

February 1978

Guest Editorial

Paul R. Gastonguay

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Recommended Citation

Gastonguay, Paul R. (1978) "Guest Editorial," *The Linacre Quarterly*: Vol. 45: No. 1, Article 2.
Available at: <http://epublications.marquette.edu/lnq/vol45/iss1/2>

healing, he is blessed by the Lord in exchange. So he daily experiences the joy of gift-giving as a person of prayer, trusting in the Spirit to guide his every action.

While the physician in his vocation is seldom entertaining (often he is dull — neither interesting or exciting), his presence is a sign of hope to those in pain. The patient looks upon him, as did crippled men looking at Peter and John in the temple, hoping for the miracle of grace so as to be restored to the fullness of good health.

We thank God for dedicated physicians. You are special people. You touch life, death and eternity. You are Christ-like persons who go about healing and doing good. We salute you — we respect you — we pray for you. May God always bless you.

— Rev. Msgr. Dino J. Lorenzetti

Guest Editorial



The Decline of Reproductive Freedom

We have entered an age perilous to the freedom of expression of our species' most powerful and consistent drive — the sexual drive and its complementary desire to rear a family.

Not only are there subtle yet powerful social pressures now exerted against anyone who dares to have more than four children, but also evident are governmental and corporate pressures to reduce family size. Reproduction is becoming recognized as a privilege, and not a right. Published cost-benefit analyses stress the *per capita* expenses incurred in rearing a family, and the social burden and cost of institutionalizing and educating the retardate or the deformed.

With the advent of amniocentesis as a clinical tool for the prenatal detection of some 85 disorders from an examination of amniotic fluid;

of maternal and fetal blood sampling for the detection of the alpha-fetoproteins indicative of neural tube defects; of sonography and fetoscopy, and other mechanisms being added to the forest of technology designed to evaluate the status of the fetus, there has arisen a sense of urgency — indeed of panic — in some quarters.

It may be true that the knowledgeable transmission of deleterious genes which could predictably cause the development of a serious defect in an offspring, would be tantamount to child abuse, and perhaps punishable in equal proportion. However, in the absence of (1) a technology for gametic karyotyping and enzyme assay, (2) a technology for routine *in vitro* fertilization employing gametes of known chromosomal or genic makeup, or (3) a precision of pedigree analysis that could predict the certainty of transmission of a specific gene, it is imperative that we leave the decision to have or not have children up to the individuals involved.

Further, it must remain the responsibility of a population-at-large to support *all* its living members, be they the deformed or retardates of unreasonable parents, be they the excess siblings in families with far more children than they can support physically or psychologically. As unjust as the sharing of this burden may appear, one must consider the alternatives carefully.

If a society implements restrictions against couples, stating formally and perhaps legally which children, or how many children, a couple will be allowed, or if social entities such as insurance firms, welfare agencies, and other supportive elements begin to differentiate between which children will receive support and which will not, then we shall have thrust the most damaging insult upon our quest for civil rights. Such rights must extend to a disregard for I.Q., degree of motor coordination, quality of blood chemistry, etc. Such rights must include the right to reproduce for anyone except at the extremes of parental pathology, for the alternative is to develop the seed for eventual state control of human reproduction.

If amniocentesis ever beomes law, implying the compulsory abortion of all who deviate from a state-imposed norm, then the foundations upon which abortion freedom was elevated will be totally demolished. And the civil right to exercise our most basic drive will have become history.

— Paul R. Gastonguay
Biology Department, Stonehill College