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## Moral Absolutism and Ectopic Pregnancy<sup>1</sup>

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### ABSTRACT

If one accepts a version of absolutism that excludes the intentional killing of any innocent human person from conception to natural death, ectopic pregnancy poses vexing difficulties. Given that the embryonic life almost certainly will die anyway, how can one retain one's moral principle and yet adequately respond to a situation that gravely threatens the life of the mother and her future fertility? The four options of treatment most often discussed in the literature are non-intervention, salpingectomy (removal of tube with embryo), salpingostomy (removal of embryo alone), and use of methotrexate (MXT). In this essay, I review these four options and introduce a fifth (the milking technique). In order to assess these options in terms of the absolutism mentioned, it will also be necessary to discuss various accounts of the intention/foresight distinction. I conclude that salpingectomy, salpingostomy, and the milking technique are compatible with absolutist presuppositions, but not the use of methotrexate.

*Key words:* double effect, ectopic pregnancy, intention/foresight distinction, moral absolutism

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If one accepts an absolute prohibition against the intentional taking of innocent human life from conception, cases of ectopic pregnancy pose particularly vexing difficulties. How can one adequately treat the urgent situation at hand within this moral perspective? How can one reconcile this philosophical principle with the medical practices used to treat ectopic pregnancy? The ongoing discussion of ectopic pregnancy begun in the 1880s has not abated.<sup>2</sup> A flurry of articles of late have addressed the issue and several positions have been offered.

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Recent interest in the topic may be fostered by current circumstances. Ectopic pregnancy is up some 600% in the last two decades (Diamond, 1999, p. 5). In such cases, the embryo implants in the fallopian tube (or even more rarely elsewhere) eventually leading to profuse bleeding and loss of both maternal and embryonic human life. The four options of treatment most often discussed in the literature are non-intervention, salpingectomy (removal of tube with embryo), salpingostomy (removal of embryo alone), and use of methotrexate (MXT) (DeBlois, 1996; Curran, 1995; Keenan, 1993). In this essay, I will review these four options and also introduce a fifth option, the "milking technique," into the discussion.

In approximately 40% to 64% of the cases, non-intervention leads to the embryo naturally being expelled from the fallopian tube (Rock, 1992, p. 420). When the embryo is naturally dispelled, the fallopian tube often is relatively undamaged and there are no negative side effects for the mother. Unfortunately, non-intervention does not always result in the embryo naturally leaving the fallopian tube. Sometimes, a grave situation ensues in which both the embryo and mother will surely die. Obviously in such a case, non-intervention is no longer an option.

In the past, doctors commonly turned to salpingectomy, the removal of the entire fallopian tube with the embryo inside it. At later stages of ectopic pregnancy, when the fallopian tube has already been badly damaged, salpingectomy is still medically indicated.

As T. L. Bouscaren, S.J. (1933), first suggested in the 1940s it has become the standard view that salpingectomy is acceptable for the absolutist because the tube itself is pathological and its removal justified by double effect reasoning (DER) as can a cancerous but gravid uterus in the hysterectomy case. Although the embryonic human life within the tube will die, the surgeon does not intend the embryo's death but only foresees it has a side effect of removing the tube that threatens the woman's life.

Virtually all in the discussion recognize the legitimacy of salpingectomy, the removal of the pathological portion of the tube including the ectopic pregnancy. A caveat is offered by James Keenan who, though he himself approves of salpingectomy as well as salpingostomy and the use of MXT, holds that salpingectomy cannot be justified by traditional principles of double effect. This leads him to imply that in fact direct or intentional killing of the embryo is already *de facto* accepted by absolutists, and hence less invasive treatments such as MXT also would be acceptable. Though Keenan is not an absolutist, his arguments are relevant here insofar as they cast doubt on the

customary way in which absolutists have handled ectopic pregnancy. He writes that in the case of ectopic pregnancy,

we are cutting the tube [i.e., in salpingostomy] only because the embryo is there. . . the embryo's removal is intrinsic to the object of the activity: the only part of the tube to be removed is that in which the embryo adheres (Keenan, 1993, p. 309).

On this basis, Keenan and Gerard Gleeson (1999) argue that removing the tube is not justified by double effect since one intends as the object of one's act to affect the embryo. They hold that indeed the removal of the embryo alone or its death by MXT is justified as defensive activity protecting maternal health, even if intentional harm is inflicted on the embryo.

