Pastoral care that does not take into account experience is no longer pastoral care

The Pontifical Academy for Life and the book "Theological ethics of Life".

A controversial book

Immediately after its publication, a controversy has begun over the book "Theological Ethics of Life. Scripture, Tradition, Practical Challenges". Among other issues, it raises the use of "non-natural contraceptive methods in certain circumstances that would make it irresponsible to have children".

There has been some confusion in some ecclesial circles and in the media for interpreting this as a change from the Holy See on these issues. But the position of the Catholic Church has not changed. Successive Popes dating back to at least Pius XI have repeatedly affirmed the teachings of the Apostles, as formulated by Paul: "And why not do evil that good may come? as some people slanderously charge us with saying. Their condemnation is just". One should not positively want what is essentially a violation of the moral order and therefore unworthy of human dignity, even if the intention is to promote the wellbeing of the individual, the family or society (1). The proposals in the manuscript are from a group of experts; they do not reflect the position of the Academy (2). The authors affirm: "We must respond to the world's thirst for hope with new sources of thought"; and that "Theological and scientific reflection must go beyond what is already known, in order to be able to face the changing times in which we are immersed". Yes, we must continue to think of innovative ideas to face the new challenges of each historical moment. Many fear that these words could mean the following idea: "the doctrine of the Catholic Church is good and must not change, but we must change our pastoral care when it comes to applying it (if necessary, applying the opposite of what the doctrine proposes)". This would lead to a contradiction, affirming something and proposing the opposite to the faithful. In the end, the doctrine (the salvific truth) would be relegated to a theoretical ideal, to the detriment of believers who think they cannot attain it.

One proposal for all or several proposals for different circumstances?

St. John Paul II warned against confusing the "law of gradualness" with the "gradualness of the law" as if there were different degrees or forms of precept in God's law for different individuals and situations. The law of gradualness supposes that we are all invited to fully live the proposals of the Church, even if we manage to reach them little by little, from our personal capacities and circumstances, counting on grace and being accompanied to overcome difficulties. Pope Francis guides us along these lines, strongly emphasizing the importance of accompaniment and merciful discernment of the spouses (3): "It is necessary to face all these situations in a constructive way, trying to transform them into an opportunity for a journey towards the fullness of marriage and the family in the light of the Gospel. It is a matter of welcoming and accompanying them with patience and gentleness". The gradualism of the law would mean, on the contrary, that there are different laws for different people and in different circumstances.

Pastoral care should take medical knowledge into account.

We, the undersigned, would like to focus briefly on the aspects of these controversial theological proposals that are within our field of experience, since some of us have been working and coaching married couples for 40 years. Our work covers responsible parenthood, their marital sexuality and during their use of modern natural methods (MNM), in reciprocal respect for their fertility and in permanent dialogue, to favor, space or avoid pregnancies.

The anthropological principles that support the proposal of the Church's magisterium on responsible parenthood go beyond the choice of an artificial or natural method to space pregnancies. In this article, we want to focus on one idea: theological conclusions and their pastoral applications should not be validated if they do not take the experience of medical studies into account. It is not possible to take good care, give spiritual advice, counsel, and accompany a married couple by applying a pastoral approach that does not take the experience of medical studies into account. To propose today, as the authors of the book cited above do, the use of "non-natural contraceptive methods in certain circumstances..." is, beyond a theoretical intellectual exercise, an affirmation that does not take the reality of the studies on the coaching of married couples, nor the experience of so many marriages into account. Moreover, it is not a "new source of thought".

What do we know after 60 years of experience with oral contraceptives?

The proven results of more than 60 years of experience with the use of contraceptives and artificial methods of assisted reproduction can foresee the effects that this "new" pastoral approach would have. In the 1960s, couples were taught that the pill would solve the so-called overpopulation problem. After 1968, women were taught that the pill would protect them from "unwanted" pregnancies and prevent abortions. In the 1970s, artificial insemination techniques were developed to help childless couples to get their "desired child". Later, in the 1980s, it was claimed that the condom would prevent infections and also "unwanted" pregnancies. The result, the breakdown of the family and the coercion of governments, was predicted by the encyclical *Humanae Vitae*: in addition to the worsening situation of women who were supposed to be "liberated" by these methods and the increase in marriage failures, we are now suffering a "demographic winter" and epidemics of sexually transmitted infections are on the rise. Young people suffer, because they yearn and search for love and do not know how to find it. Marriages no longer take place, children become "orphans of living parents" (4). All this will negatively affect the well-being of the people we want to serve in pastoral care if we do not get it right. Specifically, we have learned and confirmed that:

