marriage by increasing the rates of divorce and single motherhood. In general, all of the predictions made by Pope Paul VI in *Humanae vitae*, if birth control came to be commonly accepted, have prophetically come true. *Religious sisters cannot dedicate themselves to strengthening the Church while simultaneously ingesting the very substance which has helped weaken it.*

But should the pill be recommended for its purported health benefits? Dr. Potts rightly asserts that the pill can reduce the risk of ovarian and endometrial cancers, but this is only a half-truth. Women suffer from more than just ovarian and endometrial cancers. To be fair, one must look at the full spectrum of cancers and disease states that women may expect to suffer

from. Ovarian and endometrial cancers are relatively rare. The lifetime risk of developing ovarian cancer is 1 in 72, and 1 in 39 for endometrial cancer. However, oral contraceptives (OCPs) *increase* the rates of both cervical and breast cancers and also raise the rates of cardiovascular disease (Peck and Norris 2012). Breast cancer is the most common female cancer and 1 in 8 women are expected to develop this in their lifetime. Cervical cancer is the second leading cause of cancer worldwide (Bekkers et al. 2004). While young religious sisters would be expected to be chaste, it is not unforeseeable that they may be exposed to HPV before entering religious life. Thus, Potts would give the pill to nuns to save a few cases of ovarian or endometrial cancer at the expense of incurring more cervical or breast cancer cases. Moreover, women who take OCPs for several years before their first full term pregnancy incur the highest risk of breast cancer. Giving religious sisters the pill, women who will never have children, would increase their risk of breast cancer substantially, and these women would have higher than normal rates of breast cancer due to their nulliparity. Thus, Potts selectively targets them for receiving OCPs but fails to take the whole situation into account, and therefore potentially increases their overall risk for cancer (and cardiovascular disease).

Is “the pill” good? The Church is not against the use of OCPs for its medicinal benefits. Even if they do help some women with certain disease states, does this limited drug attribute qualify it as “good” and does this negate its many other harmful physical, psychological, spiritual, and ecological effects? Although some women with endometriosis, acne, and dysmenorrhea may find that OCPs lessen their symptoms, all women should receive informed consent about the many harms of the pill. Unfortunately, this does

not occur. Women with acne, for example, should be told that there are less harmful ways of treating their acne (i.e., topical medications or antibiotics) which do not increase their rates of cancer or cardiovascular disease.

Finally, the majority of women use the pill not for its health benefits, but as a form of birth control. In fact, many women discontinue the pill within one year due to its adverse side effects. Catholic theological teaching has long held that birth control is immoral because it separates the unitive and procreative aspects of the sexual union and this unbroken stance precedes *Humanae vitae* by thousands of years. *Humanae vitae* only builds upon prior encyclicals, and the sacred tradition of the Church, which continues to celebrate marriage as a sacrament and reserves sexual unity therewithin. While the Church also recognizes children as great blessings which come from the fruit of marriage, she reinforces natural family planning (NFP) and ecological breastfeeding to help couples space their children. NFP, which now encompasses modern urinary hormonal detection methods (i.e., the Marquette method), along with other systems like Creighton, Billings, and the symptothermal method, gives couples a natural and environmentally safe way to avoid or achieve pregnancy. These methods have no harmful side effects and boast efficacy rates similar to the pill in typical usage. Moreover, couples who use NFP report happier and stronger marriages and lowered divorce rates.

Patients need complete informed consent on all drugs they will receive and an individual risk/benefit assessment should be made. Advising a whole class of people (i.e., religious sisters) to receive a drug for several years is irresponsible. OCPs do increase the rates of breast and cervical cancers and increase rates of cardiovascular morbidity and mortality. Catholic physicians and

patients (and religious sisters) should not be prescribed nor told to use the pill under the guise of “preventative care” or “good” medicine. It simply is not true.

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