But is it true that double effect reasoning does not justify salpingectomy as previously thought? Indeed the case of a gravid cancerous uterus and the case of ectopic pregnancy are not analogous in every way, for in the first case the uterus is removed because of cancer and in the second case the tube is removed because of the embryo. However, the cases are analogous in so far as in both cases a pathological organ is removed. Both the uterus and the tube are damaged; they both threaten the well being of the mother, if not immediately then certainly in the future. Thus, the cases are analogous in the relevant way. In both, a pathological organ is removed with the death of unborn human life being foreseen but not intended. The fact that the cause of the pathology differs is irrelevant. Pathologies, after all, arise from various causes, including accidents, the misuse of drugs and alcohol, and genetic defects. In double effect reasoning, it is the *fact of pathology* and not the *cause of the pathology* that justifies the intervention in removal of pathological organs.

In salpingectomy, however, both the embryo and the tube are lost, the loss of the tube diminishing the woman's fertility as well. A number of authors have pointed out the counter-intuitiveness of the judgment that salpingectomy alone is licit while more "conservative" interventions preserving the tube (e.g., salpingostomy, MXT) are not. If one removes the tube with the embryonic life in it, one loses the developing human life and diminishes the reproductive capacity of the woman. Why not just remove the embryo (salpingostomy), saving the only thing that can be saved, the woman's fertility?<sup>3</sup> The newly conceived embryo is surely doomed, so why not preserve that which one can preserve, the fertility of the tube? Use of MXT, a drug which inhibits cellular reproduction in rapidly dividing cells, has the same

advantages as salpingectomy and the further advantage of being a non-surgical intervention. Use of MXT has now become a common way of treating early ectopic pregnancy. For the absolutist, which of these interventions are acceptable and which are not?

Although there is widespread agreement among absolutists that salpingectomy is licit, the fact that the death of the child inevitably follows from salpingostomy is thought to entail that this intervention is “direct” or intentional abortion. As Gerald Gleeson writes:

That an agent knowingly and voluntarily does what is certain to be lethal is surely strong evidence that the agent is intending to kill. Some effects of what one does are simply “too close” to the realisation of one’s formal intention to be merely incidental effects (1999, p. 364).

Gleeson here applies the criterion of closeness to determine what effects are or are not included in the object of the human act. If an effect always or almost always comes about with a strictly intended effect, then that effect is intended as well. Salpingostomy invariably results in the death of the embryo, thus salpingostomy is direct or intentional abortion. Thus, Eugene Diamond concludes: “It is difficult to see how the direct removal of both the *embryo* and the *trophoblast* with a forceps could constitute indirect abortion” (Diamond, 1999, p. 11).

Though intuitively plausible, this criterion for defining what is included in a means leads to the conclusion that the cases normally distinguished through the invocation of the distinction between intention and foresight should not in fact be so distinguished. This inevitable connection excludes both the Terror Bomber’s killing and the Strategic Bomber’s killing. Both know that the dropping of bombs in this place at this time will inevitably bring about the deaths of civilians. It is not that the Strategic Bomber merely risks this bad effect, rather he has moral certainty that it will come about. The bad effect is “inevitable” in both cases. Hence, if inevitable effects are included in a means, then both the Terror Bomber and the Strategic Bomber intend the deaths of the civilians as a means. Likewise, according to this criterion, the death of the child in the hysterectomy case (removal of gravid cancerous uterus) is intended, since the negative effect of fetal death is, at least in some cases, inevitable. Even salpingectomy would not be acceptable on this ground for the embryo would surely die in this case as well. Hence, the criterion of

likelihood of effect will not serve both to distinguish the intended from the foreseen and to preserve paradigm cases that most agree should be so distinguished.

In fact, there are no universally accepted criteria to distinguish intention from foresight which is one of the difficulties encountered when absolutists consider the case of ectopic pregnancy. I would suggest, and defend elsewhere,<sup>4</sup> that the following characteristics help determine what lies within intention and is included in the means: (1) the achievement of the effect presents a problem for the agent that occasions deliberation, (2) the achievement of the effect constrains other intentions of the agent, (3) the agent endeavors to achieve the effect, perhaps being forced to return to deliberation if circumstances change, and (4) the failure of the agent to realize the effect is a failure in the agent's plan. These criteria may be illustrated by the contrast between the Terror Bomber who intends to kill his victims and the Strategic Bomber who foresees and accepts but does not intend their deaths.