- 1. The NFP method called "symptothermal double-check method" has common-use unplanned pregnancy rate of 2% whereas the oral contraceptive pill has a rate of 7% (5). This MNM is thus approximately five times more effective than the condom which has a failure rate of 15% (6).
- 2. If necessary, in special circumstances, MNM can even be used by limiting intercourse to the 100% infertile days of the cycle.
- 3. The current contraceptive pill has, as one of its mechanisms of action, the early elimination of embryos by preventing their implantation (7).
- 4. Many women would not want to use it if they knew that the destruction of an embryo was possible. In addition, the majority say that they should be informed about this mechanism of action (8).
- 5. The best study to date on the relationship between the Pill and breast cancer, published in The New England Journal of Medicine, prospectively assessed almost 1.8 million women in Denmark (9). Oral contraceptives raise the risk of breast cancer in an epidemic scale. They reduce some types of cancers, but it is not comparable to the risk of breast, liver and cervical cancer.
- 6. Oral contraceptives raise the risk of myocardial infarction and stroke by 60% (10).

- 7. Studies of scientific quality have been published in the scientific journals JAMA Psychiatry (11) and American Journal of Psychiatry (12) (almost half a million women followed for 8 years), which show an increased risk of depression and suicides and suicide attempts in relation to the use of oral contraceptives.
- 8. The application of approaches such as Naprotechnology obtains results similar to those of artificial methods of assisted reproduction, without their bioethical drawbacks and side effects (13). And therein lies the problem of all frozen embryos.

If only the proposals of *Humanae Vitae* had been followed, countless deaths from the causes described above could have been avoided in the last 50 years. To question today the pastoral application of *Humanae Vitae* on the grounds of problems in the use of NFP could lead to one of the greatest public health scandals of all times, because it would affect the health of millions of women. On the other hand, it would be an unprecedented victory for the pharmaceutical industry that seeks to silence the current medical evidence on the contraceptive pill, in order to continue increasing its business at the expense of women's health.

Modern NFP promotes marital autonomy; it is effective, environmentally friendly and healthy

During these years, fortunately, NFP methods have continued their development with increasingly better effectiveness rates, with the help of Smartphone applications that include symptom-thermal algorithms with individual teaching and with the support of centers that promote them worldwide with more success and professionalism (14). In some countries, MNM are financed by Social Security. Its success is also increasing in favoring pregnancies in cases of subfertility.

At present, those of us who work on these issues accompany the grandchildren of the first users of oral contraceptives. The pastoral approaches proposed by the previously mentioned working group are not new, and have been applied in some places for 60 years, probably because they did not believe in Humanae Vitae or because they did not know how to help married couples in other ways or were overwhelmed by the influence that Big Pharma had on the media and on health workers. Now we hear very different voices in our daily practice. Young women - mostly non-believers - are sad, even angry, because they were never told they could live without contraception. Sometimes they have even had to go through an abortion, simply because they blindly trusted those contraceptives. Often, they suffer from being in very precarious relationships. Once they have discovered NFP, they feel good as women again; they feel truly emancipated for the first time, connected to their bodies and sexuality. Moreover, they now want to be more than a sexual partner; they want to be wives who love and are loved. They want to live motherhood to the fullest. These young women feel like victims. They no longer want a pastor who assumes that the "ideal" is not for them, who approves of contraception, minimizes abortion and considers divorce inevitable. The pastoral approaches that have been applied in many places over the years have lost meaning for them because they have endured their physical and psychological consequences. They want to fulfill the dream that the Church has maintained for centuries. Some may not know this good news because they did not receive a Christian education, but boys and girls are attracted to this proposal when it is explained to them. Instead of continuing to live in the tow of false hopes of the 60's that are old and have failed, the Church can embrace with more strength the experience and advances achieved by those who work in this field: to have a renewed pastoral role; be a hopeful sign for a youth hungry for the Truth; and who want to live to the fullest their projects as couples.

Applied to family planning, the law of gradualness would mean proposing Natural Family Planning (NFP) to those who want to space their pregnancies and, if difficulties arise, accompanying them while they resolve their problems so that they can live like others the good news proclaimed by the Church. On the contrary, the gradualism of the law and these "new" proposals would be tantamount to telling them: "This ideal is not for you. In your circumstances, use condoms or other contraceptives".

