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Letters To the Editor

Catholic Physicians' Guild

the patient, or the one who has the physical adeptness of the body fortified and unified with the mental disposition of both the patient and the physician?

A physician's task becomes frustrating when there is a stone wall of cynical indifference characterizing a depressed person, one who is totally void of good will.

The Catholic Church in its doctrinal teaching refers to Christ as desirous that all men be saved. It quotes His words, "All sins are forgiven except the sin against the Holy Spirit." What sin is this? It occurs when a person defies God and refuses His means of salvation.

No doubt a physician might use a comparable application about saving a patient, namely, any or all abuses of a physical body if halted in time can enjoy correction providing the patient does not refuse to trust the doctor's directives needed for recovery.

Letters...

Letter from Finland

Contraception is one of the activities expressly carried out under the National Health System according to current Finnish law. The law provides free initiation of contraception, i.e., the first prescription for the pill or the first IUD is free of charge. After the birth of every child all mothers are to be reminded and informed of contraceptive techniques, and this information is effectively spread through the maternity centers, which cover over 90 per cent of mothers. After the birth of a child the mother gets a social benefit in the form of a "mother's package." This contains material to a value of some 300 Fmk necessary for the care of the newborn, such as blankets, diapers, booklets on infant feeding and — condoms.

This might all seem very efficient. However, only some 10 to 20 per cent of the women of childbearing age are covered by the NHS. Some attend private practitioners, some never use contraception, which results in abortions, often multiple. The abortion rate is, however, going down, which is a positive trend seen only in Finland among the countries where abortion is very liberal. The figures indicate a reduction from 23,000 to 20,000 abortions from 1973 to 1976. The annual birth rate is about 65,000. This decrease in abortions is reflected in an increase in the use of contraception. The use of the pill has increased by 20 per cent and the IUD by 30 per cent from 1975 to 1976.

Currently there is a case being tried where a (non-Catholic) pharmacist refused to dispense contraceptive pills on account of her religious conviction. The Supreme Court finally decided that this was not sufficient reason for withdrawing the pharmacist's license, which was the original stand taken by the Ministry of Health. The case is not yet closed, however, as the Supreme Court has provided the Ministry of Health with the opportunity of re-examining the case, "as it might give cause for other measures on behalf of the Ministry of Health."

The liberal practice of contraception, which is all too typical of the

Scandinavian countries, places the Christian physician in a difficult position. Some attention was recently caused by a doctor who, while working temporarily within the NHS, refused to prescribe contraceptive pills. "I have much work, little time and a strong conviction," she succinctly stated to the press.

Matters of medical practice which conflict with a doctor's conscience are handled informally between colleagues. So far, we have no legal provision for conscientious objection, while the contrary is true of most other West European countries. The questions of conscientious objection and abortion were recently discussed in the *Finnish Medical Journal*, but the discussion was cut short after two articles. The editor-in-chief was of the opinion that nothing substantially new was being introduced into the discussion, and consequently he found the discussion meaningless and ended it. The action was unusual, but caused no stir.

So far the system of managing these questions informally among colleagues has worked. No physician has yet had to suffer injustice on account of these matters. But then again, when and if such a thing should occur, we will have entered a new era in the history of healing in the civilized world.

— Dr. Robert Paul
Finland

On DES in Rape

To the Editor:

Arguments favoring the use of DES in rape victims who may conceive are simplistic, morally and medically.

1. DES probably interferes with implantation of fertilized ovum (abortifacient).

2. DES treatment failures (failure to prevent pregnancy) could result from several causes. If DES treatment failure occurs, direct abortion has been recommended because of possible fetal deformity or genital tract cancer in daughters of pregnant women receiving DES — not to mention that indeed a pregnancy did occur despite DES. Medically, willingness to use DES should be logically and correctly linked to a willingness to proceed to direct abortion when DES fails.

3. The 1978 Physicians' Desk Reference (p. 1001-1003) states plainly in bold type that DES should not be used as a postcoital contraceptive. With this current labeling, use of DES might even be construed to be malpractice, which it probably is.

4. Use of DES is over-treatment for most rape victims since there is no way of precisely identifying those who are at risk of pregnancy. If one is seriously interested in interrupting pregnancy in the rape victim who becomes pregnant due to rape, then the most precise — medically — and safest course is to wait and see if pregnancy occurs due to rape and then proceed to direct abortion.

It is pathetic to see the pharmacologically ignorant fad of DES usage being foisted off on the already exploited rape victim. Use of DES is no less than a dangerous and ambivalent approach to the rape pregnancy. For Catholics, one should either accept the traditional teaching (which is a just and a wise teaching) or one should accept the alternative of direct abortion for those rape-pregnant women who do not wish to bear their child. Medically and morally, DES in rape should be consigned to Limbo.

1. *The Medical Letter*, Vol 15, No. 14, pp. 58-59.

2. A. L. Herbst, et al., *The New England Journal of Medicine*, 287: 1259, 1972.

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