In the order of human action, intention, and not foresight characteristically gives rise to deliberation about means to be taken in order to achieve the end. For the Terror Bomber, as Michael Bratman (1987) has noted, how to effect the deaths of the civilians presents a problem of achievement for which a solution must be sought. The Terror Bomber (TB) may select the bombs that are most efficient for killing people, for instance chemical weapons. If the TB is seeking to especially terrorize the population, the TB may seek to bomb a school filled with children. A further problem may now arise as to when the children will be in the school and how the bombing can take them best by surprise. In contrast, for the Strategic Bomber (SB), how to effect the death of the children is not a problem the achievement of which occasions deliberation. The problem is simply how to blow up the munitions factory. Hence deliberation for the SB will be about what sort of bombs will best disable heavy machinery. Thus, if achievement of the evil effect presents a problem for the agent which results in deliberation about how to achieve the evil effect, the evil effect falls within intention.

A difficulty arises with this analysis. The difficulty with (2) is that foreseen but unintended consequences can *also* constrain an agent's plans, so (2) can't be sufficient to pick out intended consequences. Suppose I give Sam frequent doses of morphine to alleviate his pain. I know that the cumulative effect of the morphine will be to kill Sam within a month's time but killing him is not my intention; the effect constrains my plans because I can't plan to have dinner

with Sam in 6 weeks. This is obviously a case of terminal sedation rather than physician-assisted suicide, but according to the criterion as stated the death of the patient seems to be intended.<sup>5</sup>

Although it is true that one's intentions are constrained not only by intended consequences but also by foreseen consequences, the constraint in question here involves the *ante rem achievement* of the effect in question not the question of *post rem* constraint. If I am to achieve the effect of relieving Sam's pain, this may constrain my intention to prescribe other drugs, such as Serevent, that would relieve Sam's asthma, but would partially inhibit pain relief. On the other hand, the *achievement* of his death does not constrain my other intentions, e.g. as it might if I were intending his death. Thus, one who intends to kill must be careful not to do anything that would interrupt the achievement of *this* effect. The objection then does not distinguish between constraints arising from efforts to achieve an effect before that effect is realized from constraints arising from the simple fact of some foreseen effect has been realized. In the first case, if one desires to achieve an effect, say pain relief, one must not realize another possible intention that might interfere with the original intention, e.g., the intention relieve asthma. In the second case, the factual existence of some effect constrains one's intention.

One might also object that side-effects can enter deliberation and constrain our intentions. Sometimes one acts despite the side-effects but at other times one chooses not to act in order to avoid side-effects. In such cases, preventing the foreseen side-effects constrains other intentions, but if so then the constraining of intentions cannot serve to distinguish intended from foreseen.<sup>6</sup>

In such cases however the effect is in fact no longer a side-effect. To omit an act precisely in order to avoid some effect is to intend to avoid that effect. Thus, the Tactical Bomber, though he does not intend to kill the civilians, cannot be said to intend *not* to kill the civilians. So it is not the case that one's other intentions are constrained by a mere side-effect but rather that the side-effect has become central. Indeed it has become the focus of the agent's intention.

Secondly, again as Bratman has noted, an evil effect is intended if bringing about the evil effect constrains one's other intentions, limiting those options for which the agent can give consent. Let us suppose that both bombers are also commanders formulating further plans for defeating the enemy. The Terror Bomber-commander must be careful that other plans do not encroach on the plan to bomb the school. Hence, TB will not move troops into the area, an action that would cause the evacuation of the school, unless he or she aims

to give up the intention of terror bombing. By contrast, the Strategic Bomber-commander is not constrained by the intention to blow up the school. SB can move troops into positions which will occasion the evacuation of the school without in the least affecting his or her intention to destroy the munitions factory. He or she can give consent to other options without being constrained by the aforementioned prior intention. This is the “constraining” condition.

Thirdly, the Terror Bomber *endeavors* to kill civilians while the Strategic Bomber does not.<sup>7</sup> The Terror Bomber will keep track of the movements of civilians, adjust his plans to account for their movements and their defenses, while the Strategic Bomber need not. If the children have found secure defenses, the Terror Bomber will need to deliberate about the possible means of breaking down these defenses or about the possibility that the mission can in no way be successfully accomplished. In contrast, the civilians simply do not enter into the Strategic Bomber’s calculations in the same way. He endeavors to destroy the factory and his planning will be focused on achieving this end. This could be called the *endeavoring* condition.