In the face of the statements that suggest that "there are situations in which natural methods are impossible or impracticable" and that therefore "it is necessary to find other ways, because a responsible generation cannot ignore the offers of technology", we must affirm without any doubt, with the knowledge of technology, medical science and experience in hand, that the teaching proposed by *Humanae Vitae* is achievable for all married couples, with the help of grace and the pastoral accompaniment of those who have more experience. These "situations" can be addressed and are indeed addressed with approaches that do not imply a departure from the *Humanae Vitae* proposal. On a daily basis, the professionals who attend to married couples carry out this effective task and live the *Humanae Vitae* with joy (with or without difficulties). Discouraging this work of accompaniment can deprive many spouses of achieving fulfillment in their marriages and can lead to a worsening of their mental, physical and sexual health by relying on chemical alternatives, such as the contraceptive pill, or even less-effective ones, such as condoms. What is indeed more necessary is a greater commitment so that lay people, health professionals and universities with a Christian inspiration do more, much more, to facilitate and improve the care of these couples.

It is time to abandon the failed paradigms of the sexual revolution (15). It is time for the Church to develop a true and renewed pastoral care that is sustainable, following an integral ecology, centered on free and responsible men and women. At the service of marriages that recognize their fertility, manage it autonomously and protect it, and live an egalitarian commitment to their children. The Church's teaching is healthy and promotes public health. NFP favors dialogue in marriage and respect for the other, in addition to strengthening the couple's bonds and goals. When they come from love, they increase true love; when they come from freedom, they increase freedom.

Our experience and science confirm that it is possible to follow and apply the teachings of the Catholic Church and accompany couples in their specific situations without departing from the teachings of *Humanae Vitae*.

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REFERENCES

- (1) Casti Connubii; Gaudium et Spes; Humanae Vitae; Veritatis Splendor; Amoris Laetitia
- (2) López Barahona M., 2022. https://www.aciprensa.com/noticias/directiva-de-academia-vaticana-doctrina-sobre-anticonceptivos-no-ha-cambiado-78003. Also refer to: https://www.firstthings.com/web-exclusives/2022/08/going-beyond-the-letter-of-the-law
- (3) Pope Francis. Amoris Laetitia: Apostolic exhortation on love in the family. N 294
- (4) Pope Francis. Amoris Laetitia: Apostolic exhortation on love in the family. N 51
- (5) World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge for Health Project. Family Planning: A Global Handbook for Providers (2018 update). Baltimore and Geneva: CCP and WHO, 2018.
- (6) Manhart MD, Duane M, Lind A, Sinai I, Golden-Tevald J. Fertility awareness-based methods of family planning: A review of effectiveness for avoiding pregnancy using SORT. Osteopath Fam Physician 2013;5(1):2-8. doi:10.1016/J.OSFP.2012.09.002.
- (7) Larimore WL, Stanford JB. Postfertilization Effects of Oral Contraceptives and Their Relationship to Informed Consent. ArchFamMed. 2000;9:126-133
- (8) C Lopez-del Burgo, RT Mikolajczyk, A Osorio, T Errasti, J de Irala. Women's attitudes towards mechanisms of action of birth control methods: a cross-sectional study in five European countries. J Clin Nursing, 2013 (21-22), 3006-3015.
- (9) Mørch LS, Skovlund CW, Hannaford PC, Iversen L, Fielding S, Lidegaard Ø. "Contemporary Hormonal Contraception and the Risk of Breast Cancer". N Engl J Med 2017; 377:2228-39.
- (10) Cochrane Database Syst Rev. 2015;(8):CD011054
- (11) Skovlund CW, Mørch LS, Kessing LV, Lidegaard Ø. "Association of Hormonal Contraception With Depression". JAMA Psychiatry. 2016; 73:1154-62.
- (12) Skovlund CW, Mørch LS, Kessing LV, Lange T, Lidegaard Ø. "Association of Hormonal Contraception With Suicide Attempts and Suicides". Am J Psychiatry. 2018;175(4):336-342
- (13) Stanford JB, Parnell TA, Boyle PC. "Outcomes from treatment of infertility with natural procreative technology in an Irish general practice". J Am Board Fam Med. 2008;21(5):375-84.
- (14) Selection of some webs and associations of experts in modern natural methods: http://www.factsaboutfertility.org; https://www.nfp-online.com/; https://www.renafer.org / ; https://www.renafer.org
- (15) Gabriele Kuby. The Global Sexual Revolution: Destruction of Freedom in the Name of Freedom, Editorial Didaskalos, 2017