Finally, the intended from the foreseen can be distinguished according to the criteria by which success is reckoned. If the Strategic Bomber were to learn contrary to his expectations that no children were killed, this news would not indicate any failure whatsoever in his planned attack. On the other hand, the Terror Bomber, having heard the news, would have failed his mission (even if he was in a way glad to have failed). Hence, this criterion should not be construed as “approval” or “disapproval” as registered by one’s emotions or feelings but rather with what one reckons as success or failure in a given endeavor. Failure to realize what one intends differs from failure to realize what one foresees.

What is included in a means to an end? What falls within intention and what lies outside intention? The following characteristics help determine what lies within intention and is included in the means: (1) the achievement of the effect presents a problem for the agent that occasions deliberation, (2) the achievement of the effect constrains other intentions of the agent, (3) the agent endeavors to achieve the effect, perhaps being forced to return to deliberation if circumstances change, and (4) the failure of the agent to realize the effect is a failure in the agent’s plan.

These four criteria are linked with Thomas Aquinas’s account of human action. For Thomas, deliberation (*consilium*) about how to achieve some effect only arises if that effect is intended. In so far as actions with a single means

require no deliberation, this condition would be sufficient but not necessary for establishing intention. The achievement of the effect constraining other intentions of the agent belongs to *consensus* which again follows intention but not mere foresight and addresses which means are appropriate to realize the end. The agent endeavoring to achieve the effect, perhaps being forced to return to deliberation if circumstances change captures the idea of *electio* or choice for Thomas, a striving to realize the intention by some means. Finally, (4) Thomas expresses the idea that a failure of the agent to realize the effect is a failure in the agent's plan by means of *fruitio* or enjoyment of the act, a rational evaluation of whether one's plan has been realized. Each of these criteria is a sufficient condition for distinguishing intention from foresight, though not all criteria may be met in every case.

When one applies the suggested criteria for distinguishing the intended from the foreseen to these cases, the embryo's death is the means to the end neither in salpingectomy nor, contrary to traditional belief, in salpingostomy. The natural law tradition did not develop an account of how to distinguish intention from foresight, but if the suggested account is correct, both procedures should be permissible to the absolutist. In neither case does the death of the embryo present a problem that occasions deliberation nor does an intention to bring about death constrain the other intentions of the agent. The agent does not endeavor to achieve death in either case nor is a failure to bring about death reckoned as a failure of the agent's proximate or remote aims.

Although at present successful implantation is seldom achieved, there are already a number of documented cases of salpingostomy resulting in live births (Wallace, 1917; Shettles, 1990).<sup>8</sup> With this in mind, it is difficult to see how the direct removal of both the embryo and the trophoblast with a forceps would of itself necessarily constitute direct abortion. Advances in microsurgery could make salpingostomy an even more attractive option for preserving the newly conceived life while also retaining the capacity of the fallopian tube.

Within an absolutist framework, is the use of methotrexate to treat ectopic pregnancy licit?<sup>9</sup> Can the negative effects involved in the use of MXT, a drug which inhibits cellular reproduction in the embryo as well as the trophoblast, to treat ectopic pregnancy be considered foreseen in the same way? The effects following the use of MXT are both the death of the embryo and an end of the threat to the mother.

For Gerald Gleeson the chance of embryonic survival marks the crucial circumstance distinguishing licit from illicit use of MXT:

[I]n circumstances in which the judgment is rightly made that nothing can be done to save the embryo, and that an intervention to protect the mother from invasive action of implantation is necessary, the use of MXT might embody the prudential judgment that is the minimally invasive treatment, clinically indicated with respect to effectiveness and side-effects (1999, p. 366).

However it is not clear that the proximity of embryonic death is decisive. In other cases, the fact that the victim will soon suffer a loss does not excuse an agent who is contemplating inflicting that same loss. That a woman were about to lose her money would not justify our taking her money or that a man were about to be attacked would not justify our attacking him. It would seem then that imminent embryonic death would not justify killing the embryo.

Although use of MXT does enjoy the advantage of being non-invasive and non-surgical, one wonders, even on a consequentialist account, how decisive this advantage is. The use of MXT itself often brings about many bad side-effects, including upset stomach, nausea, vomiting, sleeplessness, hot flashes, sores in the mouth, abdominal pain, loss of appetite, diarrhea, dizziness, mood alterations, decrease in red blood cell count requiring blood transfusion, and, rarely, lung and liver damage. As Louis Weinstein wrote: "Simply stated, the use of a potent antineoplastic, antimetabolite drug, MXT, for treatment of an ectopic pregnancy is inappropriate and potentially dangerous" (1986, p. 1304). One might also question why surgical intervention is a decisive evil much to be avoided in the case of ectopic pregnancy but a matter of little or no discussion in the case of tubal ligation.

Some have criticized the use of MXT to treat ectopic pregnancy on the grounds that embryonic death invariably results (Diamond, 1999, p. 11), assuming, it would seem, that what invariably results is also intentional. Roderick Chisholm spoke of this belief that the inevitable or likely consequences of an action are also intended as the principle of the diffusiveness of intention (PDI) (Chisholm, 1970, p. 535).

Joseph Boyle and Thomas Sullivan offer a counter-example against PDI (Boyle and Sullivan, 1977, p. 358). Imagine a person with a stuttering problem whose father has been unjustly impugned. The son rises up to properly explain the situation and defend his father. Clearly the son intends only to defend his father by his speech and not to stutter which he strives as much as possible not to do. However, if PDI were right, the son would also intend to stutter, but it is

obvious from the facts of the case that he does not. In addition, PDI would make removal of a gravid cancerous uterus intentional killing of the innocent, for in at least some such cases the death of the not yet viable fetus invariably results.

Albert Moraczewski argues that indeed the use of MXT is not the intentional killing of the embryo but rather should be seen as a healing act which has the death of the embryo as a foreseen and regretted consequence.

The moral object is to stop the destructive trophoblast by stopping further protein synthesis; this is not achieved by killing the trophoblast or the embryo proper. Rather, death follows subsequently (Moraczewski, 1996, p. 4).

His analysis depends on the assumption that MXT blocks DNA synthesis, cell division, and proteolytic action *prior to* the death of the embryo. For Moraczewski, the chronological sequence of effects helps determine intention.

However, it is not clear that the chronological sequences of effects determine what is intended versus what is merely foreseen. In running to get in shape, one intends to become healthy and merely foresees the painful burning of the legs and lungs. Yet invariably the first result to appear chronologically is the pain and not the health. One can imagine situations in which the bombs of the Strategic Bomber would kill civilians first before damaging a munitions factory as would happen for example were an indoor track located on the top floor of the factory where civilians take exercise. Yet *ex hypothesi* the Strategic Bomber does not intend to kill these civilians even though this effect may be the first to appear chronologically. Although it has been pointed out that the importance of the chronology of effects does play a role in the many manual formulations of double effect reasoning (Kaczor, 1998, p. 302), such formulations are subject to many counter-examples indicating the problematic nature of basing the distinction between intention and foresight on the sequence in which the effects appear.

Although the grounds for his view may be subject to criticism, Moraczewski seems correct in arguing that use of MXT in treating ectopic pregnancy is not intentional killing. The achievement of the effect of death does not present a problem for the agent that occasions deliberation. Nor does the achievement of this effect constrain the other intentions of the agent. The agent does not endeavor to achieve the death of the embryo nor would embryonic survival be accounted a failure in the agent's plan.

However, MXT runs afoul of the absolutist prohibition against mutilation, not of the prohibition against killing. The use of MXT in treating ectopic pregnancy constitutes mutilation, mutilation of the tissues of the embryo. The trophoblast can only be construed as a temporary part of the embryo much as the placenta will be a temporary organ of the fetus and baby teeth a temporary part of a child. But even if the trophoblast and embryo are considered separate entities (Moraczewski, 1996, p. 4), MXT acts on *both* the trophoblast and the embryo, and it is the growth of both that presents the threat to maternal health. How to inhibit cellular reproduction *in both* is precisely the problem for the agent that occasions deliberation about how powerful a dose and at what frequency doses of MXT should be given. The achievement of the effect constrains the other intentions of the doctor who must be careful not prescribe any medications that will interfere with MXT's ability to inhibit cellular reproduction. The doctor endeavors to achieve the effect, perhaps being forced to adjust dosages if the desired effect does not transpire. Finally, it will be accounted a failure for the doctor prescribing MXT if the cellular inhibition does not take place. The use of MXT to treat ectopic pregnancy may not be intentional killing, but it is intentional mutilation.<sup>10</sup>

Even if the use of MXT is not considered mutilation, circumstantial reasons suggest that other alternatives are to be preferred, alternatives that present less risk to the developing embryo, offering a possibility of life, and that may put women's health at less risk.

Fortunately, there are other less risky ways of treating the problem of ectopic pregnancy that are less morally problematic as well as arguably more healthy for women. Arguably, the most promising way of treating this vexing problem is neither removal of the tube, removal of the embryo alone, nor the use of methotrexate but what is called the "milking" or "squeezing" technique. Diamond and DeCherney describe this technique as follows:

In this procedure, the tube is grasped just proximal to the site of dilation and then compressed, advancing toward the infundibular aspect of the tube. In this manner, the products of conception are excluded from the fimbria (Diamond and DeCherney, 1987, p. 205).

Like the salpingectomy, the "milking" technique avoids the intentional bringing about of the evil effect on either a broad or a narrow account of intention. This "squeezing" technique leaves open the possibility of the pregnancy proceeding in a normal way. Most often the newly conceived

dies; but implantation in the uterus is not excluded and presumably could be facilitated by microsurgery.

This “milking” technique when compared with the use of MXT is better not only for the newly conceived but also for the mother. The milking technique avoids the side effects associated with the use of MXT while also being effective in preserving both maternal health and respect for the newly conceived. A study in *Clinical Obstetrics and Gynecology* concludes:

[T]he postoperative results [of the milking technique] are remarkably good, even when compared with the more popular salpingostomy. When tissue is handled gently and vigorous ‘milking’ efforts are avoided, this procedure is not only harmless but may technically prove to be the simplest and the most beneficial in terms of subsequent fertility (Caspi and Sherman, 1987, p. 162).

Some studies report an increase in the rate of future extrauterine pregnancies (Oelsner, 1987, p. 226) but other studies note no such increase (Caspi and Sherman, 1987, p. 162). Although further clinical studies still need to be done, at present this option seems like the most promising way of treating ectopic pregnancy detected at an early stage.

If one accepts a version of absolutism that excludes the intentional killing of any innocent human person from conception to natural death, ectopic pregnancy poses vexing difficulties. Given that the embryonic life almost certainly will die anyway, how can one retain one’s moral principle and yet adequately respond to a situation that gravely threatens the life of the mother and her future fertility? The four options of treatment most often discussed in the literature are non-intervention, salpingectomy (removal of tube with embryo), salpingostomy (removal of embryo alone), and use of methotrexate (MXT). In this essay, I reviewed these four options and also introduced a fifth, the milking technique. In order to assess these various options in terms of the absolutism mentioned, I reviewed various accounts of the intention/foresight distinction finding accounts of the problematic, at least problematic if one accepts certain paradigmatic cases distinguishing intention from foresight. Based on an alternative account of the intention/foresight distinction, as well as on the clinical evidence in treating ectopic pregnancies requiring intervention, I conclude that salpingectomy, salpingostomy, and the milking technique are compatible with absolutist presuppositions, but not the use of methotrexate.

## NOTES

1. Thanks to the Alexander von Humbolt Foundation who sponsored this research with a Federal Chancellor Fellowship at the University of Cologne.
2. A short but interesting summary of this history is provided by Diamond (1999, p. 7).
3. This consequentialist analysis usually leaves out one important consideration. In cases of salpingostomy, the chances of future ectopic pregnancies increases by 26 percent, while removal of the pathological tube reduces the chance of ectopic pregnancy.
4. See, chapter four, "Defining the Object of the Human Act" in *Proportionalism and the Natural Law Tradition* (Kaczor, forthcoming) and "Distinguishing intention from foresight: What is included in a means to an end" (Kaczor, forthcoming).
5. I thank Paul Weithman for this objection.
6. Thanks to a reader at *The Journal of Medicine and Philosophy* for this objection.
7. For more, see Bratman (1997).
8. In an article still in preparation, Dr. John O'Neill has reported four other cases more recently.
9. For other considerations regarding intention, see Kaczor (1999).
10. There is, however, a case of ectopic 'pregnancy' in which the use of methotrexate *per se* is not morally objectionable. These are cases of what is called 'persistent ectopic pregnancy.' (See, for instance, Hagström et al., 1994). Sometimes, although the human conceptus is no longer present, the trophoblast (the layer of tissue which normally nourishes the newly conceived) continues to develop. This continued growth can lead to hemorrhaging, just as in the case of the growth of the human embryo in the tube. Use of methotrexate in cases of "persistent ectopic pregnancy" would be neither intentional killing or intentional mutilation, and hence would not be, other things being equal, illicit on absolutist grounds.

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